

2007



**Malteser
International**
Order of Malta Worldwide Relief

**Malteser International
Annual Report 2007**



Imprint

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Back cover photo:	Children in a health centre in South Sudan (Anke Barth)

Abbreviations

3DF	– Three Diseases Fund
AA	– Federal Foreign Office of Germany
ACTED	– Agency for Technical Cooperation and Development (Pakistan)
ADA	– Austrian Development Agency
ADH	– Aktion Deutschland hilft e.V. (Action Campaign Germany helps)
AECID	– Agencia Española de Cooperación Internacional para el Desarrollo
AMREF	– African Medical and Research Foundation (Kenya)
AusAID	– Australian Agency for International Development
AussiCODES	– Aussi Community Development and Educational Society (India)
BMZ	– Federal Ministry of Economic Cooperation and Development (Germany)
BSC	– St. Xavier's Non-Formal Education Service (India)
CAAFW	– Cambodian Association for Assistance to Families and Widows (Cambodia)
CHF	– Common Humanitarian Fund
CHHRA	– Cambodian Health and Human Rights Alliance (Cambodia)
CIM	– Centre for International Migration and Development (Germany)
CSA	– Centre for Social Assessments (Sri Lanka)
DAHW	– German Leprosy and Tuberculosis Association
DCA	– Danish Church Aid (Denmark)
DCV	– German Caritas Association
DED	– German Development Service
DEEDS	– Development Education Society (India)
DOR	– Diocese of Rumbek
EC	– European Commission
ECHO	– Humanitarian Aid Department of the European Commission (Belgium)
ECSAT	– Equality-based Community Support and Training (Sri Lanka)
FAO	– Food and Agricultural Organisation of the United Nations (Italy)
GFTAM	– The Global Fund to fight Tuberculosis, AIDS and Malaria (Switzerland)
GfA	– United for Africa (Germany)
GITEC	– Technologie und Wirtschaftsberatung GmbH (Germany)
GTZ	– Community for Technical Cooperation (Germany)
HAMSET	– HIV/AIDS, Malaria, STDS (Sexually Transmitted Diseases) and Tuberculosis – Disease Control Programme of the World Bank (USA)
HFTC	– Help for the Children (Sri Lanka)
HKH	– Himalaya-Karakorum-Hilfe e.V. (Germany)
HUDEC-Caritas	– Human Development Centre – Caritas (Sri Lanka)
IBC	– International Blue Crescent (Turkey)
IRC	– International Rescue Committee (USA)
KfW	– Development Bank – KfW Banking Group
LRWHF	– Lanka Rain Water Harvesting Forum (Sri Lanka)
MAV	– Employee representation (Malteser Germany)
NiN	– Neighbour in Need (Austria)
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)
PKU	– PKU Muhammadiyah Yogyakarta Hospital (Indonesia)
PMK	– Papal Mission Organisation for Children (Germany)
PRY	– Rehabilitation Unit Yakkum (Indonesia)
SAN	– Sustainable Agriculture Network (Thailand)
SEAMEO	– South-East Asian Ministers of Education Organization (Thailand)
SSK	– Sabhagi Shikshan Kendra (India)
STI	– Swiss Tropical Institute
TDDA	– Trincomalee District Development Association (Sri Lanka)
UNDP	– United Nations Development Programme (USA)
UNESCO	– United Nations Educational, Scientific and Cultural Organization (Germany)
UNFPA	– United Nations Population Fund (USA)
UNHCR	– United Nations High Commissioner for Refugees (Switzerland)
UNICEF	– United Nations Children's Fund (USA)
UNOPS	– United Nations Office for Project Services (Denmark)
USAID	– United States Agency for International Development (USA)
ÜWAG	– Überlandwerke (Germany)
WFP	– United Nations World Food Programme (Italy)
WHO	– World Health Organisation (Switzerland)
WPA	– World Pheasant Association (Great Britain)
WSFM	– World Swim for Malaria (Great Britain)
YEU	– Yakkum Emergency Unit (Indonesia)



Greetings



In March 2008, I succeeded my much loved predecessor Fra' Andrew Bertie as Grand Master. The needs of the sick and the poor are close to my heart as they were near to his according to the tradition of the Sovereign Order of Malta. During my predecessor's term of office, Malteser International was

founded in order to enhance the strengths of the Order and to provide humanitarian assistance even faster and more effectively in the future. Thus a highly qualified worldwide relief agency has been set up. I look forward to its further expansion and I will do my utmost to encourage and support it.

Because of the numerous crisis regions in the world, valuable chances and possibilities arise to fulfil the mission of the Order – help for the poor and needy – on the basis of our Christian principles, on a daily basis.

I would like to thank all the staff members of Malteser International for their great commitment and call on them to not reduce their efforts to help the poor and sick. At the same time, I want to affirm my continuous active support to all those working for Malteser International. I already look forward to visiting at least some of the countries and projects face-to-face and thus getting to know the work on the ground.

I wish you the greatest good fortune and God's blessing for your very important work!

Rome, in July 2008

Fra' Matthew Festing
Grand Master of the Sovereign Order of Malta

Foreword



In 2007, the work of Malteser International was marked by relief activities after natural disasters and reconstruction projects in crisis regions. We gave our special attention to the improvement and the extension of our projects in the areas of health as well as water, sanitation and hygiene. Our goal is to

improve the living conditions in the villages and communities, to reduce their poverty and vulnerability and to give them new perspectives. For details about our work in Africa, Asia and the Americas, please refer to the respective chapters in this report.

Malteser International is the worldwide relief agency of the Sovereign Order of Malta for humanitarian aid. For more than 900 years the Order of Malta has been providing assistance for people in need. Our work is based on the values and ideals of the Order and is embedded in its international network, be it national associations or priories, diplomatic representations or the other worldwide relief agencies of the Order. They all are important preconditions for an efficient implementation of our mission. The Order of Malta gives our work a sense; it is the foundation which gives our work a meaning and is a tremendous support for which we are very grateful.

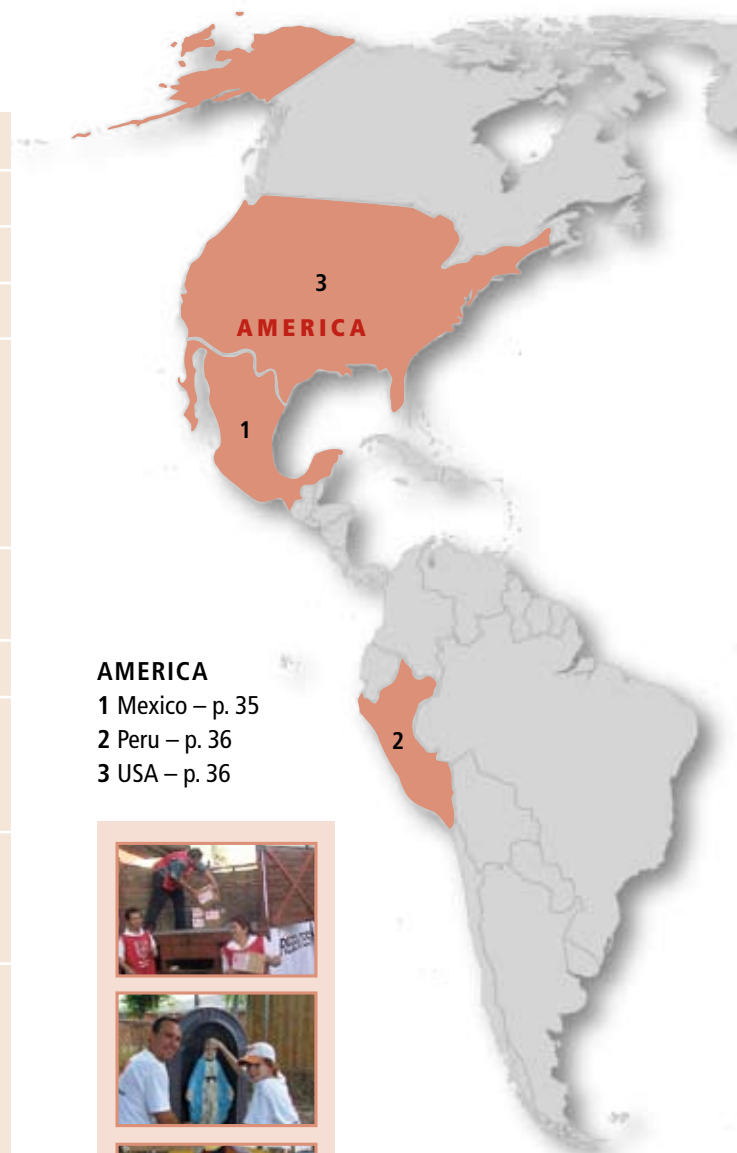
We would also like to sincerely thank all partners and donors who support our work financially as well as with their personal dedication and so enable us to provide the people with the help they need.

Cologne, in July 2008

Nicolas de Cock de Rameyen
President of Malteser International

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AMERICA

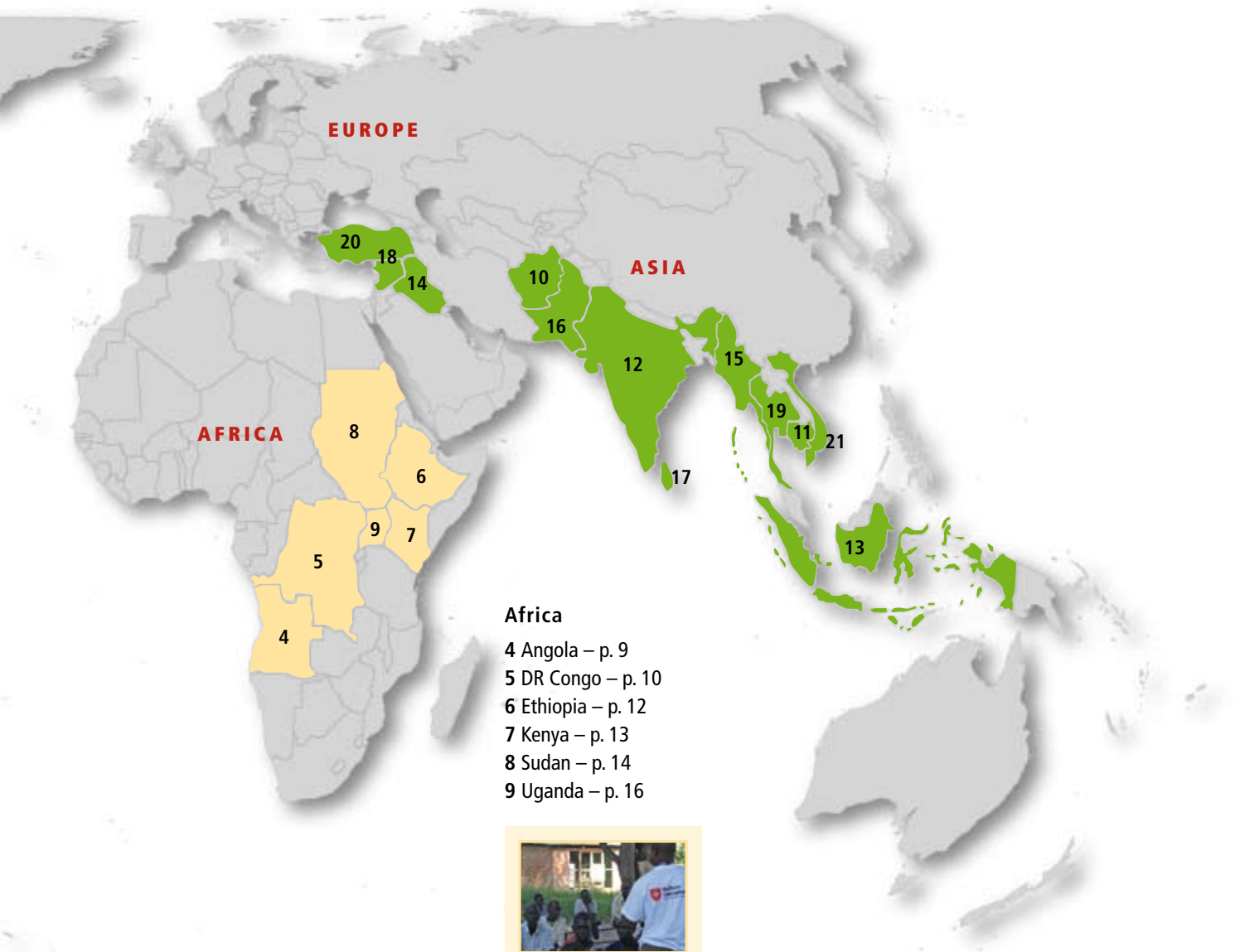
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help on the spot. Worldwide.



AFRICA

EUROPE

ASIA

Africa

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Asia

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Pictures of the year



January 2007
Afghanistan:
 Winter relief
 for more
 than 1,000
 families



February 2007 India: Launch of the first HIV/AIDS project in 33 tsunami affected villages in Tamil Nadu



March 2007 Kenya: Street parade on the occasion of World Tuberculosis Day on 24 March



April 2007 DR Congo: Food aid for about 18,000 internally displaced families



May 2007
Indonesia: One year after the earthquake on Java – handover of the projects to local partners



June 2007
Afghanistan:
 End of the school year in a new school for girls in Herat



July 2007 Pakistan:
1,000 survival kits for
the victims of Cyclone
Yemyin



October 2007 Floods in Africa: Emergency
relief in Burkina Faso, Kenya and Uganda

August 2007 Peru: Assistance for
the survivors of the earthquake



September 2007 India: Flood relief in Uttar Pradesh and Bihar



November 2007 Mexico: Flood relief in Tabasco



December 2007
Kenya: Award
for the health centre
in Riruta as best
TB facility of the
country



Malteser
International
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AFERICA

With the people, for the people

The year 2007 represented a milestone for Malteser International in Africa: the goal was to organise the transition from the “strategy for Africa 2002 until 2007” to a new strategy cycle until 2012. Over the past five years Malteser International has been able to expand its work especially within the medical sector. According to the strategic goal 2012, the challenge now is to build up on what has been achieved, even if the conditions are more difficult and to closely follow every aspect of the strategic goal 2012: with the people, for the people.



