



**Malteser
International**
Order of Malta Worldwide Relief



Annual Report 2017

Malteser International

For a life in health and dignity

Who we are:

Malteser International is the international humanitarian relief agency of the Sovereign Order of Malta – a Catholic religious order with a history of over 900 years of dedicated work for the poor and sick.

What we do:

We provide emergency relief in crises such as natural disasters, epidemics, and armed conflicts; as well as implementing long-term transitional aid and development. We work to provide functioning medical structures and to protect health by supporting good nutrition, safe water, sanitation, and hygiene. We also aim to boost the resilience of vulnerable people by encouraging disaster risk reduction.

How we work:

Founded on Christian values and humanitarian principles, our work now encompasses more than 100 projects in 28 countries, helping people in need without distinguishing race, religion, or political conviction.

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4-year-old Linda Rasho (center) was born in Bersevi-2, a refugee camp in northern Iraq. She still lives in the camp with her family.

PHOTO: IDA



Because people who have lost everything to conflict and disaster need a roof over their heads, sufficient food and water

202,000

of them received food, water, clothing, toiletries, and/or emergency shelter.



30-year-old Rajuma (name changed) received medical treatment from our staff in Bangladesh after fleeing violence in her village in Myanmar.

PHOTO: NOOR AHMED GELAL



Because we refuse to accept the suffering that comes with sickness and injury

1,650,000

patients were treated in medical facilities with our support all over the world.



Many people in northeastern Nigeria are facing severe drought conditions. 9-year-old Aisha Umar is happy to quench her thirst from a solar-powered water pump we helped install in Maiduguri.

PHOTO: EMILY KINSKEY



Because clean water is a prerequisite for a healthy life

192,000

people had access to clean drinking water thanks to our projects.



8-year-old Ali Mubarak from Juba, South Sudan is eager to learn in school. He gets a free lunch meal at school every day.
PHOTO: NYOKABI KAHURA



Because an empty stomach hampers the carefree childhood every kid deserves

5,000

school children in South Sudan received a warm meal at school every day – another 17,000 malnourished children under the age of five underwent intensive nutritional therapy

Looking ahead

“Protections for civilians must be earnestly enforced”

Widespread violent conflicts, forced displacement, natural disasters, and epidemics – the global community is struggling to find solutions to the most pressing humanitarian issues facing our world today. With respect to these challenges, our President, Thierry de Beaumont-Beynac, Secretary General, Ingo Radtke, and Vice Secretary General, Sid Johann Peruvemba explain in an interview how Malteser International is positioning itself for the future.



Displaced persons in the Tal Afar region in Iraq. Nearly 70 million people worldwide have been forcibly uprooted.

PHOTO: MALTESER INTERNATIONAL

If you could make a wish what changes would you like to see in the world by the year 2030?

de Beaumont-Beynac: I wish there would be fewer people suffering from the consequences of wars, diseases, and hunger. Regarding our work at Malteser International, we want to continue to help people in need and alleviate suffering around the world – our goal is to leave the people with whom we work better off than when we met them.

Peruvemba: I hope for swift and sustainable political resolutions to the many conflicts we face today. Humanitarian aid should not have to replace political will. Violent conflicts and wars are the main causes of suffering in many regions where we work. As always, the most vulnerable and innocent bear the most brunt of these conflicts. Protections for civilians must be earnestly enforced! I also hope that in the future we will see the gap between rich countries of the Global North and the poor countries of the Global South reduced – not only in terms of their still enormous economic differences, but also in terms of their ideas and moral standards.

Radtke: With regard to the worldwide refugee situation, my wish is that by 2030 nobody is forced to leave their homeland – for any reason! If, however, this is the situation, I hope that host countries have reasonable conditions in place for hosting refugees.

Last year, we saw the violent battles for Aleppo and Mosul, a severe food crisis in Africa, and the mass exodus of the Rohingya from Myanmar. 2017 was another year in which millions of people suffered under the most abject conditions. At the moment, there does not seem to be much progress. Is there any reason for hope going forward?

Peruvemba: Politically, we are hardly seeing any movement. Current efforts seem rather trite and ineffectual. I don't think diplomacy has been applied effectively.

de Beaumont-Beynac: Looking at the overall situation, the development is actually positive on the whole. Since 1990, the number of people living in absolute poverty has been cut in half. The number of people suffering from starvation has also significantly gone down during this period. Although this number rose again last year due to the severe hunger crisis in Africa, the trend continues to move in a positive direction.

Peruvemba: Particularly in Asia, many countries that used to be classic beneficiaries of aid are now economically able to stand on their own two feet. We are increasingly closing down our project locations because we recognize that our work is no longer needed or has been taken over by local institutions. This is the case in countries like Vietnam, Cambodia, and Thailand. Many African countries have also shown positive develop-



“We want to continue to help people in need and alleviate human suffering around the world.”

Thierry de Beaumont-Beynac, President Malteser International

PHOTO: ORDRE DE MALTE FRANCE

ment. Globally, we are witnessing a growing middle class, which on one hand is a blessing, but on the other brings about new conflicts over resource distribution and environmental challenges.

Radtke: When we look at the refugee crisis, we are seeing very good approaches in certain project countries. Turkey, for example, has an excellent refugee support system. In Uganda and Lebanon, great efforts are being made to suitably accommodate refugees, and to give them future prospects. These countries have created framework conditions for our work through which we can satisfactorily and effectively bring help to people who have been displaced.

More political solutions, less displacement, or a change in Malteser International’s direction for the future – what would have to take place in order to be one step closer to realizing your wishes?

Peruvemba: There has to be a paradigm shift in politics, and then a return to more decisive action. We have to ask ourselves: Who is currently obstructing the establishment and implementation of peaceful solutions? I see this as a social and moral project for the protection of the world’s civilian population. We need two specific things: suspension of the right to veto within the UN Security Council in the case of significant war crimes, and a new peace movement that encompasses all sectors of society.

Radtke: While our long-term goal in the face of global refugee emergencies is to help eradicate the root causes of displacement, in the first instance, we strive to enable people lead a life with health and dignity through our work. For us, dignity here means giving people freedom of choice. This approach is exemplified in our cash distribution measures that allow people to decide for themselves how to spend their money. This also means

that we have to involve affected people much earlier in the planning phase of our programs and – most importantly – during brainstorming.

de Beaumont-Beynac: At the organizational level, we need to reinvent ourselves to face the future and this means that we need to ensure that we continue to deliver high-quality aid, while optimizing our structures and creating a broad financial base for the future. Monitoring and evaluation are key components of our project cycle management, and there is a continuous need for optimization in the collection of reliable data. It is also important for us to establish learning procedures within our organization in order to process the acquired information and improve future projects using these findings.