AFRICA DATA	COUNTRIES
International staff: 34	4 Angola
National staff: 482	5 DR Congo
Aid for more than 5 million people	6 Ethiopia
	7 Kenya
	8 Sudan
	9 Uganda

Angola

International staff: 5

National staff: 20

Aid for 350,000 people

Malteser International has been working in Angola since 2002.

Funding: EuropeAid, HAMSET, UNHCR, own resources/private donations

Partners: Health delegation of the province of Kuando Kubango, local partner organisations

Since the end of the 27-year civil war in 2002, Malteser International has been working in the remote province of Kuando Kubango near the border of Namibia, one of the most neglected and poorest areas of the country. Until the middle of 2007, Malteser International implemented a primary healthcare programme in Kuando Kubango: Staff members dis-



Angola: Ante-natal care also includes the regular control of the babies' heart sounds.

tributed medicine, treated patients and carried out trainings for medical staff

on the rational use of medical drugs. Furthermore, the organisation worked on the reconstruction and supervision of eight health centres. Trainings and workshops for midwives were another integral part of the programme in order to improve the **mother-child health** situation in the region.

In May 2007, Malteser International, in cooperation with community-based organisations, started a comprehensive prevention and control programme for HIV/AIDS, tuberculosis (TB) and malaria. The goal is to help reduce the number of cases of illness as well as the number of deaths resulting from these diseases. Malteser International supplies eight health centres with medicine, trains the staff and offers supervision. Furthermore, the organisation implements educational workshops in the communities, distributes educational material and mosquito nets.

The project is part of the HAMSET programme of the World Bank that wants to fight HIV/AIDS, TB and malaria effectively.

Even though, thanks to its resources, Angola is intrinsically a rich country, the need for help – especially in remote areas like Kuando Kubango – is still very high. There is a number of very promising approaches like the one Malteser Inter-

national is taking; the goal is to reach sustainability by working with trustworthy local organisations and training their staff to ultimately take over responsibility. The initiative to implement cross-border health programmes focussing on the fight against HIV in the region between Namibia and Angola is also welcomed in Namibia.



Birgit Benzelt

Angola: Distribution of mosquito nets to pregnant women and young mothers

MOTHER-CHILD HEALTH

Mother-child-health is one of the major components defined 30 years ago in the declaration for basic healthcare of the World Health Organisation. It is this component which is, even up to the present day, a burning issue in view of the high rate of the mother and child mortality still existing in underdeveloped countries. The goal is to introduce measures that prevent illness and the death of mothers and their children during the first years of life and to secure the necessary treatment. This begins with ante-natal care. If possible, the birth should be attended by professional staff and take place in a health centre. Mothers and children receive the usual vaccinations for the protection against tetanus, polio as well as measles and are also treated on a regular basis after the birth. The mothers are motivated to breastfeed the child straight after birth for a sufficient time. Furthermore, mothers learn how to avoid under- and malnourishment of their children and how to compensate the dehydration during (in some cases) life-threatening diarrhoeal diseases of the children. They are also urged to go to a health centre on time in the case of a fever in order to be able to treat malaria or pneumonia at an early stage. The reduction of mortality of mothers and children under five is one of the main goals of humanitarian aid and development cooperation.



Angola: Malteser International health workers on the way to their patients

Democratic Republic (DR) of Congo

International staff: 15
 National staff: 126
 Aid for 2.9 million people
 Malteser International has been working in the DR Congo since 1996.
Funding: AA, DHL, ECHO, EuropeAid, FAO, OCHA, Pooled Fund, UNICEF, WFP, WFSM, own resources/private donations
Partners: Local and national health authorities, local partner organisations

For more than ten years now, the DR Congo has been a country in focus for Malteser International. Even after the end of the Second Congolese War (1998 to 2003), the Democratic Republic of Congo is, in some regions, still far away from peaceful conditions. Especially the north-east and east still suffer from brutal violent conflicts and underdevelopment. Since 1996, Malteser International, in close cooperation with local partners, has been providing an integrative programme including medical, nutritional, infra-structural and psychosocial projects.



Anke Barth

DR Congo: In demonstration gardens, the women learn how to plant vegetables rich in vitamins.



DR Congo: Poster for the fight against the plague in Ituri: “United in the fight against the plague – To prevent an infection by the plague, we don’t let our children touch dead rats.” (left); “When a person suffers from headache and has a temperature and a sore throat, you should immediately take him to the health centre. There, the plague is cured effectively and free of charge.” (right).

In the provinces of South Kivu and Orientale the organisation supports 27 health zones with a total of 380 health centres. To improve the living conditions of the people in very remote areas the organisation, together with local partners, reconstructs roads and bridges in the two provinces to enable assistance to reach the regions. During the year,

Malteser International further expanded its activities in the effort to fight against malaria and distributed 10,000 mosquito nets to pregnant women. These activities were supported by the “World Swim for Malaria” campaign and by “Deutsche Post World Net”. Together with the World Food Programme and the European Commission, Malteser International

REFUGEES AND INTERNALLY DISPLACED PERSONS (IDPs)

Worldwide, about 35 million people, the majority of them women and children, are on the run from conflicts and human rights abuses. About ten million of them have crossed an international border during their escape. More than twice as many are on the run within their own country. Often, they have to leave everything behind. Therefore, they are especially vulnerable and need international protection and assistance.

Refugees have a legal status based on the international refugee law and in particular on the Geneva Refugee Convention established in 1951. The “non-refoulement” principle prohibits repatriating people into countries where their life or their freedom are in danger. The United Nations High Commissioner for Refugees (UNHCR) takes care of the refugees together with humanitarian partner organisations.

Internally displaced persons (IDPs), in contrast to the refugees, stay within the borders of their own country. Therefore, the local authorities and governments are responsible for them in the first place. Often, these institutions cannot or do not want to take care of them and the international community is required to intervene. But so far, there is no convention and no international organisation with the clear UN- mandate to protect IDPs (like the UNHCR for refugees). As a consequence, many of them live in unofficial camps, slums or on the constant run without a permanent home. Humanitarian organisations provide emergency relief under precarious circumstances and offer some kind of protection.



Martin Aid 2007
 „... and that is why we build a street“

... That was the theme of the Martin Aid campaign 2007. Even during the campaign's first year, many children and adults followed the appeal. Imitating St. Martin they engaged themselves by collecting money for the work of Malteser International – in 2007 in favour of people in need living in South Kivu, a region in the Democratic Republic of Congo riddled by conflicts.

The lack of infrastructure is a big problem in South Kivu. Thanks to the new street, the people finally have access to the health centre and get medical treatment there.

And thanks to the street construction and maintenance works, fathers can feed their families and send their children to school.

Martin Aid is a campaign for the support of humanitarian aid. At the beginning of 2007, Malteser Germany took the initiative to set up this campaign. During all kinds of celebrations for St. Martin's day on 11 November, donations are collected to support the work of Malteser International.

Please visit www.martinaid.com for further information about the Martin Aid 2007, the Democratic Republic of Congo as well as about Cambodia – the main country of the Martin Aid 2008 campaign.

supported almost 18,000 **internally displaced families** in South Kivu with food. Measures of food supplementation and food security are also available.

In the province of Ituri, a project to fight the plague was added to the fight against meningitis. In November, the organisation began to reconstruct health structures in the region of Haut Uélé in order to improve the health situation of the people in the regions of Faradje and Watsa.

The programme for medical and psychosocial care for victims of sexual aggression could also be extended in the regions of South Kivu and Ituri. Since September 2007, Malteser International has also been supporting the trauma centre SOSAME in Bukavu, South Kivu, offering professional psychological treatment for heavily traumatised victims.

As the necessity for help in South Kivu and Ituri remains unchanged, Malteser International has prepared for a long-term commitment in the region.



DR Congo: Reconstruction of streets and bridges in Mulungu/South Kivu

Ethiopia

National staff: 2
 Aid for 2,500 people
 Malteser International has been working in Ethiopia since 2001.
Funding: Own resources/private donations

In 2007, Malteser International continued its work in Ethiopia, focussing on the region of Benishangul, a province in the west of the country, close to the border with Sudan. Here, Malteser International has been mainly implementing training sessions for women.

Kenya

International staff: 2

National staff: 27 (including the staff in the regional office)

Aid for 600,000 people

Malteser International has been working in Kenya since 2001.

Funding: AA, ADA, ADH, BMZ, Pathfinder International, own resources/private donations

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

In eight slums of the capital Nairobi, Malteser International is working to prevent HIV/AIDS and tuberculosis (TB) and to help the people already infected. The organisation supports the health centres in the slums with diagnosis and treatment supplies as well as with additional staff. Malteser International offers training sessions for the local staff in the health centres, builds new laboratories in the slums or renovates and expands existing facilities. In close cooperation with the local health authorities and with support from local organisations, staff members inform the population in the slums about the transmission of HIV/AIDS and TB and the prevention and consequences of the diseases. In 2007, the work of Malteser International was once more crowned with success: for the third time, the Kenyan government honoured a laboratory supported by the organisation for its outstanding services. Furthermore, this project was amplified thanks to the extended cooperation with Pathfinder International, so that the assistance can now reach even more people in the slums. Since the fight against TB and HIV/AIDS is a long process, Malteser International is committed to continue this project in the future.

After unusually heavy rainfalls and severe floods in September 2007 in the west of Kenya, rivers overflowed their



Kenya: Emergency relief after the floods in Budalangi

banks and dikes broke. Vast parts of the country were flooded, houses and entire villages were destroyed, many people had to seek refuge in emergency shelters and lost all their belongings. There was a high risk of epidemics, even after the floods were slowly receding. With measures to improve the quality of the drinking water and the supply with missing important medicine, Malteser International focussed on the fight against the imminent risk of

epidemics. Furthermore, in the region of Budalangi the organisation distributed mosquito nets, water cans, hygiene articles and blankets to 3,000 families who had fled from the floods. Malteser International also provided mobile latrines and supplied the health centre in Mukhobola with medicine and infusions in order to prevent an outbreak of cholera and typhus and to be able to treat the patients in time and adequately.

Malteser International in Africa: With the people, for the people

This new documentary shows projects in the DR Congo, in Kenya and Uganda. The spectator will not only get to know the staff and their daily challenges, but also the beneficiaries of Malteser International's work. Welcome to the world of health agent Mambo Lomo, clinical officer Bernice Lemedeket and many others!

The film can be watched and downloaded from the website of Malteser International:

www.malteser-international.org.

All those interested in receiving the DVD containing the film in English, French and German and additional background information can order a copy by e-mail:

info@malteser-international.org



Sudan

International staff: 10

National staff: 292

Aid for **120,000 people** in Darfur and **one million people** in South Sudan.

Malteser International has been working in Sudan **since 1998**.

Funding: AA, ADH, AECID, CHF, DAHW, DOR, ECHO, GFTAM, KfWH, NiN, OCHA, UNDP, UNFPA, UNICEF, STI, Tacke Foundation, WFP, WHO, own resources/private donations

Partners: Dioceses Rumbek and Yei, Ministry of Health in South Sudan and in Darfur

In 2007, Malteser International continued its projects to fight tuberculosis (TB), HIV/AIDS and leprosy as well as the programme to contain sleeping sickness in South Sudan and was even able to ex-

pand the activities. Again, trainings for the laboratory staff in the health centres supported by Malteser International were offered.

At the current development stage of South Sudan, **capacity building** – meaning the qualification of local staff – is an essential cross-cutting challenge. Malteser International therefore had to rethink its programmes and check who will be the carrier of the medical programmes in the mid and long term. Frame measures have to assure that these future carriers will be qualified adequately and in time. This approach that aims at sustainability shows that the project planning of the following two years has to take these changes into consideration. Malteser International is therefore going to cooperate closely with its present partners, the catholic dioceses and the responsible

institutions of the authorities of South Sudan to pave the way for the future.

In spring 2007, after the outbreak of yet another cholera epidemic, Malteser International took over the lead of a cholera treatment centre in the city of Yei in South Sudan. The organisation supplied the staff with protective clothing and nutrition and provided for the safety of the treatment centre. Together with other non-governmental organisations, Malteser International organised educational campaigns concerning water, hygiene and sanitation.

In Darfur, in spite of the difficult conditions and the insecure situation, the teams keep working to secure basic healthcare for the people of that region. The work focuses on the assistance of pregnant women and children, including vaccination campaigns and malaria pre-



Brigitte Beitzel

Sudan: Little patients in the hospital in the South Sudanese city of Yei

vention programmes. In the villages, Malteser International trains voluntary health workers so that they can then transmit their knowledge about the dangers of malaria and the importance of the correct use of mosquito nets to their communities. As a drastic change of the situation in Darfur is not to be expected in the near future, Malteser International is preparing to provide assistance in Darfur in the long-term.

CAPACITY BUILDING

In the international development cooperation, the concept of capacity building stands for the development and the extension of local structures and capacities, for example through further trainings as well as staff and organisation development. In the work of Malteser International, capacity building has the goal to strengthen the capacities of the local partners as well as to plan and implement sustainable development strategies. During this process, the existing capacities or the ones to be developed in the field of programmes, finance, personnel and structures have to be thoroughly analysed and planned. For Malteser International, capacity building is a cross-cutting task that is very important in all projects. This concept of capacity building is in line with the principles of a fair partnership and sustainable project goals that could not be reached without it. Capacity building contributes to the realisation of international agreements for the support of sustainable development.



Sudan: Training of laboratory assistants in the laboratory school in Rumbek

UNITED FOR AFRICA

UNITED FOR AFRICA is a fusion currently consisting of 29 humanitarian and development organisations – including Malteser International. The variety of the aid organisations taking part in the campaign also reflects the wide variety of aid projects in Africa. The organisations within UNITED FOR AFRICA offer professional and long-term aid for people in need via more than 5,000 aid projects. The projects extend from granting micro credits through health and education projects up to agricultural development programmes.