How does Malteser International plan to position itself for the future in terms of structural developments?

de Beaumont-Beynac: An important aspect is the expansion of our emergency relief capacities. By the end of 2018, we plan to have our Emergency Medical Team (EMT) certified by the World Health Organization. This team of health professionals (doctors, paramedics, logistics specialists) will be deployable within 72 hours in the immediate aftermath of a disaster, where they must be able to treat at least 100 patients per day. The Emergency Medical Team will also be required to provide all materials for the treatment of patients for the full duration of an emergency intervention. The EMT will enable us to respond swiftly and efficiently in the critical first hours and days after a disaster.

Peruvemba: If our work is to become more people-oriented, then greater decentralization of aid is imperative. This does not mean simply investing more money in local structures, but rather shifting decision-making processes to include communities in regions where we

“It is essential that our employees not only internalize our methods and standards, but that they also embody our values.”

Ingo Radtke, Secretary General of Malteser International

work, allowing these communities to decide what they need to meet their needs and accepting these decisions even if we have a difference of opinion. Finally, we have to think beyond the concept of aid as we know it. In the future, we will look to strengthen partnerships with local youth organizations and social enterprises.

A greater number of local structures also implies less control from headquarters. How do we ensure a continued high standard of quality within our projects?

Peruvemba: We are committed to a high level of transparency, and have pledged to meet various international quality standards. Internal controlling systems such as regular project monitoring and stringent evaluations ensure our programs adhere to these standards. Additionally, our internal audit department inspects all areas of our work around the world. The department ensures compliance with the directives applicable to our work as well as to the established internal control and risk management systems. We must continue to meet the requirements and standards of our institu-



PHOTO: FRANK LÜTKE

tional donors toward our projects. Private donors also have a legitimate interest in knowing what is done with their donations.

de Beaumont-Beynac: Over the past year, we initiated a comprehensive process to evaluate our projects according to the principles of the Core Humanitarian Standard – the first results of the evaluation can be found on page 45 of this report. It clearly highlights our strengths, for example, regarding the involvement of local actors. However, we need to include beneficiaries of our work even more effectively within our planning. These additional control mechanisms are very important for the continuous development of our programs.

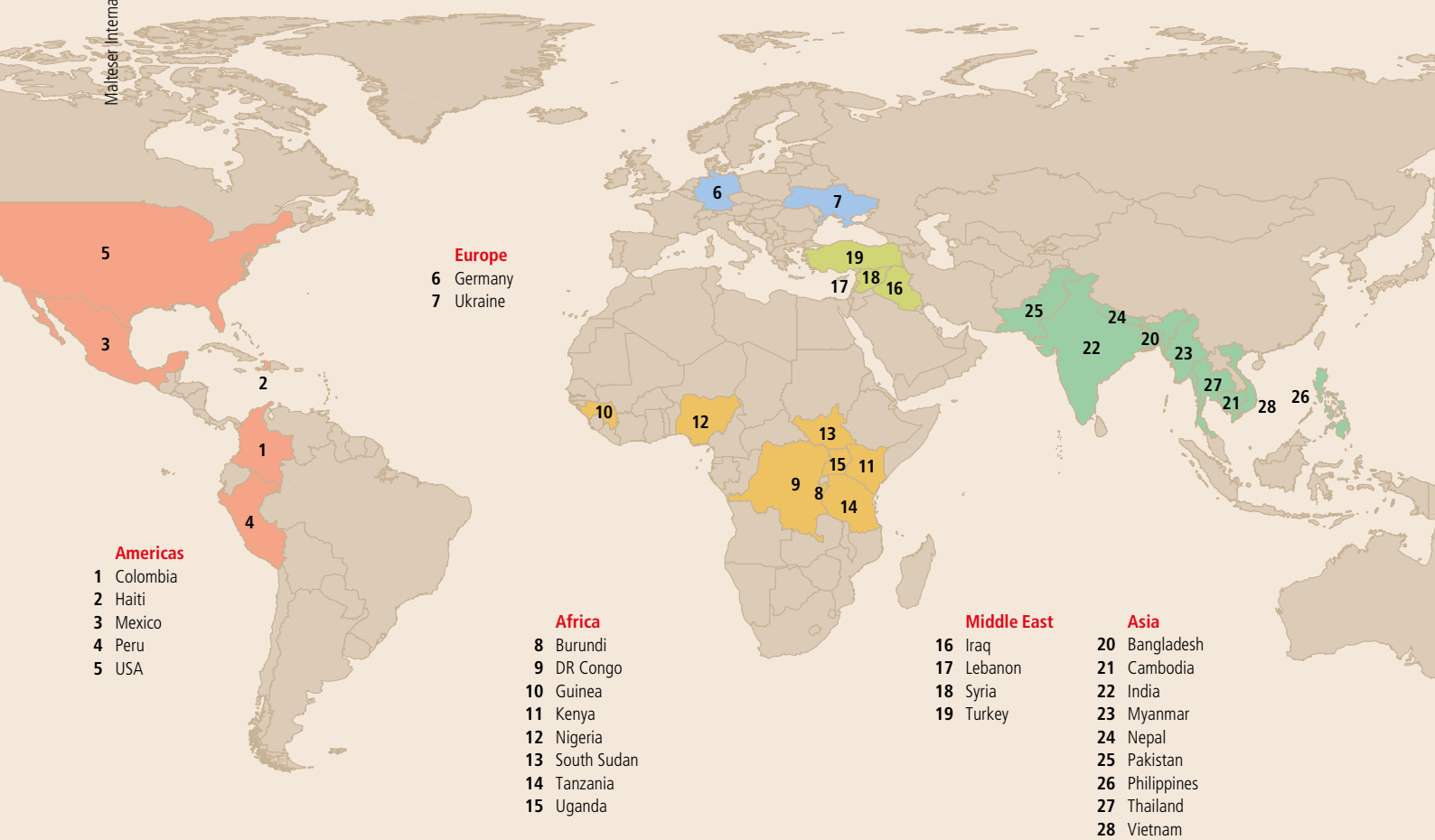
Radtke: It is also important to us that our employees worldwide not only internalize the various methods and standards but also embody our values. We are a Catholic relief agency that has committed itself not only to the humanitarian principles of impartiality, neutrality, and independence, but above all to Christian values of charity and neighborly love. It is important that our employees feel comfortable with these values and that they are clearly reflected in their work.

“There must be a new peace movement that spans all sectors of society.”