UNITED FOR AFRICA would like to draw attention to both the suffering and the potential of people in Africa and to motivate politics and society to commit more strongly to the fight against hunger and poverty. The campaign was started in 2003 and was awarded the “Nobel Prize for Humanity“ in 2005.

www.united-for-africa.org

Uganda

International staff: 2

National staff: 15

(The employees of the regional office in Kampala are responsible for the administration of the projects in Uganda, the DR Congo and in South Sudan.)

Aid for **170,000 people**

Malteser International has been working in Uganda since **1996**.

Funding: AA, ADH, Don Pedro Rodriguez Ponga, MAV, PMK, own resources/private donations

Partners: District Health Service, Maracha Hospital



Elight Betzelt

Uganda: During their home visits, staff members check the weight of the children on a regular basis.

For more than eleven years now, Malteser International has been supporting a therapeutic nutrition centre for undernourished young children in the north-west of Uganda. The organisation started its activities in the country due to the very bad food situation among the refugee children from Sudan. In the meantime, the focus has changed from refugee children to undernourished Ugandan children from the region. In the nutrition centre supported by Malteser International, these children are cockered up. Aftercare and home visits to the affected families assure the long-term improvement of the children's and their families' health. Staff members of the nutrition centre inform

the parents about healthy nutrition, train the mothers in crop growing and show them how to prepare healthy, nourishing food.

At the beginning of 2007, a meningitis epidemic that started in Sudan spread to Uganda. Malteser International treated the people infected and organised a vaccination campaign to offer the population a long-term protection from meningitis. The epidemic also spread to regions in the neighbouring countries DR Congo and South Sudan. Malteser International was already implementing health programmes in these areas and could therefore immediately start to coordinate aid measures. The organisa-

tion, therefore, played a key role in the fight against the disease.

In September 2007, after large areas of Africa had been severely flooded, some north-eastern parts of Uganda, close to the border with Kenya, were heavily affected. The topography of the region played an important role: Since the water from the surrounding hills kept flooding the valleys even after the rainfalls had stopped, the region could hardly or not at all be reached for a long time. This is why Malteser International distributed mosquito nets, water disinfection tablets and medicine to prevent an outbreak of epidemics in Uganda and also in the neighbouring regions in Kenya. Mobile medical teams went to the villages and treated mainly malaria and pneumonias. Through trainings and educational campaigns, staff members informed the population about how to prevent an outbreak of cholera and other diseases.



Jörg Löffke (ADH)

Flood relief Uganda: Villagers returning home to their families

'I got ill because I ate with a murderer'

Fighting leprosy means fighting legends

"It is closely connected to poverty." – "If you kill my brother, and then you eat together with me, I will develop leprosy. Because I ate with my brother's murderer." – "It is given by birth. In my clan, there was never leprosy, so my relatives and I will never get it." – "Somebody can bewitch you or put a bad curse on you so that you will get it."

This is what people 'know' about leprosy in Rumbek, South Sudan. This is also all that Majok had heard about leprosy when he developed blisters on his hands in January 2007. Neither did he know what leprosy looked like nor did he understand that leprosy can hit everybody. That is why he did not go to the hospital when the first symptoms occurred but just waited, hoping that the blisters would disappear by themselves.

With his three wives and ten children, Majok lives in the village of Ascholthen, close to Rumbek. Majok's uncle Maker also lives in the very same village. Maker had also suffered from leprosy. When he saw Majok in June, with the blisters spread from the hands to the elbows and the knees and the feet, he said: "Listen! I had this illness as well, and I know where you can heal it!" And he took Majok to the State Hospital of Rumbek where Malteser International runs a leprosy control programme and where he himself had been cured.

Majok is lucky he came to the hospital early enough so that he will not lose any fingers, toes, limbs or other parts of his body. He just needs to learn how to treat



Majok tells his story.

the ulcers on his own and as soon as he can do so he will then be allowed to leave the hospital and go back to his family. When Majok returns home a nurse of the Malteser International leprosy control programme will visit him regularly to check whether he is following the advice and if the blisters are disappearing.

Majok is not afraid of returning to his village after his recovery even though people who are affected by leprosy are still and very frequently stigmatised and excluded from society. "But when I told my people that I have leprosy they just refused (except for my uncle) to believe me and even today they will not believe it was leprosy! In this way, they have no problem with staying friends with me."

Majok is truly annoyed by this ignorance. "When I return to my village, I will show them my healing arms and legs and I will tell them that this was done by the drugs healing the leprosy. And I will ask them: How can it not be leprosy then?"

Anke Barth



Treating Majok's wounds

Hope, dignity and a profound faith in God

In May 2007, the Grand Hospitaller of the Sovereign Order of Malta Albrecht Freiherr von Boeselager visited several projects of Malteser International in Africa together with representatives of national organisations of the Order of Malta. In a travel diary, Mr. Geoffrey Gamble, Vice-President of Malteser International and Counsellor of the US Federal Association of the Order of Malta, reported about his experiences. Here, you find his impressions from Yei in South Sudan:

In the spring of 1879, just before the end of her life, St. Bernadette requested that her hair be cut off, sold, and the money used to buy the freedom of a black woman slave in one of the French African colonies. Today, slavery, at least officially, has ended, but the servitude of poverty, disease and wartime terror persists.

In no place is this truer than in Southern Sudan. There non exists, in the aftermath of a violent civil war, the wreckage of a society – mostly Christian – reduced to the primitive conditions of the Stone Age. There are huts made of reeds, open fire cooking and stone querns for the grinding of maize.

On the grounds of a Catholic church in the settlement of Yei, Malteser International has established several clinics and a hospital to treat the most fearsome of diseases: HIV/AIDS, leprosy, malaria, sleeping sickness, tuberculosis (TB) and cholera. This is the most dangerous regi-



Woman in Yei grinding maize on a stone quern



Mr. Geoffrey Gamble visiting the tuberculosis, HIV/AIDS and leprosy programme of Malteser International in Limbe near Yei

on for malaria in the world. One in five children dies from this alone. Farming is almost non-existent because of the land mines left over from the war.

What remains to these people is a natural dignity and a profound faith in God. The church was crowded for every Mass on Sunday and the singing would

put a doubt in the hearts of those who didn't believe in angels. To this, Malteser International adds something small but important, and that is hope – hope the love of God, through the people giving them assistance, will lead them and their children to a better life.

Donald Geoffrey Gamble



Health education about tuberculosis and leprosy for the patients waiting at the health centre in Limbe

A network against HIV/AIDS and Tuberculosis

Interview with Paul Ochieng, Programme Coordinator Kenya (April 2008)

Paul Ochieng is 49 years old, married and has four children. He holds a Master Degree in Community Health and Development and has been working for Malteser International since 2004.

What are your duties as Programme Coordinator? And which programmes is Malteser International actually running in Kenya?

It is my main task to manage, develop and expand the programmes in Kenya. With financial support of the German Federal Ministry of Economic Cooperation and Development we are currently supporting eight health facilities in different slums in Nairobi, focusing on TB and HIV/AIDS diagnosis, treatment and care. In addition, we provided emergency relief to about 3,000 families affected by the severe floods in Budalangi in Western Kenya between August and December 2007. Furthermore, we are also planning to launch a small TB programme in Maralal Northern Kenya.

You have just come back from Budalangi where you evaluated the results of your flood relief. What impression did you get? Did your help reach the people there?

Oh yes, I am very satisfied to see that the immediate help which Malteser International – with financial support of the Federal Foreign Office of Germany – managed to provide really reached the people. The distribution of the relief goods was very well organised and so we fulfilled our main task to reduce the chances of disease outbreak due to the floods and to safeguard the health of the victims. We even spread our wings and could reach about 3,000 families instead of the originally targeted 1,500. When meeting the beneficiaries now, I was really touched very much by their positive statements and their gratitude.

Which help did you provide and how did you manage to organise it?

When we heard about the heavy floods and the water coming down from Rift Valley with the rivers Nzoia and Yala, we



Paul Ochieng talking to a patient in the Riruta Health Centre in Nairobi

immediately went for an assessment. You cannot imagine, the water had broken the dykes and swept all inhabitants and their homes into the plain land. Most of the people were living in tents on top of the broken dyke, the air force lifted food for them because there was no other possibility to reach the people. In order to prevent the outbreak of diarrhoea and other infectious diseases, we immediately brought medicine to the health centres. Furthermore, four mobile toilets and two water tanks were delivered to serve the numerous internally displaced people. The distribution of the non-medical items – such as blankets, water cans, water

treatment drugs, soap and mosquito nets – was coordinated by a catholic pries. All in all, I went to Budalangi three times for monitoring and evaluation and to visit the homes of the affected, and I saw for myself that the distribution was well-done.

What would you describe as the most important success of your work?

I am very proud of the success of our work in my country. Malteser International has played an important role in convincing the Kenyan government of the importance of the TB treatment. For the last five years, the health centres supported by Malteser International have won the Isaac award for the best managed TB care centres nationally and are models for reference by the Ministry of Health and the local WHO office. According to the Malteser International strategy, it is our aim to leave an impact when we leave one day and, therefore, we are constantly working on strengthening the capacity of our local partners.

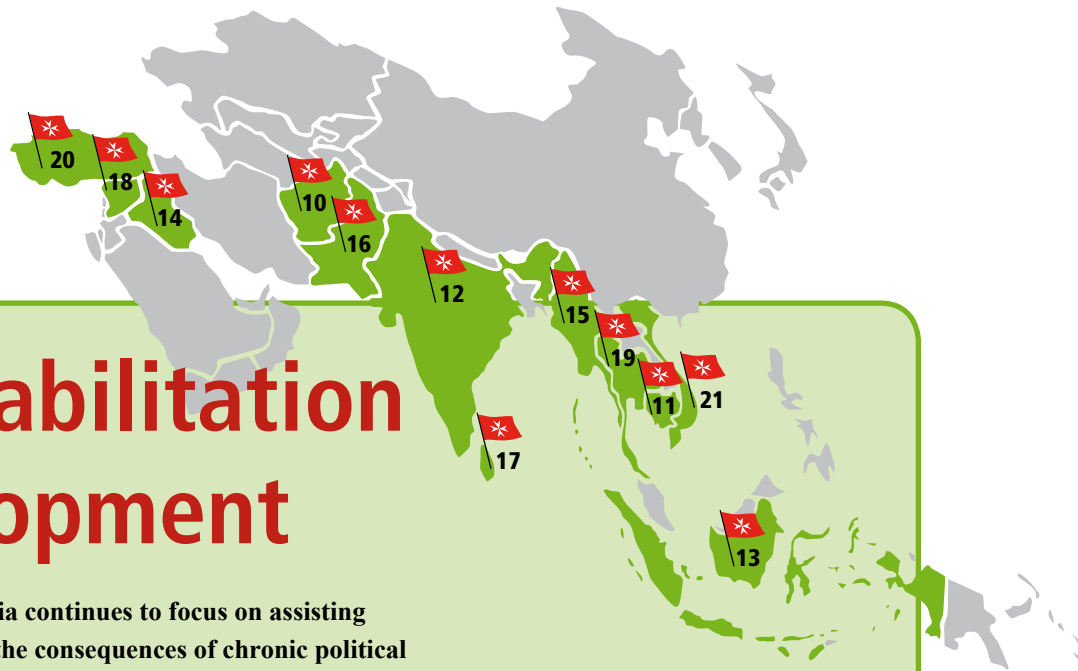
*The interview was conducted by
Petra Ipp-Zavazal.*



Inhabitants of Budalangi saying thank you for the flood relief



MSAA



Relief, rehabilitation and development

Malteser International's work in Asia continues to focus on assisting vulnerable groups that suffer from the consequences of chronic political crisis. In 2007, the organisation assured basic health care for 820,000 people in Myanmar and for more than 33,000 refugees in the refugee camps in Thailand. For the first time, Malteser International helped Iraqi refugees in Syria. Through partner organisations, the support of small projects in Iraq and Afghanistan continued.

In 2007, Asia suffered from bigger natural catastrophes again. Although they did not make the news as much as the tsunami in 2004, Malteser International was able to provide emergency relief for the flood victims in Pakistan, India and Vietnam.

The work in Asia furthermore concentrated and still concentrates on „WASH“ – water, sanitation and hygiene. For the first time, a workshop for all staff members of the region was held on this topic in 2007.

ASIA DATA	COUNTRIES	
International staff: 68	10	Afghanistan
National staff: 378	11	Cambodia
Aid for 3.1 million people	12	India
	13	Indonesia
	14	Iraq
	15	Myanmar
	16	Pakistan
	17	Sri Lanka
	18	Syria
	19	Thailand
	20	Turkey
	21	Vietnam

Afghanistan

International staff: 1
 National staff: 21
 Aid for **100,000 people**
 Malteser International had own staff working in Afghanistan **from 2002 until 2007**.
Funding: AA, KfW, UNHCR, own resources/private donations
Partners: Afghan non-governmental organisations and communities, German Medical Service Kabul, health and cultural authorities



Afghanistan: With the production of shoes, these women assure the livelihood of their families.

For the last five years, Malteser International has been working in the west, south-east and in the central provinces of Afghanistan. Staff members have

been providing emergency relief and implemented reconstruction and development projects in the areas of health, education, infrastructure and income generating activities. In regions with potential ethnic conflict, the organisation supported projects to connect the different

population groups. Activities included the collective construction of infrastructure in the communities, workshops about health and hygiene for women as well as technical workshops for young men. Furthermore, Malteser International once again provided winter emergency relief

for vulnerable groups, especially for returnees without means.

In view of the difficult security situation and the loss of three local employees who were killed during their assignment in the past years, Malteser International decided, to withdraw its international staff from Afghanistan and to close the office in Kabul in November 2007. The organisation is aware of the further need for humanitarian assistance in Afghanistan and will, therefore, continue supporting projects through partner organisations.