Sid Johann Peruvemba, Vice Secretary General and Program Director at Malteser International

PHOTO: JILL FLUG

Our global presence:



Project countries as of July 2018

Africa

The worst humanitarian crisis since the end of World War II

More than 40 million people in nine African countries were no longer able to provide themselves with sufficient food – 2017 saw prolonged droughts and conflict cause a major food crisis in Africa in what was termed the worst humanitarian crisis since the end of the Second World War. We are working in many of the affected countries to combat hunger and its impact employing strategies that are specific to each region, but the situation is still critical. At the same time, we are strengthening our long-term efforts to ensure that appropriate healthcare is available throughout the region.



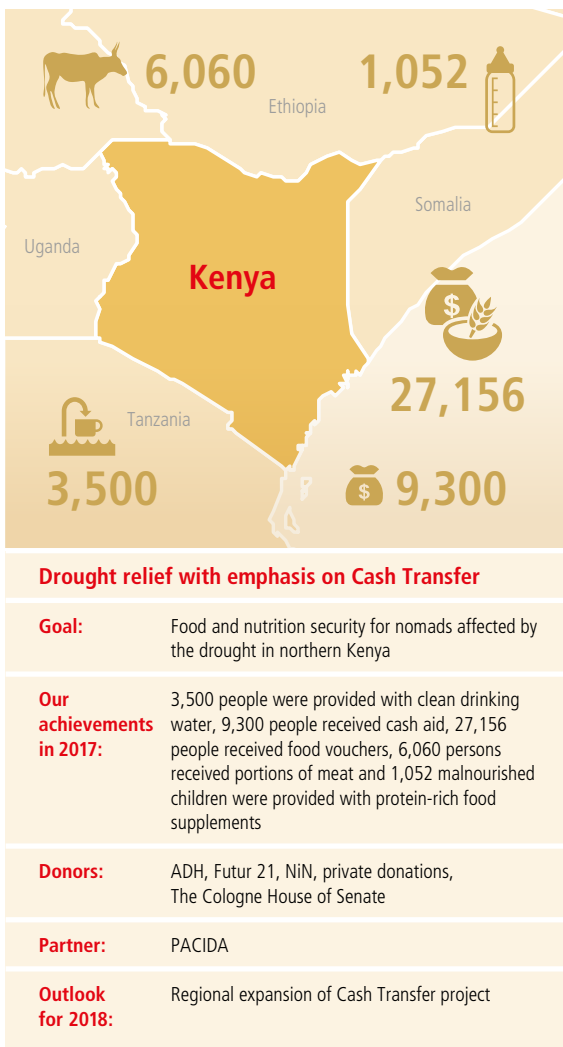
During the food crisis in northern Kenya we provided food, cash aid and prepaid vouchers for affected populations.
PHOTO: NYOKABI KAHURA

In 2017, the Horn of Africa experienced one of the worst periods of drought in decades. Many months of depressed rainfall yielded poor harvests, and when the long-desired rains finally came, they brought devastating storms and floods, causing additional damage that washed away homes and crops. More than 12 million people were affected by the disaster – in July 2017 alone, over 3.5 million people in Kenya became reliant on humanitarian aid for survival. “The effects of the drought are still being felt: despite the rain, water reservoirs are nowhere near refilled, fields cannot be cultivated, and farm animals are only slowly recovering,” says Roland Hansen, Head of Malteser International’s Africa Department.

In many countries, the alarming food insecurity is mainly caused by violent conflict. In the Democratic Republic of the Congo and countries in the Lake Chad region (Nigeria, Cameroon, Niger, and Chad), many people have lost their livelihoods due to violence and forced displacements. Since 2013, South Sudan has been in the grips of a civil war, and nearly five million people faced the prospect of starvation in 2017. The situation was no less critical in Nigeria and Cameroon, where more than five million people were dependent on food aid for their daily survival.

Alleviating suffering, tackling the effects of the crises

Our first objective in an acute emergency is to save lives and care for people who have been affected. In Nigeria



See pages 20 and 21 for abbreviations list

and Cameroon, for example, we provided emergency relief with an emphasis on the treatment of undernourished children, while improving access to clean water and sanitation facilities for about 173,000 people.

In northern Kenya, we distributed cash, food vouchers, and food to 43,000 people in regions devastated by the drought. The major advantage of distributing cash instead of relief supplies is that people can decide for themselves how they wish to spend their money. According to Hansen, when the people buy from local shops, we achieve the double impact of supporting the local economy. “We tested mobile money transfers with a group of women in Kenya, and we were very pleased with the results. Many families spent the money they received on food and on their children’s education,” Hansen says.

During the year, millions of civilians in South Sudan continued to bear the brunt of violence as conflict escalated in many areas of the country. We were on hand to respond to the resulting food insecurity and related emergencies. Our intervention reached over 150,000 people, including school children, pregnant women and nursing mothers. “By early 2017, the biting food insecurity in South Sudan had put thousands of people in the country on the cusp of death by starvation,” says Hansen. “Fortunately, the international community reacted swiftly to mobilize an immediate response and the catastrophe was averted.”

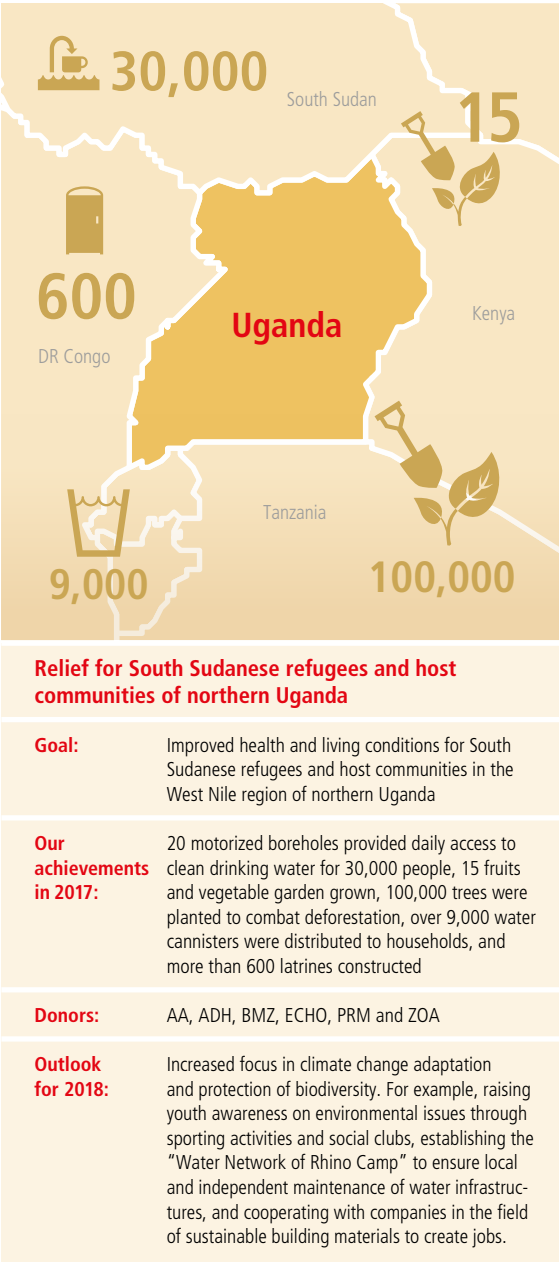
According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), approximately \$5 billion were spent in 2017 to fight food insecurity in Africa and Yemen.