Cambodia

International staff: 4
(thereof 1 CIM expert)
National staff: 8
Aid for 260,000 people
Malteser International has been working in Cambodia since 1993.
Funding: AusAid, BMZ, CIM, EC, own resources/private donations
Partners: CAAFW, CHHRA, ICON GmbH, local health authorities

Together with a partner organisation, Malteser International is introducing **community-based health insurance** systems in various villages in the province of Oddar Meanchey. The goal is to improve the health situation of the people in the remote villages and to

reduce poverty by covering the costs for medical treatment with the insurance. In light of the success of this pilot project, Malteser International extended the health insurance project to the neighbouring region of Bantey Meanchey in November 2007.

The work in Cambodia also concentrates on measures to improve the mother-child health situation and to reduce mother mortality. With trainings for midwives, the involvement of traditional birth attendants and participatory health education in the communities, Malteser International was able to increase the number of births under medical surveillance from 18 to 60

percent. In demonstration gardens created by Malteser International, women and mothers learn how to improve the food situation of their families. Staff members also help them to grow vegetables in their own gardens. The aim is also to extend these projects to other villages.

Furthermore, Malteser International, together with the consulting firm ICON GmbH, supports the health authorities and community councils in three provinces in the north-west of Cambodia concerning health education campaigns and rural community development.

Martin Aid 2008 for Cambodia



Sandra Harlass,
Project Coordinator Cambodia:

"I'm very happy that the Martin Aid campaign 2008 collects donations for our projects in Cambodia – because help there is much needed: The child mortality is alarmingly high and the basic

health care is completely insufficient. With the Martin Aid campaign, people can help us, for example, to assist more women with medication during pregnancy and birth and to ensure a healthy start in life for many children. By sharing – as St. Martin did – children and adults can improve the life of the people in our project region in the north of Cambodia considerably."

Further information: www.martinaid.org



Cambodia: Proudly, these women show their insurance cards.

COMMUNITY-BASED HEALTH INSURANCE (CBHI)

In many countries of the South, there are still little or no social security systems. People have to pay for the high costs of health treatment for themselves and their families. In order to prevent more and more people falling into the vicious circle of poverty, NGOs help the village communities to form 'health funds' into which they have to pay a regular contribution. In return, they are insured for the whole year. At the beginning, such village funds or community-based health insurances (CBHI) have to be subsidized until they have enough members to carry themselves.

India

International staff: 3

National staff: 1

Aid for **150,000 people**

Malteser International has been working in India since **1989**.

Funding: ADH, BMZ, own resources/private donations

Partners: Arumbugal Trust, AussICODES, Bharati Trust, BSC, Centre for People's Education, Centre for Social Reconstruction, DEEDS, Ekklavia Foundation, Health for One Million, Malankara Social Service Society, Peace Trust, Provision, Quilon Social Service Society, Sahayi, Unnati, Vaan Muhil, Venture Trust



India: With songs and street theatre, the population is sensitised towards HIV/AIDS.

Three years after the tsunami, Malteser International has largely completed its comprehensive reconstruction programme in the south of India. More than 20 schools and child centres and about 150 houses have been repaired, more than 100 houses, two schools and about 400 latrines have been constructed. 3,000 families received micro-credits and trainings to restart their life. Thanks to long-term psychosocial assistance, 2,000 families in five villages on the coast were able to overcome the horror of the tsunami. After completing the immediate reconstruction work, Malteser International now directs its programmes to strengthening the village communities and to reduce the widespread poverty, especially amongst women and vulnerable groups like the marginalised 'Dalit', the so-called untouchables.

The spread of HIV became an ardent topic in India. Since the beginning of 2007 and in cooperation with a network of Indian partner organisations, Malteser International has been conducting educational campaigns about HIV/

AIDS, especially in regions with a high prevalence of poverty-related migration. Staff members also support the care of people living with HIV and AIDS. Overcoming the stigmatisation of this disease represents a special challenge to enable the affected people to live a life in dignity.

Another new component of the work in India is the development of low-threshold health and life insurances. Malteser International supports 115,000 families to join these insurance programmes. By becoming members of such an insurance programme, the families are protected from illness- or accident-related poverty.

The north of India, especially the regions of the Ganges Valley, experienced heavy floods lasting for months that presented an existential threat for more than 20 million people. In the very poor states of Bihar and Uttar Pradesh, Malteser International organised emergency relief for 2,000 families. Now, the organisation is preparing a programme for the protection against future floods.

CASH FOR WORK

The basic concept of 'cash for work' programmes is to provide a temporary income source for the victims after a disaster by letting them work in the reconstruction projects and paying them for their work. This daily wage secures a little income for them and their families. In general, cash for work programmes finance activities that serve the communities. For example after a disaster, cleaning and reconstruction measures are organised or protection measures are implemented, like the construction of dams. Thanks to the work and the compensation, the people are not degraded to passive receivers of aid. They decide for themselves what they need most and therefore keep their dignity. They take their destiny in their own hands and see that they have the strength to cope with the consequences of a disaster by themselves.

Help on the spot – worldwide. – Projects 2007 (excerpt)

Region	Country	Locations / Regions	Programme Focus	Brief Description	Programme Volume (rounded up)	Donors / Cooperation Partners	National Partner Organisations	No. of Projects
Africa	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	818,000 EUR	EuropeAid, HAMSET, UNHCR; own resources / private donations	Provincial health department of Kuando Kubango, local partner organisations	3
	DR Congo	Kinshasa, Ariwara, Mahagi / Ituri Bukavu / South Kivu	Healthcare, psychosocial care, food security, rehabilitation, infrastructure	Support of more than 350 health centres, vaccination campaigns, basic and advanced training of staff, food security in over 30 nutrition centres, medical and psychosocial care for abused women, assistance for trauma patients, rehabilitation of health facilities and infrastructure (source fittings, streets, bridges)	3,989,000 EUR	AA, DHL, ECHO, EuropeAid, FAO, OCHA, Pooled Fund, UNICEF, WFP, WFSM; own resources / private donations	Local and national health authorities, local partner organisations	15
	Ethiopia	Mandura Woreda, Metekel	Poverty reduction	Training courses and income generating measures for 2,500 people	14,000 EUR	Own resources / private donations		1
	Kenya	Nairobi and Central Province / Budalangi / District Busia	Healthcare, flood relief	Improving the possibilities of diagnosis and treatment of tuberculosis and HIV/AIDS, supporting home care, health education for the slum dwellers Flood relief: distribution of relief items	472,000 EUR	ADA, BMZ, Pathfinder International; own resources / private donations	Kenyan Ministry of Health, Nairobi City Council, Nairobi Health Management Board, AMREF, St. Mary's Hospital	2
	Sudan	North Darfur: Khartoum, El Fasher South Sudan: Rumbek, Yei, Maridi, Juba	Healthcare, rehabilitation	TB, HIV, leprosy, sleeping sickness and malaria prevention and control programmes, basic healthcare, mother-child health, vaccination campaigns, basic and advanced training	1,880,000 EUR	AA, ADH, AECID, CHF, DAHW, DOR, ECHO, GFTAM, K'fWH, NIN, UNDP, OCHA, UNICEF, UNFPA, STI, Tacke Foundation, WFP, WHO; own resources / private donations	Dioceses of Rumbek and Yei, local and national health authorities in South Sudan and in Darfur	7
Uganda	Maracha, Bukedea / Teso	Healthcare, disaster prevention	Support for the department for malnourished children in the hospital of Maracha, home visits, aftercare of the patients; establishment of community-based health teams Flood relief: distribution of relief items, introduction of community health teams for the further sensitization towards epidemics and for the introduction of an early warning system for disasters	230,000 EUR	AA, ADH, Don Pedro Rodriguez Ponga, MAV, PMK; own resources / private donations	District Health Service, Maracha Hospital	2	
Asia	Afghanistan	Provinces of Badghis and Herat, Kabul, Kapisa, Panwan, Logar and Wardak	Emergency relief, rehabilitation, healthcare, care for children and youth, reintegration of returnees	Reconstruction / new building of schools and health centres, operation of a provincial hospital and eleven health centres, income generating measures for returnees, promotion of women, day-care for neglected children, emergency relief in the winter	430,000 EUR	AA, KfW, UNHCR; own resources / private donations	Afghan non-governmental organisations and communities, German Medical Service Kabul, departments of health and culture	3
	Cambodia	Provinces of Oddar Meanchey and Banteay Meanchey, Siem Reap and Battambang in the north-west of Cambodia	Healthcare and support for the local communities and authorities	Community-based health insurance, health promotion, mother-child health, strengthening the health capacities of the civil society and the governmental structures	540,000 EUR	AusAid, BMZ, CIM, EC, ICON GmbH, Frederik Tautz and Hans-Joachim Feiter- Foundation, own resources / private donations	CAAF, CHHRA, local health authorities and other authorities	3
	India	States of Tamil Nadu, Kerala, Gujarat, Uttar Pradesh and Bihar	Rehabilitation and development, emergency relief	Southern India: health promotion: HIV prevention, treatment and support programmes Tsunami relief: income generating measures for more than 3,000 women and their families, community development programme for ten coastal communities, psychosocial support for victims of the tsunami in 13 coastal villages, medical assistance, scholarships, support of children and young people, rehabilitation of houses, construction of houses for 100 Irula families Uttar Pradesh and Bihar: emergency relief after floods	1,200,000 EUR	ADH, BMZ, own resources / private donations	Arumbugal Trust, AusicODES, Bharati Trust, BSC, Centre for People's Education, Centre for Social Reconstruction, DEEDS, Ekklavia Foundation, Health for One Million, Malankara Social Service Society, Peace Trust, Provision, Quilon Social Service Society, Sahayi, Unnati+SSK, Vaan Muhil, Venture Trust	18
	Indonesia	Medan / Lhokseumawe, Meulaboh / Lhokseumawe, Banda Aceh, Nagan Raya, Nias, Yogyakarta	Rehabilitation, development and healthcare, medical emergency relief (earthquake on Java)	Guajarat: construction of 150 houses, disaster prevention, pre-school programme for 1,200 children Rehabilitation of two villages: 500 houses, water supply, school, health and community hall, income generating measures; construction of three health centres and two community halls, improving the data collection of the provincial health authorities, healthcare for UN staff	1,500,000 EUR	ADH, GTZ, KfW / GITEC, Sternstunden, ZF Hilft e.V., own resources / private donations	PKU Muhammedija, Yakkum / YEU / PRY, health authorities of the province Aceh, further local organisations	6

Myanmar	Yangon Division, Wa Special Region (Shan State), Northern Rakhine State	Development oriented emergency and transitional aid in the fields of healthcare, water supply, sanitary facilities and disaster control	Control of diseases like TB, HIV/AIDS and malaria, strengthening of community-based basic healthcare services, construction/ rehabilitation and provision of health centres and schools, improvement of the access to save drinking water and sanitation facilities on community and household level, community oriented disaster prevention	1,700,000 EUR	ADH, BMZ, ECHO, EuropeAid, 3DF Three-Diseases-Fund (UNOPS), UNFPA, UNHCR, UNICEF, WFP, WHO, own resources/ private donations	Local health and education authorities, community-based committees, Good Shepard Sisters	19
Pakistan	Islamabad, Kohistan District (north-western boarder province), Districts of Muzaffarabad and Bagh (Azad, Jammu Kashmir), District Kharan/Washuk (Belutchistan)	Rehabilitation (earthquake in Northern Pakistan), winter relief and flood relief	Construction of basic healthcare centres, drinking water cisterns and canals, mobile primary healthcare, distribution of blankets, cooking sets, water cans and hygiene sets, provision of emergency shelters	790,000 EUR	AA, ADH, Archbishopric of Cologne, DCV, HKH, KfW, PMK, WPA, own resources/ private donations	ACTED, IBC, PCDF, Youth Organization Kolai	7
Sri Lanka	Southern Province: Colombo, Galle Eastern Province: Ampara	Rehabilitation (in tsunami-affected coastal area), water sanitation and hygiene (WASH), community development, reintegration of children living in children's homes, support of internally displaced people (IDPs)	Rehabilitation and construction of 700 houses, provision of drinking water, rain water harvesting, waste water treatment, hygiene counselling, construction of a school and of a vocational training centre, income generating measures, reintegration of children living in children's homes, distribution of non-food items and support with the remigration of IDPs	2,100,000 EUR	ADH, Bild hilf e.V., Caritas, Cities of Halberstadt, Regensburg and Wesseling, DCA, FC Bayern Hilife e.V., Foundations RTL, Serendib and UNESCO, IAT/Rotary Club UK, Ostessen hilf Südasien, ÜWAG, UNICEF, Zukunft für Kinder, own resources/ private donations	Arobonam Boys' Home, Asian Volunteers, Caritas SED Galle & Seth Serana, CSA, DCA, ECSAT, GTZ, HUDEC-Caritas Jaffna, HFTC, LRWHF, NWSDB, Sarvodaya, Sewalanka Foundation, Sudana Rodrigo Sahana Foundation, TDDA	23
Thailand	North Thailand: Districts of Sop Moi and Mae Sariang South Thailand: Krabi, Phang Nga, Ranong, Phuket	Healthcare, assistance for refugees, emergency relief (tsunami) and rehabilitation	Refugee camps in the north-west: healthcare and water supply for the refugees, assistance for AIDS orphans Tsunami relief in southern Thailand: rehabilitation of houses, water and waste water treatment, healthcare, psychosocial assistance, income generating measures	1,500,000 EUR	ADH, CIM, ECHO, RTL Foundation, UNHCR, IRC/USAID, own resources/ private donations	Karen Refugee Committee, SAN, SEAMEO, health and education authorities	8
Vietnam	Danang /Provinces of Quang-Nam and Danang, Central Vietnam	Poverty reduction, emergency relief	Improvement of the basic health, the alimentation and income situation of the poor and ethnic minorities, community-based development and alphabetisation courses for women, emergency relief after a storm	170,000 EUR	AA, BMZ, World Child Future Foundation, own resources/ private donations	DED, Women's Unions in local communities and districts	3
Iraq/Syria	Iraq: Kirkuk, Karamless, various villages in North Iraq Syria: Aleppo and Damaskus	Iraq: emergency relief, rehabilitation Syria: emergency relief, support for refugees	Iraq: construction of wells and water distribution systems, construction of a training centre, co-financing of medical staff Syria: initial aid for refugee families from Iraq in form of household items, cash as well as school materials for students from Iraq and poor Syrian classmates	162,000 EUR	Own resources/ private donations	International Blue Crescent (Turkey), Mostakbal Development Foundation (Iraq), Turkemeneli Cooperation and Cultural Foundation (Iraq)	2
Turkey	Izmir	Rehabilitation	Centre for 240 mentally disabled children	68,000 EUR	Own resources/ private donations	International Blue Crescent	1
Mexico	Tabasco	Emergency relief	Distribution of relief supplies, medical first aid	6,000 EUR	ADH, own resources/ private donations	Mexican Association of the Order of Malta	1
Peru	Provinces of Cañete and Chincha	Emergency relief and rehabilitation	Distribution of relief supplies, medical first aid, construction of 40 houses	77,000 EUR	ADH, own resources/ private donations	Peruvian Association of the Order of Malta, Malteser Peru	1
USA	New Orleans	Rehabilitation	Home renovation programme, rehabilitation of living space	182,000 EUR	ADH, CARE International Germany, own resources/ private donations	Order of Malta USA, Catholic Charities Services, Rebuilding Together	1

Abbreviations: please see page 2

Indonesia

International staff: 9

National staff: 42

Aid for **100,000 people**

Malteser International has been working in Indonesia since 2005.

Funding: ADH, KfW/GITEC, Sternstunden, ZF Hilft e.V., own resources/private donations

Partners: GTZ, PKU Muhammedija, Yakkum/YEU/PRY, health authorities in Aceh, village communities, further local organisations

Since the beginning of 2005, Malteser International has constructed about 550 houses with drinking water supply and ecological waste water systems for the survivors of the tsunami in the villages Jambo Timu and Lancok in

the region Lhokseumawe/province of Aceh. The construction of the houses is part of a comprehensive community reconstruction programme which also includes microcredit schemes. With such a small loan, the beneficiaries build a small business and earn money for themselves and their families. First steps were undertaken to extend the successful measures to the hinterland of the region where there is a great need for assistance due to decades of civil war. Together with GTZ, Malteser International is, furthermore, introducing an electronic health information system in the province of Aceh. With this system, all relevant health data can be collected to improve the control of vaccination cycles and the health status of the population. Malteser International trains staff members of the

health centres in the electronic gathering and analysis of the data. The system contributes to a long-term and sustainable improvement of the health situation of the population in the region.

While the immediate emergency measures after the severe earthquake on Java in May 2006 have been completed, many patients need a long-term rehabilitation or further surgeries that they cannot afford. In these cases, Malteser International continues providing assistance with support from local partner organisations.

After a severe earthquake on Sumatra in September 2007, Malteser International supported a partner organisation with medical first aid measures. Due to the frequency of natural disasters in Indonesia, the organisation will enforce its work in the sector of disaster preparedness.



Indonesia: This woman earns a small income with the production of soy chips.

FIRE BELT

The so-called fire belt in the Pacific Ocean is the region most hit by volcanic eruptions and earthquakes on earth. The fire belt stretches from Chile over North Alaska and Japan to the Pacific Islands, the coast of Indonesia is also included. About 40 percent of all active volcanoes lie in this region. On about 18,000 Indonesian islands alone, there are around 130 active volcanoes. Furthermore, the Indian-Australian tectonic plate and the Pacific tectonic plate meet in the fire belt. The tectonic plates are constantly moving and generate energy. If this piled up energy is discharged, the consequences are often severe earthquakes and volcanic eruptions.

Iraq

Aid for **1,000 people**

Malteser International has been working in Iraq since 1995.

Funding: Own resources/private donations

Partners: International Blue Crescent (Turkey), Mostakbal Development Foundation (Iraq), Turkemeneli Cooperation and Cultural Foundation (Iraq)

Despite the unstable security situation still existing in Iraq, Malteser International continued its work there in cooperation with local partner organisations. The work is focused on the financial support for a health centre in Karamless, in the north of Iraq.

Myanmar

International staff: 21

National staff: 184

Aid for 820,000 people

Malteser International has been working in Myanmar since October 2001.

Funding: ADH, BMZ, ECHO, EuropeAid, 3DF Three-Diseases-Fund (UNOPS), UNFPA, UNHCR, UNICEF, WFP, WHO, own resources/private donations

Partners: Community based committees, health and education authorities, Good Shepard Sisters

In 2007, the work of Malteser International focussed on the consolidation of the existing project sites. In Rakhine State, the project for the prevention and treatment of tuberculosis (TB) that started in 2003 could be extended to another township and has been financially secured until 2010 with funds from the '3DF Three-Diseases-Fund for TB, Malaria & HIV/AIDS'. Especially in the densely populated Rakhine State, TB is widespread. The goal of the project is to stem the disease and to prevent the formation of resistance. Therefore, in addition to testing the people in the villages on TB and treating the disease



Myanmar: A local health worker examining a patient suffering from tuberculosis

with medicine, health workers also visit the patients and give regular advice during the treatment period that lasts six months (DOTS – Direct Observed Treatment Scheme). Furthermore, the patients receive supplementary nutrition to strengthen their immune system.

The work in Rakhine State also concentrates on the supply of safe drinking water and sanitation at schools, the extension of mother-child healthcare and the sustainable establishment of 26 community-based mother-child centres to look after undernourished children. In the eastern Shan State, Malteser International was able to expand the programme for the control and treatment of HIV/AIDS to the anti-retroviral treatment of patients and also to secure the funding through the 3DF until 2010. In Yangon, the projects in the slums could be carried on in spite of the unrests in autumn. In October 2007, Malteser International, together with 13 international non-governmental organisations working in Myanmar, signed a plea asking for better working conditions and more operational space for their humanitarian work.

Pakistan

International staff: 4

National staff: 38, temporarily up to 41

Aid for 60,000 people

Malteser International has been working in Pakistan since 2005.

Funding: AA, ADH, Archbishopric Cologne, DCV, HKH, KfW, PMK, own resources/private donations

Partners: ACTED, IBC, PCDF, World Pheasant Association, Youth Organization Kolai

After the earthquake in October 2005, the remote Palas Valley in the district of Kohistan was almost completely cut off from assistance. Until May 2007, Malteser International provided basic



Pakistan: Works on the shell of a health centre in Azad Jammu and Kashmir

healthcare for the people in this remote area with mobile health teams as part of the winter emergency relief programme. At regular intervals, two mobile teams with doctors and female staff treated the patients in five locations that were chosen together with local responsible persons. Between December 2006 and May 2007 alone, more than 7,300 patients received medical assistance. In December 2007, the second phase of the winter emergency project started for yet another winter in a total of six locations. In the same region, Malteser International furthermore rebuilt nine drinking water facilities.

Within the winter relief programme, Malteser International also provided important relief supplies for 750 families in Azad Jammu and Kashmir who still have to live in temporary shelters after the severe earthquake. The relief supplies included blankets, cooking sets and containers for drinking water. After heavy rainfalls in springtime that caused many land- and mudslides, Malteser International supported further 70 households in the same region with emergency supplies.

In addition, the organisation is constructing four basic health centres in Azad Jammu and Kashmir that were completely destroyed during the earthquake and offers trainings for the medical staff. The four centres will improve the access to basic

healthcare for more than 40,000 people in the remote mountain region.

After the severe floods in June 2007, Malteser International distributed emergency kits with drinking water cans, water purification tablets, hygiene articles and blankets to 1,000 families in Belutchistan in the south-west of Pakistan. A Pakistani doctor and a local midwife informed the population about important hygiene measures and told the people how to treat the water so that it is safe to drink. Another integral part of the educational campaigns has been the message of the importance of washing hands to prevent infectious diseases.

For 2008, Malteser International plans to reconstruct more health centres and to implement a disaster preparedness programme on a local basis.

Sri Lanka

International staff: 20

National staff: 43

Aid for 315,000 people

Malteser International has been working in Sri Lanka since 2005.

Funding: ADH, Bild hilft e.V. – Ein Herz für Kinder, Caritas, Cities of Halberstadt, Regensburg and Wesseling, FC Bayern Hilfe e.V., Foundations RTL and Serendib, IAT/ Rotary Club UK, Osthessen hilft Südasiens, Sudana Rodrigo Sahana Foundation, ÜWAG, UNICEF, own resources/private donations

Partners: Arobonam Boys' Home, Asian Volunteers, Caritas, CSA, DCA, ECSAT, GTZ, HFTC, LRWHF, NWSDB, Sarvodaya, TDDA, UNESCO, Zukunft für Kinder e.V.

Even three years after the tsunami, Malteser International continues the reconstruction work in the districts of Kalutara, Galle, Matara, Hambantota, Kilinochchi, Trincomalee and Ampara in the south, east and north of the country.



Sri Lanka: Thanks to the rainwater harvesting tanks, the families always have clean drinking water.

Besides the reconstruction of houses, the work focuses on projects for safe drinking water supply, sanitation and educational campaigns about hygiene (**WASH**). In 'child-friendly' school projects, the students, their parents and the teachers are involved in the planning and construction of sanitation facilities at the schools. In another participatory approach, Malteser International is also building rainwater harvesting tanks for more than 3,300 families to improve the drinking water supply during the dry seasons.



Sri Lanka: Drawings from a contest: Children learn about the correct use of water and the basic concepts of hygiene.

In addition to the construction of an elementary school for around 400 children, Malteser International supports the reconstruction of various community halls that can also be used for trainings and workshops. In the Southern Province, the organisation furthermore started a family reunion project. Parents who, due to their state of need, had to give their children to an orphanage receive pedagogical and material help that enables them to take their children back home and care for them.

After heavy torrents in parts of the country during the winter of 2006/2007, Malteser International provided emergency relief. Moreover, the organisation assists people affected by the lasting conflicts in the north and east of Sri Lanka. Through a Sri-Lankan partner organisation, Malteser International helps displaced people in camps and supports the construction of temporary houses in their home areas.

In 2008, Malteser International will complete the village reconstruction projects after the tsunami and the income generating measures. Furthermore, in other regions with a precarious drinking water supply and lack of sanitation, the organisation supports the people by making the adequate arrangements to assist the growing number of people affected by the conflict.

WASH – WATER, SANITATION AND HYGIENE

Without water, life on earth would not be possible. Nevertheless, an estimated 1.1 billion people don't have access to clean water. According to a prognosis made by the UN, the number of those who suffer from water scarcity will rise from 700 million people today to three billion people in 2025.

2.6 billion people don't have access to basic sanitation, meaning a toilet and a waste water system – that is 40 percent of the world's population. That is why millions of people suffer from diseases that often end deadly, especially for children. Fact is that the majority of these diseases can be avoided. To make the international community aware of these serious issues, the General Assembly of the United Nations has declared the year 2008 as the **International Year of Sanitation**.

To have the possibility to use a toilet – let it be only a latrine – is a matter of dignity. The planning and construction of sanitation facilities should not be a taboo topic anymore. Together with the people who still do not have a toilet, solutions need to be found to suit their needs. Further investments in the water supply and hygiene in developing countries will also help to achieve the development goals and, above all, to reduce the mother and child mortality. Known methods, easy techniques and principles of basic healthcare have proven to be effective and have to be implemented and supported according to the context of the respective countries. Malteser International wants to make a contribution with its WASH programmes.

"... Don't forget to wash your hands! WASH – Water, sanitation and hygiene in Sri Lanka"

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, diseases 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



Syria

Aid for 1,000 people

Malteser International has been working in Syria since 2007.

Funding: Own resources/private donations

Lokale Partners: International Blue Crescent (Turkey)

Thousands of Iraqi families had to leave their country due to the lasting terror and the endless violence that kills on an average 45 people a day. In the meantime, Syria has received about 1.4 million refugees from the neighbouring country. Together with its Turkish partner organisation International Blue Crescent, Malteser International supported 100 of the most vulnerable Iraqi refugee families for a period of six months with basic equipment including crockery, blankets and hygiene articles. Moreover, the families received money to enable them to buy the additional things they needed and so put them in a position to take care of themselves, maintain their self-esteem and at the same time strengthen the local Syrian market.

In addition, the organisation provides school materials like school-bags, note-

books, pens and books for 550 refugee children and their Syrian classmates to integrate them better in their new environment that bears a big burden due to the high number of refugees – in addition to the Iraqis, there are currently around 430,000 Palestinian refugees living in Syria.



Syria: Distribution of school materials to Iraqi refugee children and their Syrian classmates

Thailand

International staff: 6
(plus 1 CIM expert)
National staff: 36
Aid for 95,000 people
Malteser International has been working in Thailand since 1979.
Funding: ADH, CIM, ECHO, UNHCR, IRC/USAID, own resources/private donations
Partners: Health and education authorities, Karen Refugee Committee, SAN, SEAMEO

In 2007, the international donor countries started a dialogue to look intensively for solutions in respect of the tragic refugee situation on the border between Myanmar and Thailand that has been going on now for two decades. As a result of the dialogues, about ten states have agreed to support the resettlement of interested refugees in third countries within the next three to five years. Furthermore, they want to assist the Thai authorities with development projects to enable them to take over the care of the remaining refugees in the middle and long term.

In two refugee camps along the border with Myanmar, Malteser International secures the medical assistance as well as the water and hygiene supply for currently more than 33,000 refugees –

most of them belong to the ethnic group of the Karen from Myanmar. Every day new refugees, fleeing from attacks and human rights violations, are still coming to the two camps.

In the villages in the mountains of the District of Mae Sariang in the north-west of the country, Malteser International furthermore provides scholarships for 94 children whose parents died of AIDS.