From emergency aid to promoting self-help: Traditional survival strategies put to the test

Following the acute emergency response phase, we design our programs to combat the resulting consequences of the crisis, and address its root causes as far as we can. In doing so, we strive to leave the people we assist stronger and better prepared for future crises.

“This means increasing the resilience of people in Africa’s conflict and drought-prone regions,” Hansen continues. “Conflicts are the drivers of food crises in most countries, and resolving these conflicts is the most important step in addressing the root causes. However, this demands a political solution, and we only have very limited possibilities in this area.”

We are already working with the local population in regions that have been affected by the food crisis to revive agricultural production. First, we analyze present traditional survival strategies, and then we adapt these strategies to the new climatic and social conditions on ground. This leads to a range of aid measures that vary from region to region.



What we do in the long term: one goal, regional solutions

Uganda, for example, was not directly affected by the food crisis of 2017, but the country reached the limits of its coping capacities as it welcomed over one million refugees from neighboring South Sudan. The construction of new refugee settlements also led to serious environmental degradation. Hundreds of thousands of trees were cut down to create space for shelter, farmland and wood for cooking.

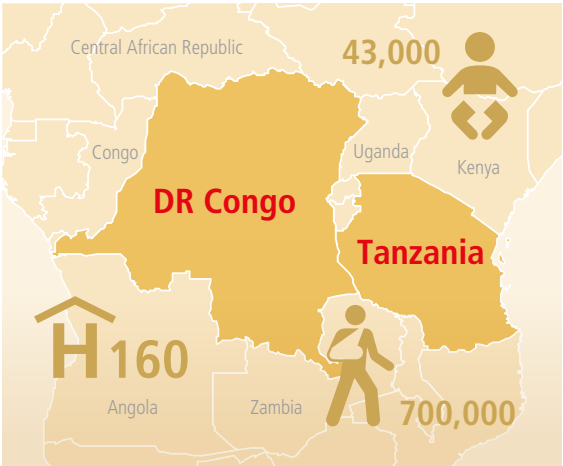
In this situation, environmental protection and restoration activities play an important role in safeguarding food security for refugees and the local population alike. To reverse environmental degradation in various refugee settlements, we started a tree planting program that led to the growing of over 100,000 trees including

mahogany, mango and papaya. “In addition to this, we are working to raise public awareness in various aspects of environmental conservation, while supporting the people to find alternative income opportunities,” says Hansen.

In **Kenya**, we employ a different approach in our work with nomads living in areas often affected by drought. Traditionally, people in these areas raise livestock for a living, but successive periods of drought have forced many to leave their homeland in search of good pasture. “Our work here is focused on preparing the local population for the impacts of climate change by supporting them with new income opportunities so that they can continue to live in their homeland,” explains Hansen. “One way we try to strengthen their resilience to climate change is by encouraging livestock diversification to include animals more resistant to droughts.”

The challenge: Providing help in forgotten crises

One challenge we face in our work remains the insufficient level of aid directed to humanitarian crises in countries that receive limited public attention. An example is the **Democratic Republic of the Congo**, where the healthcare system is poorly developed as a result of many years of conflict. In nine health zones in the provinces of Ituri, Haut-Uélé, and Bas-Uélé in the northeastern region of the country, our work is focused on improving basic healthcare. We do this by providing medicines and medical equipment for health centers and hospitals, supporting the renovation and construction of health facilities, and training health personnel. Our aid activities in the DRC reached about 1.5 million people in 2017.



Providing healthcare for displaced persons from the forgotten crises regions of DR Congo and Tanzania	
Goal:	Improved access to quality healthcare for local communities and refugees in nine health centers in the DR Congo and reduced maternal mortality for refugees from Burundi in Tanzania
Our achievements in 2017:	Technical and financial support of 160 health centers, medical treatment for 700,000 patients, 43,000 newborns in supported health facilities, and construction of a new center for operative care and birth assistance
Donors:	AA, ADH, BMZ and EU
Partners:	CAAMENIHU, EUP FASS, Kolping Tansania, The Red Cross Tanzania, national and local health institutions
Outlook for 2018	New project in Burundi will expand aid to include people affected by the crisis in the country. DR Congo: Supplementary measures in the field of water, sanitation and hygiene for refugees. Tanzania: Construction of an additional maternity clinic.

Roland Hansen, Head of the Africa Department, during a project visit to Uganda. Planting trees is one way we are helping to combat deforestation in the country.
PHOTO: PETER PAULS



“Another example of a forgotten crisis country is Burundi,” says Hansen. “After the unrest in April 2015, more than 400,000 people fled from Burundi to neighboring countries Tanzania, DR Congo, Rwanda, and Uganda. People still need urgent assistance. It is our aspiration and our mission to provide help, even in these crises.”

In **Tanzania**, where over 250,000 Burundian refugees now reside in the northwestern part of the country, maternal mortality is a major problem. 45,000 refugees live in Camp Mtendeli, and healthcare for expectant mothers is extremely precarious – especially with regard to birth-related complications. In May 2017, we were able to complete the construction of a center for surgical obstetric acute care. The procedures – mainly caesarean sections – are now carried out free of charge by highly qualified Tanzanian doctors from the National Red Cross Society, benefitting both refugees and members of the local community. Since operations started in the clinic, more than 300 babies have been delivered by caesarean section.

Outlook: Expanding networks, strengthening partnerships

The hunger crisis in Africa is far from over. “Even in 2018, we are prepared to respond to expected famine conditions in South Sudan and Kenya,” says Hansen. “However, we are not losing sight of our long-term development goals.” In Kenya, for example, our neonatal health project provides pregnant women with a flexible financing plan for their delivery, allowing them to make pre-payments for hospital fees using a mobile-based system called M-Afya.

The “M” stands for mobile and “Afya” is Kiswahili for health. In Uganda, we are working with various partners to strengthen emergency medical care in the country by training paramedics.

Solutions to the challenges faced in many African countries can only be reached through effective partnerships, not only with grassroots organizations but also with the private sector. In Africa, development efforts have become interconnected, and various organizations have to work in close cooperation with one another to bring about a meaningful impact. “The challenges and tasks are simply too complex to manage alone.” Hansen concludes.