In the south, the reconstruction work after the tsunami continues. Next to the rehabilitation of infrastructure, the work concentrates on the improvement of the basic healthcare and on income generating measures for poor and disadvantaged groups like the 'Morgan' (sea nomads). Another focal point of the work is the psychosocial care for children and young people who still suffer from the consequences of the tsunami.

The tsunami programme in the south of Thailand will be completed in the midyear of 2008. On the border between Thailand and Myanmar in the north of the country, Malteser International is planning an additional project to train new medical staff in the camps in order to respond to the consequences of the resettlement of refugees. Furthermore, the organisation wants to enable the Thai authorities to take over the responsibility for the healthcare in the camps and the neighbouring countries in the mid-term.

Vietnam

International staff: 1 (DED)
National staff: 5
Aid for 35,000 people
Malteser International has been working in Vietnam since 1966.
Funding: AA, BMZ, DED, World Child Future Foundation, own resources/private donations
Partners: local health authorities, women unions in the districts

Vietnam is a country of two paces. While the general poverty rate in Vietnam drastically decreased during the past decade, the percentage of people from ethnic minorities among the poor increased. The gap between the upcoming urban regions and the rural poor areas – mainly the mountain regions with ethnic minorities – is growing. The main problems of the population in these areas are a lack of food, bad health conditions, a high rate of 45 percent of undernourishment among children under five, a high rate of maternal deaths, a lack of clean drinking water and sanitation facilities and of knowledge about disease prevention and practically no income due to ineffective subsistence farming.

For these reasons, Malteser International is implementing a poverty reduction programme in Central Vietnam. The work focuses on basic healthcare and educational campaigns, income generating measures and trainings for participatory village development. Furthermore, Malteser International renovated a decayed health centre and established gardens with traditional medical plants affiliated to health centres and so now the



Thailand:
Training of midwives in a refugee camp at the border with Myanmar

patients not only get access to healthcare but also to alternative, affordable and effective remedies.

Heavy rainfalls in November 2007 lead to severe floods. Malteser International supported 1,251 families with emergency measures, distributed food, blankets and mosquito nets and provided corrugated metal sheets for the construction of temporary shelters.

Since the health situation in the mountain regions with ethnic minorities deserves special attention, Malteser International will focus on the improvement of the healthcare in these areas during the next years and will, therewith, also contribute to the prevention of extreme poverty among ethnic minorities.



Vietnam: Support for a new beginning: Distribution of food, blankets and mosquito nets to 1,251 families after the severe floods

ON THE SPOT: INDIA

AIDS by tears

HIV prevention and the fight against discrimination of people living with HIV/AIDS



Katrin Rehfuss

AIDS is a rising issue in India. About 2.5 million people are infected with HIV. Helen Marie is one of them. When the 33 years old woman talks about her everyday life, her eyes fill with tears: “Everybody let me down. I’m not even allowed to enter my family’s house.” Without support from the family, life in India is hard. Also financially. “I worry about money all the time. No one wants to hire me as a domestic help, since the people have found out that I have AIDS.”

Sheila is HIV positive and helps other women who suffer from the same destiny.

Often, she feels like crying, but fights against tears: “When I cry in public, the people think that they may get infected by my tears!” This ignorance about the ways of infection provides the basis for discrimination of HIV-infected people and their relatives.

Sheila, employee of the Indian relief organisation Centre for Social Reconstruction (CSR) is HIV positive herself. She has made it her business to demonstrate to other HIV infected persons that life is not over after the terrible diagnosis. Together with Malteser International, CSR has started a project that supports AIDS patients and informs healthy people about the disease.

“When a large part of the population in South India knows that you can’t get infected by a handshake, an important aim will be achieved”, Michael Hinsch

from Malteser International resumes. Therefore, in addition to the treatment and counselling of the patients, the fight against stigmatisation and the prevention of further infections are the goals of the project. Malteser International and CRS therefore organise workshops for youth groups, women’s and men’s associations and Christian groups. Theatre workshops, exhibitions and concerts are also organised, a concept which promises success as the performance of the popular singer Pazhania Pillai shows. He sings about HIV/AIDS at the end of each performance, the audience stand up, clap and sing along with enthusiasm and, at the same time, learn the most important facts about HIV/AIDS. “With my songs, I want to make sure that the healthy people show solidarity with the infected persons”, says Pillai. And if the people remember his melodies, maybe they will remember the messages, too.

Katrin Rehfuss

Enable people to help themselves

In September 2007, the President of Malteser International Mr. Nicolas de Cock de Rameyen visited several projects of Malteser International in Asia. He was accompanied by representatives of national organisations of the Order of Malta and Malteser International. During his trip, Nicolas de Cock de Rameyen reported on a regular basis about his experiences.

Read here an excerpt from his travel diary from Lhokseumawe/Indonesia on 21 September 2007:

This morning, we are in the ‘Puskesmas’ Ganda Pura in Bireuen, situated in the province of Banda Aceh. ‘Puskesmas’ is the Indonesian name for a health centre. After 25 years of civil war, the population of Aceh province is in a very bad state of health, shown by low immunisation rates and poor mother-child health. The rate of maternal deaths in Aceh is the highest in Indonesia. In the past, data collection in Puskesmas was just done manually which made systematic analysis difficult. This also hindered the coordination and management of well-planned measures like vaccination campaigns. The tsunami in December 2004 also destroyed many hardcopies in Aceh province.

The provincial and health authorities in Aceh noticed the necessity of electronic data collection and analysis and therefore asked Malteser International in cooperation with GTZ, the German Community for Technical Cooperation, for their support. The Puskesmas Ganda Pura is one of about 140 health centres in the province of Banda Aceh where Malteser International in cooperation with the Indonesian government, GTZ and the KfW Banking Group (German Development Bank) have introduced such an electronic healthcare information system. The training of medical staff in electronic data collection ensures the statistical registration of medical data on a long-term basis and thus improves the healthcare provision for the population as a whole.

Suharnita who is responsible for the data entry at registry, proudly shows us how she fills in the data in the computer using the Simpus software which was developed by GTZ and Malteser



A staff member of the “Puskesmas” explains to the President of Malteser Interantional, Nicolas de Cock de Rameyen, how the electronic health information system works.

International especially for this purpose. She is also very proud to present to us the patient identity (ID) cards. Ganda Pura is the only Puskesmas that prints such ID cards and distributes them to their patients. It’s fascinating for me as well as for the other members of our delegation to see the commitment and enthusiasm of the staff of the Puskesmas filling in the data at the registry, in the dentist’s room and in the pharmacy. Just give these people the machines and the training they need; and then, they themselves will have the power to change and improve things, to bring health to the population and to their country.

We came to the same conclusion in the afternoon when we found some more evidence of people who have improved their standard of living and have built up a small business thanks to a microcredit provided by Malteser International. Mrs Ramlah, for example, together with four

other women, she bought two sewing machines and started a veil production in her little house. Her veils – always produced in accordance with fashion – sell so well that she can now even give little jobs to girls from the neighbourhood who come to sew pearls onto the veils and thus earn a little money. Or Mr. Rusdi, he is so successful with his iron workshop that he wants to open a second workshop soon.

I am very impressed by the great engagement and commitment with which our staff faces the problems here, and how fundamentally and professionally they help the people to overcome their problems and to build up a new future. When we now return to our home countries, we know for sure that these projects and these people we met here merit our utmost support.

Nicolas de Cock de Rameyen

On the road to safe motherhood

From living in a refugee camp to being a mother-child health counsellor

Bun Srey Touch was born in 1980, just after Pol Pot's terror regime was finally overthrown. But Cambodia did not come to a rest, a civil war broke out. In 1997, Srey Touch had to leave her home province Oddar Meanchey and fled to Thailand where she found help in a refugee camp supported by Malteser International. Being eager to learn and support the work of Malteser International in the camp, Srey Touch took part in an on-the-job training for the nutrition programme for children. "I really enjoyed it as I love children. But I wanted to learn more, so I did another on-the-job training and started my career as a mother-child health (MCH) promoter," Srey Touch remembers.

When the Khmer Rouge structures were finally dismantled in 1999, Srey Touch went back to her home province together with Malteser International and started working as MCH promoter in the mobile clinics run by the organisation. Meanwhile, 14 health centres have been



Srey Touch (right) is happy to be able to help many mothers and their children.

established in the province out of which four are directly supported by Malteser International.

Today, she works in ten villages in the Beng area and supports three health centres by providing on-the-job training for health centre midwives on safe motherhood, midwifery skills and birth registry. This is especially important because Cambodia has one of the highest maternal and child mortality rates worldwide. Women giving

birth in the safe and hygienic environment of a health centre and with professional assistance have better chances to deliver without complications.

Srey Touch regularly stays at the health centres over night: "More and more women finally come to the health centre for delivery. I know most of them from our mother support groups (MSGs). This gives me a good feeling as I can see that our work has an impact."

Besides the training for MSG volunteers, Srey Touch meets the traditional birth attendants (TBAs) in the villages to teach them how to recognise high risk pregnancies and the potential risks and complications of home deliveries. "These meetings are very important for me because many TBAs are still reluctant to send the women to the health centre for delivery as it means a loss of money for them. But with the help of our educational sessions and the creation of TBA-midwife alliances, we have already achieved a great and important change in attitudes," Srey Touch tells us happily. "We're on the road to safe motherhood, but here in Oddar Meanchey a long path still lies ahead."

Miriam Fuß



Health education during a regular meeting with a mother-child group



AMERICA



Natural disasters – survival and a new start

In 2007, Malteser International provided emergency relief in response to the severe natural disasters in Peru and in Mexico. The worldwide climate change causes dangers and risks, especially for the people living on the coasts, many of them poor and without resources. In both countries, national associations of the Order of Malta are well established and through them, the emergency relief could be realised without delays. Parallel to the acute emergency help like the distribution of food and medicine straight after the disasters, Malteser International now wants to strengthen the capacity of the local partners and, in particular, to include disaster preparedness programmes in its assistance. Trainings and organisational development play a key role in order to be able to react even better after future disasters. Income generating measures round off the programmes and integrate the existing projects in sustainable development activities. In New Orleans, many volunteers from the Order of Malta helped with the reconstruction measures of the houses destroyed during the hurricane Katrina in August 2005.

AMERICA DATA	COUNTRIES
International staff: 1	1 Mexico
Aid for 15,000 People	2 Peru
Malteser International has been supporting national associations of the Order of Malta in the Americas since 2005.	3 USA

Mexico

Aid for 8,000 people
Funding: ADH, own resources / private donations
Partners: Mexican Association of the Order of Malta

Heavy and lasting rainfalls in October 2007 led to severe floods in the Mexican State of Tabasco, thousands of people lost their homes. The international network of the Order of Malta immediately allocated about 100,000 Euros for the survivors of the floods. In Villahermosa, the capital of the State, members of the Mexican



Mexico: Distribution of relief goods to the survivors of the floods in Tabasco

Association of the Order of Malta, together with numerous volunteers from the local parishes, distributed drinking water, food, hygiene articles and blankets to more than 7,300 people who had fled the floods and found refuge in the cathedral and in other churches. Hospitals were provided with medicine, medical equipment and medical products to secure the treatment of the injured as well as pregnant women and newborns.

More assistance for families in need is planned for 2008 which will include the distribution of household articles and furniture as well as income generating measures.

Peru

Aid for 5,000 people

Funding: ADH, own resources/ private donations

Partners: Peruvian Association of the Order of Malta, Malteser Peru

After the severe earthquake in August 2007, numerous volunteers of the Peruvian Association of the Order of Malta and of Malteser Peru organised emergency measures, collected food, clothes and blankets and distributed the relief supplies to the victims. Three doctors and two paramedics of Malteser Peru looked after the uncountable injured people. Until the end of 2007, volunteers of Malteser Peru helped to reconstruct 40 houses in Cañete, one of the cities hardest hit by the earthquake. The houses have already been handed over to their owners. Moreover, a temporary classroom has been established where children also receive a free breakfast every day. The international

network of the Order of Malta provided a total of 150,000 Euros to be able to start sustainable reconstruction projects after the first phase of emergency relief. These plans include the establishment of a soup and social kitchen and a bakery that not

only provides bread for the population but at the same time creates new jobs. Furthermore, income generating measures and trainings will be part of a disaster preparedness programme.



Peru: The new bakery not only provides bread but also new jobs for the people.

CLIMATE CHANGE AND HUMANITARIAN AID

Climate change and global warming are possible reasons for the extreme increase of climate caused natural disasters like floods and hurricanes that affect poor countries extremely hard. It's not the extreme weather that leads to a disaster, but it is due to poverty and the lack of appropriate protection measures that people become victims. Because of this, humanitarian aid needs to do more than just saving lives. It has to change the conditions to make a better life for the people in need and invest in disaster prevention and disaster preparedness.

USA

International staff: 1

Aid for 2,000 people

Funding: ADH, own resources/private donations

Partners: Catholic Charities Services, Rebuilding Together, US American Associations of the Order of Malta

As part of the "Home Renovation Program", many volunteers from different parts of the country helped during the renovation of the houses destroyed during the hurricane Katrina in August 2005. Until April 2007, 16 families were able to return to their houses. Since a lot of houses are still inhabitable, the Federal Association of the Order of Malta will continue the renovation activities in 2008.

“Equality and solidarity are pillars of life”

Interview with Sid Johann Peruvemba during his second visit to Peru in February 2008

(Extract from the magazine SOMM of Malteser Peru from April 2008: Reconstruyendo la Esperanza)



What is your position at Malteser International and in how many countries does the organisation work?

I am Vice-Secretary General of Malteser International at the headquarters in Germany and responsible for the co-ordination of the emergency relief activities. Currently, there are 20 members – associations and priories of the Order of Malta – that actively support Malteser International. The worldwide relief agency of the Sovereign Order of Malta for humanitarian aid is currently working in six African and eleven Asian countries as well as in Mexico and Peru.

Two weeks after the earthquake in Peru, you visited Cañete and travelled through the damaged sites, to see the destruction and listen to the clamour of the people for help. Six months later, with the support of Malteser International, we are looking at a different panorama. What are your first impressions?

On a personal level, and also as a representative of Malteser International, I am very happy with the work Malteser Peru and the Peruvian Association of the Order of Malta have been carrying out in the villages of Nuevo Hualcara and Cedros de Villa. Let's not forget that this is a new task for them. However, they have done very well, in accordance with Malteser International's philosophy of not only helping with food or housing but mainly reducing the vulnerability of the people.

What do you think about the work of the Malteser volunteers in Peru?

This humanitarian aid work has been very professional. There was a close cooperation with state authorities as well as with private institutions to generate help. With this assistance, an improvement of the quality of life of the residents of both villages has been achieved. That is why we are going to organise a training

event where the members and volunteers can exchange their ideas and experiences. There is a world institution called 'Sphere' developing this type of activities with young volunteers. (Comment: Sphere is a project for quality standards in humanitarian aid: www.sphereproject.org)

Are you planning any other project in Peru?

We are going to continue this project for the survivors and we are going to extend it to the south; we want to build more houses, so that all the families that lived in just one house can have more options and comforts. Furthermore, we are going to build a bakery so that the local residents can generate their own income and thus be able to pay their own expenses. We also want to coordinate the construction of sport grounds and a library to improve the people's cultural life. The idea is to bring integral aid to the people and that is the reason why we have to train those who will manage it.



continues on page 38

What were the people's reactions when you visited the damaged areas?

I felt their gratitude and above all I saw their active participation, which is the key to success in humanitarian aid. Those people who are in great need have also talents and capacities. They are not just earthquake victims, they can also act as humanitarian workers.

During the first stage, Malteser International provided 100,000 US dollars. For this second stage, which expands the project, how much will be the support?

For the second phase, we will also provide 100,000 US dollars. The idea is to continue the work of humanitarian aid and give the residents of these villages a better quality of life.

Where does the money for this project come from?

The money comes, primarily, from the associations and priorities of the Order of

Malta in the following countries: Great Britain, Finland, France, Austria, Malta, Canada, the USA, Puerto Rico, the Dominican Republic, the Netherlands and Germany.

As representative of Malteser International, what message can you offer to the Peruvian youth?

They should not neglect their education because a good education will allow them to progress individually. Also, they should try to develop their talents to be able to progress socially. As a boy, I learnt that equality and solidarity must be with all and for all. In this world, we are all alike even if we are still unable to make discrimination and marginalization a thing of the past.



ON THE SPOT: PERU

“Solidarity changed my life”

Hope after the earthquake

Those were the most horrible days in the life of Lucia Sulca-Delgadillo. At the age of 61 years, she became a victim of the earthquake in Pisco. She suffered hip injuries that needed special medical treatment. Due to her financial situation, she was afraid she wouldn't be able to afford it. Thanks to the fast and committed work of Malteser Peru and of

the Peruvian Association of the Order of Malta, Ms. Sulca-Delgadillo was brought from the debris of her hometown to the capital Lima where a medical team took care of her. After the evaluation of her condition, they operated her hips and implanted prosthesis. The result is very positive: Ms. Sulca-Delgadillo can now walk without pain.



Lucia Sulca-Delgadillo: "I am very grateful for this help. Thanks to this solidarity, I have found new hope in life in spite of the terrible disaster."

Experts abroad

Local staff employment per region

	2007	2006
Africa	482	455
Angola	20	18
DR Congo	126	129
Ethiopia	2	2
Kenya	27	14
Sudan	292	275
Uganda	15	17
Asia	378	301
Afghanistan	21	28
Cambodia	8	10
India	1	1
Indonesia	42	28
Iraq	0	0
Myanmar	184	128
Pakistan	38	12
Sri Lanka	43	47
Syria	0	0
Thailand	36	42
Vietnam	5	5
America	0	0
Total	860	756

Expatriate employment per region

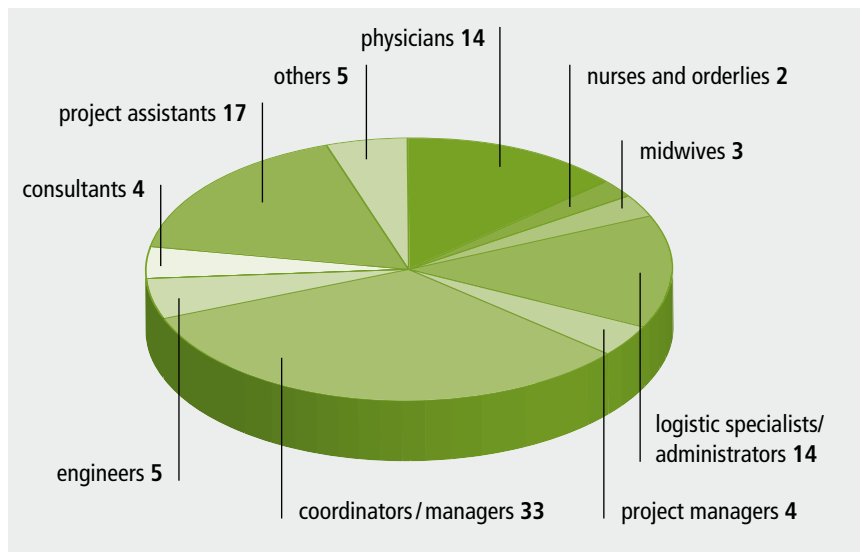
	2007	2006
Africa	34	34
Angola	5	3
DR Congo	15	14
Ethiopia	0	0
Kenya	2	2
Sudan	10	12
Uganda	2	3
Asia	68	85
Afghanistan	1	5
Cambodia	4	5
India	3	4
Indonesia	9	27
Iraq	0	0
Myanmar	21	14
Pakistan	4	5
Sri Lanka	20	15
Syria	0	0
Thailand	6	10
Vietnam	0	0
America	1	1
Louisiana	1	1
Total	103*	120

* Some of the staff members are working cross-national. The total figure refers to the total number of contracts signed in the year 2007. For 36 employees, it was their first contract with Malteser International, 65 employees have already been working for Malteser International in the past.

Nationalities of the expatriates

Argentina	1	Ireland	1
Austria	1	Italy	2
Belgium	2	Kenya	3
Bosnia and Herz.	1	Madagascar	3
Burkina Faso	1	Myanmar	1
China	1	Netherlands	4
Croatia	1	New Zealand	1
Denmark	1	Serbia / Mont.	2
France	2	Switzerland	1
Germany	62	Tanzania	2
Great Britain	3	Uganda	1
Hungary	1	USA	2
India	1		

Expatriates by education and occupation



Help at a glance

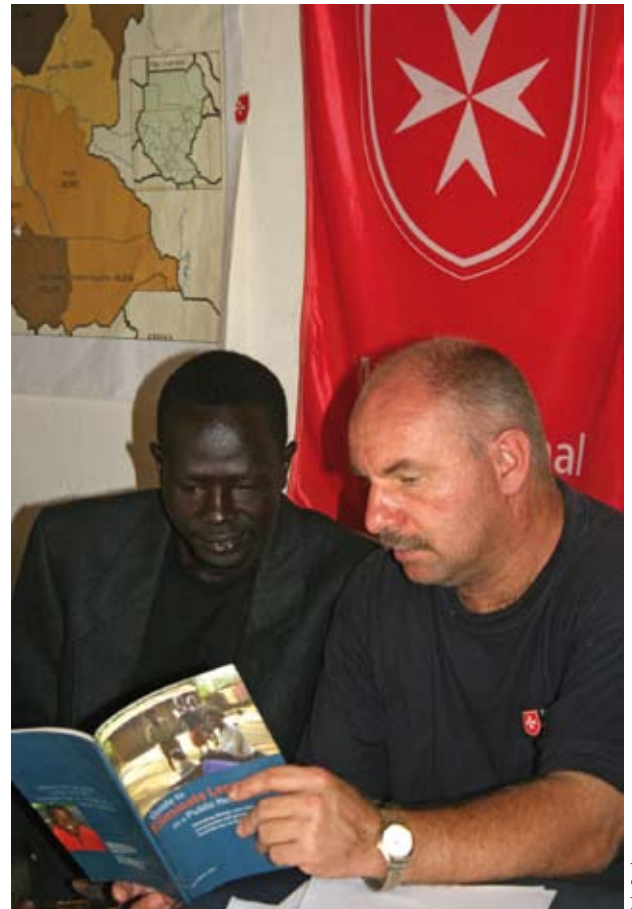


Aquino Film

Suzanna Lipscombe

Water and sanitation engineer, Great Britain, works as project coordinator for WASH projects in Galle/Sri Lanka.

"I hope I will be able to continue with all the activities in Sri Lanka, as not only is it fun and rewarding to work with children and families on water, sanitation and hygiene projects, but it is also important since they are the future generations who will continue to practice what they learn here and share these messages with their communities."



Anke Barth

Rudolph Kögler

Nurse and project manager, Germany, works as project coordinator in Rumbek/South Sudan.

"It is important for me to be here. The conflict in South Sudan has been going on for such a long time that nobody is interested in it anymore. But the situation is still very difficult and the people are suffering from rivalries, economic difficulties and the incredible poverty. When you see the people fighting hard to survive and the soldiers with their Kalashnikovs, you know how important it is to stay here and help."



Anne Flasspöler

Social worker, Germany, works as project assistant in Tamil Nadu/India.

"The interaction with the people is the most enjoyable part of my work. Their motivation and dedication to change their lives and environment is very inspiring. It is our responsibility to establish structures which will make our interventions in India no longer needed one day."



Lawrence Oduma

Political scientist, Kenya, works as country coordinator in Sri Lanka.

“To work in Asia is a challenge for me. Many things are different from Africa, the people, the culture. But it is good to see that Malteser International enables people to help other people – worldwide – and I am glad to be part of this network of relief.”

Anke Barth



Habib Dada

Laboratory technician, South Sudan, works as head of the laboratory school in Rumbek/South Sudan.

“People always just mention the negative things. I think they should also realise that there are improvements, minimal ones maybe, but still improvements. It is only three years after the long war and at least there is already a health system. It is a weak one, of course, but still, in my mind it is a new beginning after all. And I am happy to be part of this beginning by working with Malteser International.”



Dr. Aziza Aziz Suleyman

Medical doctor, DR Congo, works as project manager in Bukavu/DR Congo.

“I have been employed by Malteser International since 2007 and the work I am doing is very gratifying: not only do I have a job, but this job gives me the chance to talk to the women and implement projects that are appropriate and tailored to their living conditions. I appreciate the fact that Malteser International respects our culture and always tries to support existing structures instead of creating new ones; this way, we can help in an effective way, adapting to the local context.”

Miriam Füll



Maia McFadden

Public health expert, USA, works as primary health care manager in the province of Oddar Meanchey/Cambodia.

“Working for positive change and not for financial profit, I feel is the most worthwhile experience anyone can have. I am living in the middle of nowhere but I really enjoy what I am doing. People here are poor but hard-working and never give up hope for a better future. They have gone through so many years of political unrest and conflict but they did not lose their inner strength and will to work hard for the improvement of their situation and their country. I am proud to have the chance to support and work together with them on making positive changes.”

Facts and figures

Annual accounts as of 31 December 2007

Balance sheet

ASSETS	31/12/2007		31/12/2006	
	EUR	EUR	EUR	EUR
A. Fixed assets				
I. Intangible assets				
Concessions, industrial and similar rights and assets and licenses in such rights and assets		261.276,96		363.593,84
II. Tangible assets				
Operating and office equipment		351.836,12		497.118,52
		613.113,08		860.712,36
B. Current assets				
I. Receivables and other assets				
– with a remaining of up to one year –				
1. Trade receivables	7.702,66		5.159,16	
2. Receivables from other long-term investees and investors	18,51		15,08	
3. Receivables from associated corporate bodies	11.090.251,04		15.405.509,73	
4. Receivables from Malteser Hilfsdienst e.V. – internal –	1.750.913,61		2.602.463,35	
5. other assets	12.942.936,44	25.791.822,26	8.977.001,40	26.990.148,72
II. Cash in hand, bank balances		3.946.255,65		4.348.375,04
		29.738.077,91		31.338.523,76
C. Prepaid expenses				
Other		51.798,91		46.591,26
		30.402.989,90		32.245.827,38

EQUITY AND LIABILITIES	31/12/2007		31/12/2006	
	EUR	EUR	EUR	EUR
A. Equity				
I. Funds of the Association		1.769.884,29		1.769.884,29
II. Revenue reserves		1.632.305,83		25.524,56
III. Net income for the year		0,00		0,00
		3.402.190,12		1.795.408,85
B. Provisions				
Other provisions		577.234,53		811.558,00
C. Liabilities				
– with a remaining term of up to one year –				
1. Liabilities to banks		130.427,02		0,00
2. Trade payables		165.565,73		351.234,66
3. Liabilities to other long-term investees and investors		0,00		666,05
4. Liabilities to associated corporate bodies		0,00		21.079,71
5. Liabilities to Malteser Hilfsdienst e.V. – internal –		95.905,38		119.565,76
6. Liabilities from earmarked grants and contributions		22.787.459,57		26.059.010,73
7. Other liabilities		3.244.207,55		3.087.303,62
		26.423.565,25		29.638.860,53
		30.402.989,90		32.245.827,38

Income statement

	2007		2006	
	EUR	EUR	EUR	EUR
1. Sales		20.128,07		44.866,97
2. Other operating income		21.177.548,89		21.197.676,96
3. Cost of materials				27.024.665,59
a) Cost of raw materials, consumables and supplies		3.379.547,14		4.485.388,82
b) Cost of purchased services		1.372.445,42		2.587.229,06
4. Personnel expenses				27.069.532,56
a) Wages and salaries		3.044.792,65		3.267.515,78
b) Social security and other pension costs		800.724,95		837.187,53
– of which in respect of old-age pensions EUR 194.591,26 (2006 EUR 198.092,91) –				8.597.510,16
Interim result				11.177.321,19
5. Income from the release of liabilities from earmarked grants and contributions		26.059.010,73		12.600.166,80
6. Expenses for transfers to liabilities from earmarked grants and contributions		22.787.459,57		24.337.227,02
7. Amortisation of intangible assets and depreciation of tangible assets		397.535,96		26.059.010,73
8. Other operating expenses		14.394.527,51		425.870,26
Interim result				14.593.311,43
9. Other interest and similar income		550.283,01		1.079.654,49
10. Interest and similar expenses		1.805,19		439.180,45
11. Results from ordinary activities				1.628.132,31
12. Other taxes				21.351,04
13. Net income for the year				4.493,19
14. Allocated to the revenue reserves				1.606.781,27
14. Net retained profits				0,00



Auditor's report

To Malteser Hilfsdienst e.V.