Refugees from Burundi in Mtendeli Camp, Tanzania, where we built a maternity unit.
PHOTO: KOLPING TANZANIA



Cash assistance for vulnerable families proved to be an effective form of aid during the drought in Kenya.
PHOTO: NYOKABI KAHURA

Our programs in 2017

Total expenses 2017: € 14,915,459 | **Previous year:** € 9,567,803 | **Regional costs:** € 278,288 (including other funds from contracts already booked in the previous year)

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
DR Congo¹ € 4,849,375	4	Ituri and Haut-Uélé Provinces: – Improving access to health services in seven health zones ¹ – Improving water supply, sanitation and hygiene conditions for better health with a special focus on the prevention and response to epidemics ¹ – Provision of medical care, food and clean water for refugees from South Sudan and host communities Bas-Uélé Province: – Improving access to health services in two health zones in the northern part of Bondo ¹ – Healthcare services for refugees from the Central African Republic ¹	ADH	CAAMENIHU, EUP FASS, local health authorities, governmental health centers and hospitals

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Guinea¹ € 667,097	1	– Improving access to healthcare in central Guinea with a special focus on epidemic prevention after the Ebola emergency ¹	BMZ/ADH	AMALTE Guinée

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Kenya^{1, 3} € 2,878,986	14	Marsabit County: – Climate change adaptation and resource conservation for semi-nomadic pastoralists in northern Kenya ¹ – Drought intervention for semi-nomadic communities in Marsabit County, northern Kenya ¹ – Mobile phone cash transfer programming for families affected by drought in Marsabit county, northern Kenya ¹ – Resilience strengthening of pastoralists women groups through digital Basic alphabetization with live relevant materials in form of ebooks ¹ Marsabit County/ Kenya and Omorate/ Ethiopia: – Cross-border food security support for vulnerable nomads in areas affected by drought in northern Kenya and southern Ethiopia ¹ Nairobi and Kisumu: – M-Afya (Innovative healthcare in Nairobi informal settlements) ¹ – Investing for impact against tuberculosis and HIV in Nairobi counties ¹ – Innovative approach to improved Management of Non-Communicable Diseases in informal settlements of Nairobi, Kenya ¹ – German/Kenyan Multistakeholder Partnership Initiative for specialized health professionals ¹ – Cholera emergency health response project, Nairobi County, August 2017 to December 2017 ¹ – Election preparedness in urban focal points, Kenya 2017 ¹ Nationwide: – German-kenyan multi-stakeholder initiative for health experts ¹	AA, ADH, AMREF, BMZ, Health, CICF, Futur 21, NiN	AIHD, ECC SDCO, health authorities, KHF/AMREF, PACIDA, state and private health centers, up4change

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Madagascar² € 53,121	1	Maroantsetra (Region Analanjirofo, Province Toamasina): – Supporting reconstruction and strengthening resilience in Mariarano and Ankofa Lava communes in Maroantsetra district after cyclone Enawo - Aid included provision of health care, psychosocial support, nutrition, and prevention of water-borne diseases)	ADH	Order of Malta France

¹ Projects implemented by Malteser International and partner organizations
² Projects implemented by national Associations and aid services of the Sovereign Order of Malta with support from Malteser International
³ Projects implemented by local partner organizations with support from Malteser International

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Nigeria/ Cameroon^{1, 3} € 739,521	1	North Cameroon³ and Maiduguri, Nigeria¹: – Improving Water, Hygiene and Sanitation conditions of vulnerable groups and reduction malnutrition of especially vulnerable groups	AA, Seliger Gerhard Stiftung	Alima, CIDAR

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
South Sudan^{1, 3} € 2,409,899	11	Maridi and surrounding region: – Control of Sleeping Sickness using an integrated strategy ¹ – Sustainable improvement of nutrition-sensitive agricultural production and of the livelihoods of the population with a special focus on vulnerable groups in Maridi County ³ Wau and surrounding region: – Strengthening of agricultural and marketing capacities of vulnerable communities, Food and Nutrition security and WASH in Bussere/Bagari Payam, Wau County, Western Bahr el Ghazal ¹ – Improving the living conditions of IDPs and their children through the nexus of food and nutrition security and hygiene at IDP camps and primary schools as well as improving access to aid for particularly vulnerable HHs in Wau ¹ – Humanitarian Support and provision of humanitarian assistance to the Young at Risk (YAR) of Wau in order to support their reintegration into the society ³ – Providing psychosocial care to IDP children by setting up a child friendly space in the diocese compound in Wau ³ – Vocational Training and Livelihood Opportunities for the conflict affected population of Wau town and greater Bahr el Ghazal ³ Juba and surrounding region: – Improvement of Food and Nutrition Security and WASH in underserved communities in the peri-urban areas of Juba and for the South Sudanese Refugees and their host communities in Northern Uganda by establishing a healthy living environment and an improved nutritional status ¹ – Reducing food insecurity through school feeding at primary schools in Lologo area ¹ – Water Supply, Sanitation and Hygiene for poor communities and refugee camps ¹ Rumbek: – Improvement of quality of life in a Leprosy colony through food security, WASH and health training ¹ Yei and surrounding region: – Provision of medication and distribution of flour to vulnerable women and children to fight malnutrition ^{1/3} – Control of sleeping sickness ¹	AA, ADH, BMZ, FIND, GFFP, Seliger Gerhard Stiftung, UNICEF	CEFoRD, Diocese of Wau, Don Bosco Wau, DBVTC, HCO, local authorities, MoH, New Sudan Women Federation, RAAH

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Tanzania³ € 44,588	1	Kakonko District (Mtendeli Refugee Camp): – Reducing maternal mortality by construction of a center for acute surgical and obstetric care for Burundian refugees and the host community ³	AA	The Kolping Society of Tanzania, Red Cross and Red Crescent Tanzania

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Uganda^{1, 3} € 2,994,584	5	Kampala: – Self-help groups for mothers of children with physical challenges – Reducing Maternal and Child mortality and morbidity and improved new-born screening, especially for sickle cell disease for a sub-urban low-income population in Kampala ³ – Strengthen and contribute to a national task force for the development of emergency medicine and ambulance services in Uganda ^{1/3} Arua, Yumbe and Gulu Districts: – Improving the health conditions and habitat of South Sudanese refugees by improving access to clean drinking water, growing vegetable gardens, planting trees, setting up water committees, building community latrines and distributing hygiene articles and water canisters in various refugee camps Nationwide: – Contribution to a national working group for the development of an emergency medical service and an ambulance system ^{1/3}	ADH, BMZ, ECHO, PRM, Seliger Gerhard Stiftung, ZOA	GOU, Mulago Training Institute, OPM, Suuby Lyaffe, Uganda Martyrs Hospital Lubaga, UNHCR

Local partners:
AIHD: African Institute for Health and Development
CAAMENIHU: Centrale d'Achat et d'Approvisionnement en Médicaments Essentiels du Nord-Ituri et du Haut-Uélé
CEFoRD: Community Empowerment for Rehabilitation and Development
CIDAR: Centre for Integrated Development and Research
Nigeria
DBVTC: Don Bosco Vocational Training Center
ECC SDCO: The Ethiopian Catholic Church Social and Development Commission
EUP FASS: Etablissement d'Utilité Publique – Fonds d'Achat de Services de Santé
GOU: Government of Uganda
HCO: Hold the children
KHF: Kenyan Healthcare Federation
MoH: Ministry of Health
OPM: Office of Primeminister, Uganda
PACIDA: Pastoralist Community Initiative Development and Assistance
RAAH: Rural Action Against Hunger
UNHCR: United Nations High Commissioner of Refugees

Middle East

Human suffering continues in the face of sustained violence

The Middle East is gripped by a number of conflicts affecting millions of people, and the humanitarian situation in the region remains critical. We are working in Syria, Iraq, Lebanon, and Turkey to provide and care for displaced persons and those returning home after years on the run. This work is made possible by the commitment of our reliable local partners through whom we are able to bring help to people in hard-to-reach areas.



The year 2017 saw some reduction in the level of hostilities in the Syrian Civil War, mostly resulting from the establishment of so-called de-escalation zones. Also in Syria, and across the border in Iraq, another conflict seemed to draw to a close as the majority of IS-held territories were liberated. Still, millions of people who were forced to flee their homes as a result of sustained violence continued to live in the most abject conditions.

Millions are still bearing the brunt of war

In **Syria** alone, about 13 million people are currently dependent on humanitarian assistance to survive. Since the outbreak of the country's Civil War in 2011, more than half of the country's pre-war population of 20 million have been forced to flee their homes, with over five million people living as refugees abroad, and many more internally displaced. The plight is more desperate for those Syrians who have had to flee on multiple occasions, and are struggling to care for themselves in increasingly shrinking opposition-held territories. The north-western region of Idlib is now home to a million internally displaced persons. According to Janine Lietmeyer, Malteser International's Country Group Manager for Syria, Turkey and Lebanon, over 60% of the displaced population are women and children in need of urgent help.

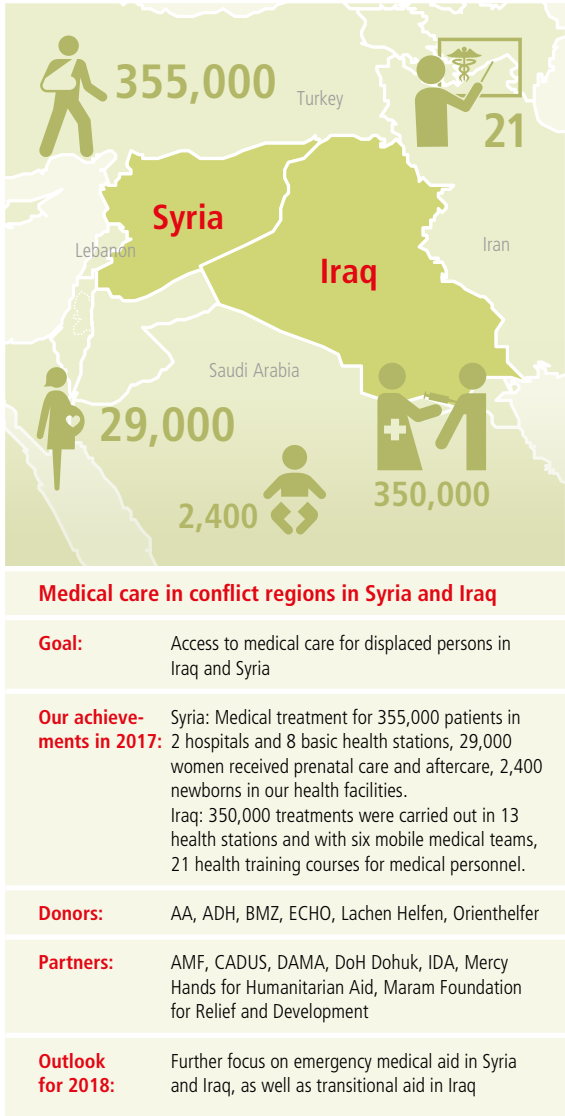
In neighboring **Iraq**, the journey towards stability has begun after more than three years of Islamic State terror. The July 2017 liberation of Mosul, Iraq's second largest city, came at an incredibly high cost, leaving the city in ruins, with many civilian casualties. In December 2017, the Iraqi government declared complete victory in the war against the Islamic State, but the humanitarian situation in many parts of the country continues to be dire. Today, the country faces the daunting task of rebuilding. "Facilitating the return of internally displaced persons and the reconstruction of the destroyed infrastructure is still an enormous challenge for the Iraqi government," says Stefanie Heil, Program Manager for Iraq at Malteser International.

Providing life-saving aid in conflict regions, strengthening structures in neighboring countries

Our work in **Syria** continues to focus on saving the lives of people caught in the crossfire of conflict by providing urgent medical care and distributing relief supplies. We are primarily concerned with ensuring the availability of healthcare services for people who have lost access to medical care as a result of destroyed infrastructure. In cooperation with our local partner organizations, we operate eight primary health centers and two hospitals in the country. By the end

Camps like Bersevi II Camp (pictured) are home to some 2.6 million internally displaced people in Iraq.

PHOTO: MALTESER INTERNATIONAL



See page 26 for abbreviations list

Janine Lietmeyer, County Group Manager for Syria, Turkey and Lebanon during a visit in Turkey.
PHOTO: GONZALO BELL

of 2017, around 355,000 people had received medical treatment in these facilities.

In 2017, our work in **Iraq** was also characterized by emergency aid measures, particularly in the health sector. Our support and operation of 13 health stations and six mobile medical teams enabled us to provide access to medical care for around 350,000 people. We also distributed urgently needed relief supplies such as blankets, mattresses, water canisters and kitchen utensils to about 20,000 people. “Our future plans include providing training on health and psychosocial care for refugees to ease their reintegration into the labor market,” says Heil.

We are working to support existing structures in **Lebanon** and **Turkey**, where institutional capacities have been put under massive pressure by the Syrian conflict. While our joint projects with the Lebanese Association of the Order of Malta are aimed at strengthening the Lebanese medical system in the long term – to the benefit of both Syrian refugees and host communities

– our program in Turkey promotes the integration of Syrian refugees into the Turkish society through various educational programs such as language courses and vocational training.