We have audited the annual financial statements, comprising the balance sheet and the income statement, together with the bookkeeping system, of the Teilbereich Generalsekretariat, Bereich Malteser International, of Malteser Hilfsdienst e.V., Cologne, for the financial year from 1 January to 31 December 2007. The maintenance of the books and records and the preparation of the annual financial statements in accordance with German commercial law are the responsibility of the management board of the Association. Our responsibility is to express an opinion on the annual financial statements together with the bookkeeping system based on our audit.

We conducted our audit of the annual financial statements in accordance with § 317 HGB [„Handelsgesetzbuch“: „German Commercial Code“] and German generally accepted standards for the audit of financial statements promulgated by the Institut der Wirtschaftsprüfer [Institute of Public Auditors in Germany] (IDW). Those standards require that we plan and perform the audit such that misstatements materially affecting the presentation of the annual financial statements are detected with reasonable assurance. Knowledge of the business activities and the economic and legal environment of the Association 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 annual financial statements are examined primarily on a test basis within the framework of the audit. The audit includes assessing the accounting principles used and significant estimates made by the management board, as well as evaluating the overall presentation of the annual financial statements. We believe that our audit provides a reasonable basis for our opinion.

Our audit has not led to any reservations.

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

Cologne, 11 April 2008

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 Department of Economic Cooperation and Development [BMZ] amounting to € 1,602,445 (of which € 877,900 is financed by the Federal Foreign Office of Germany) and project funds by the European Union amounting to € 7,491,609. **Church contributions** include project funds of € 292,118. The project resources provided by UNHCR amounting to € 219,401 are included in the **contributions by**

third parties; the same applies to the project funds by Caritas international (€ 472,659), UNDP (€ 3,729,468), UNICEF (€ 485,491), GLRA (€ 126,038) and to the donations received and claimed via ADH amounting to € 276,307. **Other operating income** includes income from donations and internal Malteser organisation contributions amounting to a combined total of € 4,215,615.

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 € 22,787,459 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 surplus reserve amounting to 1,606,781 € indicates donations that have not been spent and that are not tied to a specific cause or have to be repaid.

EXPENDITURE

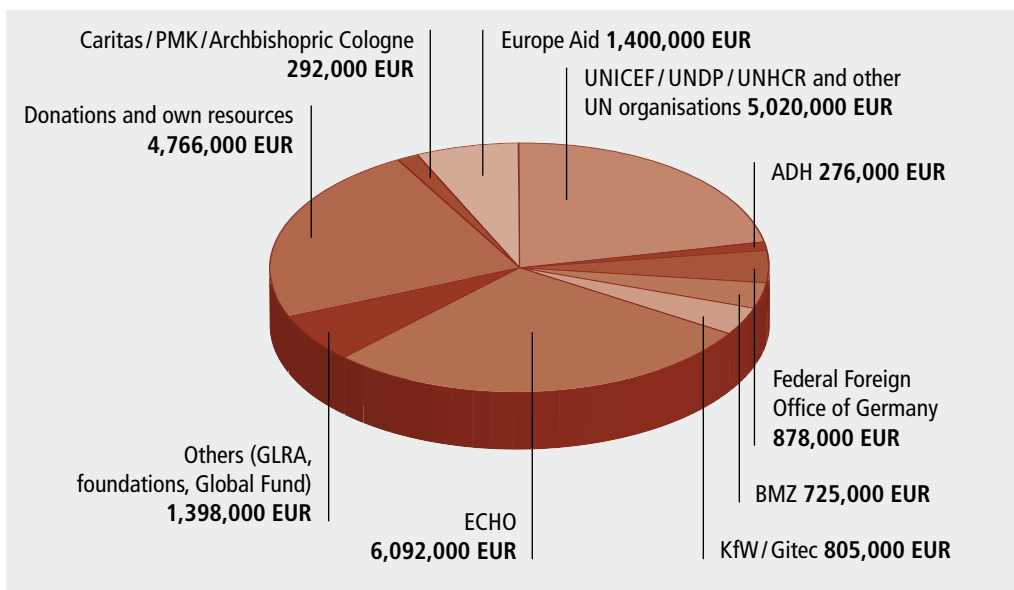
The items **Cost of materials** and **Personnel expenses** comprise the majority of direct project costs (e.g. costs of medicine and relief items of a combined total of € 8,597,510; payments to building contractors in reconstruction projects, costs of international and local project staff), as well as 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 € 442,802), 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).

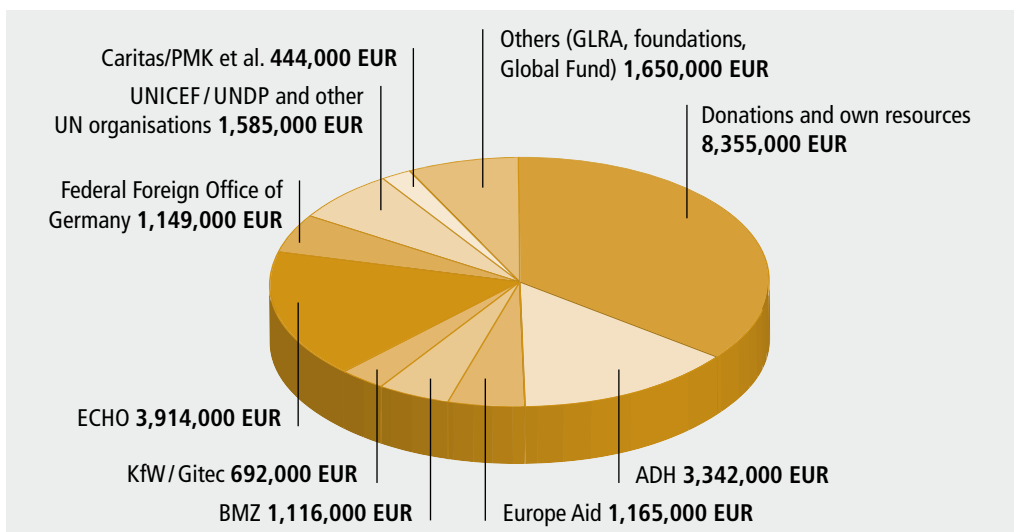
In 2007, administrative costs amounted to seven percent of our total expenditure.

Financial Overview 2007

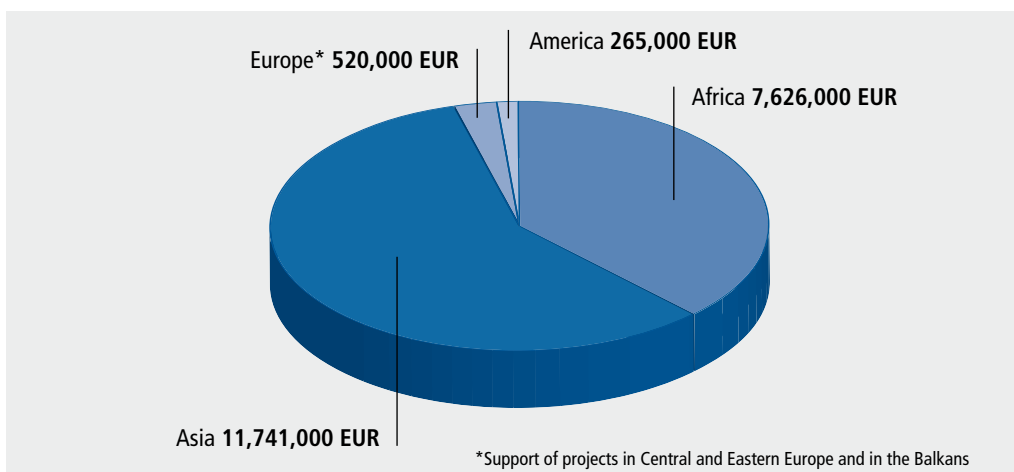
Where does the money come from? – Sources of funding (rounded up)



Where does the money go to? – Project expenditure by sources of funding (rounded up)



Project expenditure by continents (rounded up)



Structures and committees

(Status: July 2008)

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

Currently, 20 national associations/priorities 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.

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 (Malteser Hilfsdienst e.V.). The Board of Directors meets at least four times per year and works on a purely voluntary basis.

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.



Malteser International
Order of Malta Worldwide Relief

President



Nicolas de Cock de Rameyen
(Belgium)

Vice-Presidents



Comte Thierry de Beaumont-Beynac
(France)



Geoffrey Gamble
(USA)



Charles-Louis de Laguiche
(Switzerland)
Financial Supervisor



Richard Freiherr von Steeb
(Austria)



Ambassador (ret.) Theodor Wallau
(Germany)



N.N.

Secretary General



Ingo Radtke
(Germany)

The new Grand Master of the Order of Malta: Fra' Matthew Festing



Fra' Matthew Festing (58) is the 79th Grand Master of the Sovereign Order of Malta. On 11 March 2008 in Rome, the Sovereign Council elected him as the second Englishman, in a row, to spearhead the oldest clerical Order of knights of the world.

Fra' Matthew joined the Order of Malta in 1977 and in 1991 became a Professed Knight, taking religious vows. He is the son of a British Field Marshal and spent his childhood in Malta and Singapore as well as other countries. He studied history in Cambridge and worked for an international art auction house for many years. In 1993, he was elected the first Grand Prior in England since the reformation.

According to the constitution of the Order of Malta, the Grand Master as Head of the Order and Sovereign, has to be

completely devoted to the development of the worldwide Order and its works and has to be an example to all members of the Order regarding the fulfilment of the religious duties. The Grand Master carries out the highest authority. The Catholic Church awards him the rank of a cardinal. The Grand Master resides at the Order's seat of government in Rome.

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/priories of the Order are members of Malteser International.

www.orderofmalta.org

Members of Malteser International

(Status: July 2008)

Australia

www.smom.org.au

Austria

www.ordredemaltebelgique.org

Belgium

www.ordredemaltebelgique.org

Canada

www.orderofmaltaacanada.org

France

www.ordredemaltefrance.org

Germany

www.malteser.de

Great Britain

www.orderofmalta.org.uk

Hungary

www.orderofmalta.org

Ireland

www.orderofmalta.ie

Italy

www.orderofmalta.org

Malta

www.orderofmalta-malta.org

Mexico

www.ordendemaltamexico.org

Netherlands

www.malteserorde.nl

Poland

www.zakonmaltanski.pl

Portugal

www.orderofmalta.org

Singapore

www.orderofmaltasingapore.org

Switzerland

www.malteserorden.ch

United States of America

www.maltausa.org

www.orderofmaltausawestern.org

www.smom.org

www.orderofmalta.org

www.malteser-international.org

www.maltarelief.org

Malteser International – help on the spot – worldwide.

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 currently covers around 200 projects in about 20 countries in Africa, Asia and the Americas. At present, 20 national associations/priorities of the Order of Malta are members of Malteser International.

Evolved from Malteser Germany, therefore set up in accordance with German Law, and internationalized in 2005, the organisation currently 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 ensure high quality standards. Accountability and transparency are priorities of its agenda. Malteser International has the status of a Non-Governmental Organisation.

Malteser International’s mission is to:

- Provide relief after major emergencies in the world, especially in the health sector
- Establish and promote primary health care services in developing countries
- Contribute to better health and dignified living conditions by providing access to safe drinking water, sanitation and hygiene (WASH)
- Implement reconstruction and rehabilitation measures with a community focus
- Contribute to better health by providing nutrition related programs
- Provide social care for those afflicted and thus reduce their vulnerability and poverty
- Implement livelihood measures to ensure the access of people to income security
- Establish and promote disaster preparedness activities, especially on a community level

„Our motivation is to alleviate human suffering.“

(Code of Conduct: The humanitarian imperative comes first)

Malteser International is member of following networks and associations, among others:

- Action Campaign Germany Helps (ADH – Aktionsbündnis Deutschland Hilft)
- Action against AIDS Alliance (Aktionsbündnis gegen AIDS)
- Working Group on Medical Development Aid (AKME – Arbeitskreis Medizinische Entwicklungshilfe)
- Coordinating Committee for Humanitarian Relief of the Federal Foreign Office of Germany (KAHH – Koordinierungsausschuss Humanitäre Hilfe)
- Catholic Working Group of the German Bishops’ Conference on Emergency and Disaster Relief (KANK – Katholischer Arbeitskreis Not- und Katastrophenhilfe)
- People in Aid
- National Association of German Non-Governmental Organisations for Development Policy (VENRO – Verband Entwicklungspolitik Deutscher Nicht-Regierungs-Organisationen)
- Voluntary Organisations in Cooperation in Emergencies (VOICE)

Malteser International has committed itself to observe, inter alia, the following national and international codes and standards:

- The Sphere Project: Humanitarian Charter and Minimum Standards in Disaster Response
- The Code of Conduct: Principles of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes
- Principles for the international work of the German Caritas Association
- Code of Conduct to protect children and young people from abuse and sexual exploitation (Caritas Internationalis)



Do you want to be informed regularly about **News, Activities and Highlights** from the worldwide projects of Malteser International?

Or do you want to learn more about our national and international staff and the people we support? Then subscribe to our Newsletter „On the SPOT“. It is published in English and sent via email worldwide. You will receive „On the SPOT“ every four to six weeks free of charge and without obligation. To subscribe to „On the SPOT“ please visit our website and fill out the subscription under „Newsletter“. Thank you very much for your interest.

www.malteser-international.org



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