Challenge: Access to conflict areas

Our work in the Middle East continues to face a variety of complex challenges. With a confusing array of belligerents and the multi-dimensional nature of the conflicts in the region, the long-term planning of projects is impossible. “A very high degree of flexibility is required from all parties involved,” says Cordula Wasser, Head of Malteser International’s Middle East program. “The extremely limited access to our project regions in Syria and central Iraq make data acquisition difficult. So, in addition to the immense scale of need, we are constantly struggling with the reliability of the information we receive.”

We therefore rely on the combined efforts of our teams and local actors. “When selecting partner organizations, we do not only assess their potential to successfully carry out projects, but also take into consideration the shared understanding of values with regard to humanitarian principles,” says Wasser. “This is all the more important in countries where we have no direct access to the project regions and only control projects from neighboring countries via a so-called Remote Control System, as is the case in Syria.”

The Remote Control System is fundamentally based on the close support of local partners. Our teams in Gaziantep and Kilis in Turkey, Erbil and Dohuk in Iraq, and in Lebanon are constantly in contact with our partner organizations, conducting on-the-job training, and helping to solve practical and administrative problems.



Interaction via modern technologies are complimented by a detailed reporting system. An example of the systems is an online platform that allows real-time access to patient data and diagnostic information in medical facilities.

Challenge: Attacks on aid workers, inadequate structures, corruption

An increasing animosity towards humanitarian aid workers is another problem we face in the Middle East region. As a result of the highly politicized nature of the conflicts in the region, the neutrality and independence of aid is often questioned. This puts aid workers at risk. “In a situation where warring parties continue to violate international humanitarian laws by carrying out chemical attacks against civilians, bombing hospitals and schools, and besieging whole cities for years as a combat tactic, the security of aid workers cannot be guaranteed,” says Wasser.

The chaos of conflict in many parts of the Middle East, particularly in Syria, has led to corruption, increased activities of war profiteers and an expanded shadow economy. For this reason, and to ensure better control of our projects, we procure aid supplies our-

selves. Moreover, in some regions there are no legitimate state authorities to collaborate with for measures centered on reconstruction.

Outlook for 2018: Humanitarian aid and transition scenarios

Our efforts to strengthen the capacities of local civil society actors will continue even in urgent, time-critical emergency relief missions. A strong emphasis will be placed on involving the people for whom the projects are planned. “Their feedback, complaints or suggestions for improvements help us and our partner organizations to adapt our aid programs to their needs in the best possible way,” Wasser says.

While our aid activities in Syria will continue to focus mainly on ensuring survival by providing medical care and distributing relief supplies in the medium term, we are gradually transitioning from urgent emergency aid to measures geared towards rebuilding. This means helping survivors of the conflict to deal with trauma and return to their normal lives. “Although the road to normalcy for many in Iraq is a very long one, we are looking into the future with a sense of optimism that we have not had in a long while,” says Heil.

Along with our local partners, we provided care for injured and sick children at Hope Children’s Hospital in East Aleppo, Syria.
PHOTO: IDA

Our Programs in 2017

Total expenses 2017: € 12,775,044 | **Previous year:** € 15,935,640 | **Regional costs 2017:** € 238,353
(including other funds from contracts already booked in the previous year)

Country ¹ Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Iraq¹ € 4,816,486	6	Dohuk: – Provision of basic healthcare services for populations affected by conflict and internally displaced persons (IDPs) in camps through primary healthcare centers in camps and mobile medical clinics; provision of medicine and medical equipment to health facilities Erbil: – Provision of primary healthcare services to populations affected by conflict with the use of mobile medical teams Ninewa: – Medical humanitarian assistance to internally displaced persons (IDP), returnees and conflict-affected host population with the aid of mobile medical teams, and primary health care services in refugee camps; emergency relief and non-food item support for IDPs, vulnerable communities in hard-to-reach areas, winterization kits for orphans, Cash distribution Anbar: – Provision of trauma-related medical care	AA, ADH, ECHO, Lachen Helfen, Orien- thelfer	AMF, CADUS, DAMA, DoH Dohuk, Mercy Hands for Humanitarian Aid

Country ¹ Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Lebanon² € 3,748,461	2	North Lebanon: – Provision of primary healthcare services for Syrian refugees and vulnerable host communities through a mobile medical unit Bekaa: – Access to primary and secondary healthcare services for refugees and host communities in Deir-El-Ahmar	AA, ADH, BMZ	Lebanese Association of the Order of Malta

Country ¹ Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Syria³ € 3,440,489	3	North Syria: – Provision of primary and secondary healthcare services in one hospital, four primary health centers (PHC), two bloodbanks, two clinics for children with Thalassemia; Rehabilitation of four PHCs	AA, ADH, BMZ	IDA, Maram Foundation for Relief and Devel- opment

Country ¹ Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Turkey³ € 531,255	5	Reyhanli: – Day care center for Syrian refugee children including healthcare services, educa- tion, clothing, school material, recreational activities and psycho-social care Küçükçekmece, Istanbul: – Access to professional training for Syrian refugees in a Vocational Training Center Kilis: – Support for a temporary rehabilitation hospital Post-operative healthcare for refugees; support for Syrian refugee children with physical and mental challenges; Community Center: Strengthening social cohesion between Syrian Refugees and Turkish host communities – Multi-Service Center in Kilis - Day care center for Syrian refugee children with special needs	AA, ADH, BMZ, NiN	Altin Hilal, IBC, Maram Foundation for Relief and Development, The Orient Face

Local partners:
AMF: Al-Mustaqbal Foundation
for Development
DAMA: Doctors Aid Medical
Activities
DoH Dohuk: Directorate
of Health
IBC: International Blue Crescent
Relief and Development
Foundation
IDA: Independent Doctors
Association
MFRD: Maram Foundation for
Relief and Development

List of Abbreviations Donors:
AA: Auswärtiges Amt – German
Federal Foreign Office
ADH: Aktion Deutschland Hilft
– Germany’s Relief Coalition
BMZ: Bundesministerium für
wirtschaftliche Entwicklung und
Zusammenarbeit –
German Federal Ministry for
Economic Cooperation and
Development
ECHO: European Civil
Protection and Humanitarian
Aid Operations
NiN: Nachbar in Not – Austria’s
Relief Coalition

¹ Projects implemented by Malteser International and partner organizations
² Projects implemented by national associations and aid services of the
Sovereign Order of Malta with the support from Malteser International
³ Projects implemented by local partner organisations with support from
Malteser International

Asia

Collective action in the face of climate change, conflict, and poverty

The Asia-Pacific region is the most disaster-stricken in the world, accounting for over 80 percent of the world’s disaster-affected population. In addition to extreme weather events, ongoing conflicts in countries like Myanmar and Afghanistan continue to cause instability, under-development, and displacement. These events have a disproportionate impact on the most vulnerable.



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The mega camp in Cox's Bazar, Bangladesh is now home to 680,000 people who fled violence in Myanmar in 2017.
PHOTO: NOOR AHMED GELAL

Already plagued by frequent earthquakes, cyclones, floods, landslides and typhoons, a changing climate and rapidly growing exposure to disaster risks present the Asia-Pacific region with an unprecedented challenge. In May 2017, Cyclone Mora made landfall in Myanmar, destroying shelters and causing catastrophic damage. Three months later, widespread monsoon flooding wreaked havoc across India, Nepal, and Bangladesh, killing over 900 people. In total, natural disasters affected almost 70 million people in Asia over the course of last year. Apart from the human cost of these disasters, they have a disruptive impact on livelihoods – a further disadvantage for people already living in vulnerable conditions.

The rapid and effective delivery of emergency relief in the wake of disasters remains a core area of our work at Malteser International. Because these events are – by their very nature – often unexpected, thorough disaster preparation is important in order to save lives. Disaster Risk Reduction (DRR) has thus become an increasingly significant part of our work in Asia. To prepare our teams and partners for emergency situations, we provide regular training on disaster risk reduction.

Disaster preparedness for all

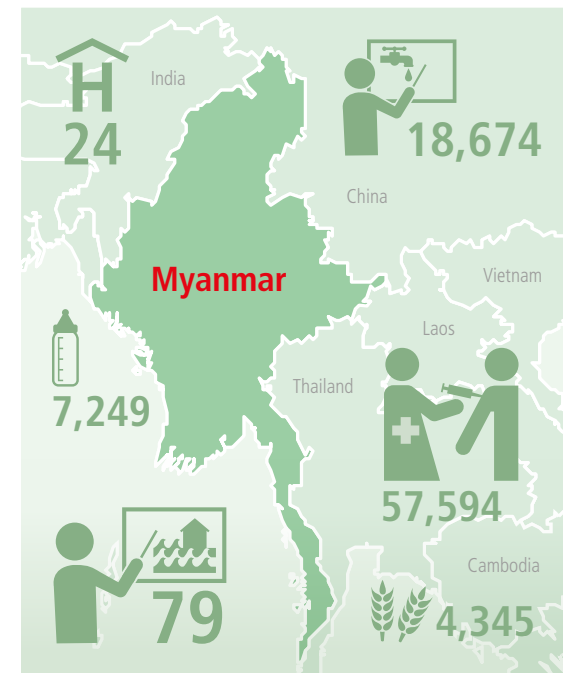
“In addition to providing emergency relief, we are committed to helping vulnerable communities cope and adapt in the face of diverse catastrophes,” says Cordula Wasser, Head of the Asia department at Malteser International. “Our DRR programs are context-specific, designed to meet particular risk reduction needs in each country with a people-centred approach that includes



Disaster Risk Reduction in Pakistan

Goals:	Strengthening resilience and improving livelihoods of vulnerable communities
Our achievements in 2017:	40 Training courses on disaster preparedness; 21 Disaster Preparedness Committees were founded and trained, 42 Villages prepared disaster preparedness plans.
Donors:	BMZ
Partners:	PFF
Outlook for 2018:	Expansion of disaster risk reduction to other regions affected by drought in Thatta district.

See pages 32 and 33 for abbreviations list



Strengthening resilience of vulnerable communities in Myanmar

Goals:	Improving living conditions of vulnerable communities in the areas of health, water, sanitation, hygiene, nutrition and disaster preparedness
Our achievements in 2017:	57,594 people received treatment in 24 health facilities with our support; 7,249 malnourished children under five years of age received food supplements, 4,345 people were able to improve their living conditions thanks to measures in the areas of nutrition and agriculture; 18,674 people participated in education campaigns to improve hygiene and sanitation, 79 trainings in disaster risk reductions were organized
Donors:	AA, ADH, BMZ, GF, GIZ, SDC, UNICEF, WFP
Partners:	CERA, local health authorities
Outlook for 2018:	Further efforts to maintain high quality of projects, continued support of local partners as well as further improvements in the living conditions of impoverished communities

those affected as key partners in developing strategies related to their assistance and protection.”

This approach also demands that we place great emphasis on reducing the vulnerability of most-at-risk groups such as persons with disabilities, women, girls, and the elderly by incorporating them in disaster preparedness practices and policies. This is evidenced in our programs in **Vietnam, Myanmar, Pakistan** and the **Philippines** where we work to widen the participation of persons with disabilities and other vulnerable groups in community-based disaster risk management. By removing barriers that keep excluded groups out, we strive to encourage a full and meaningful participation of all members of the community.

To ensure the sustainability of our DRR measures, we also involve local, regional and national decision-makers. This is best illustrated in our work in 56 coastal villages in Thatta, a district located in **Pakistan's** southernmost Sindh province. This region is very susceptible to flooding, drought, and severe storms, but is poorly lacking in coping capacity. We have been working with both communities and the civil society organizations in this region since 2015 to provide specialist knowledge and capacity required to manage their risks effectively themselves. We helped to establish and train six disaster management committees, while creating emergency plans and early warning systems for 27 villages. These information and training campaigns can help reduce risks and potential losses, thereby improving the resilience of communities to disasters.

Our efforts in Pakistan received significant national recognition in 2017. As part of our DRR program, an action plan to integrate disaster risk reduction into national health policies and activities was adopted by the government and implemented nationwide.

Reducing poverty and making livelihoods resilient

Although natural disasters are occurrences of the wilder forces of nature that affect everyone, widespread poverty and inequality make people more vulnerable to them. Despite experiencing remarkable economic growth in recent decades, the Asia-Pacific region remains home to over 400 million people living in extreme poverty. A majority of these people tend to live in conditions and areas that expose them to natural hazards. For this reason, our work in reducing disaster risk goes hand-in-hand with efforts geared at resilience building.

“For us, this means enabling vulnerable communities in Asia to improve their well-being and build back better after disasters,” says Wasser. “Our activities in this area span various sectors – food security, water, sanitation, and hygiene, as well as livelihood sustenance.” In India, for instance, our programs aim to tackle the causes of malnutrition by providing access to safe water and sanitation, but we are also helping to create income gen-



Cordula Wasser, Head of the Asia and Middle East regional teams, in discussion with refugees in Bangladesh.
PHOTO: MALTESER INTERNATIONAL

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To improve health conditions, especially for women, we organize trainings for health workers such as birth attendants and midwives.

PHOTO:
JANA AŠENBRENNEROVÁ

eration opportunities for households. We also adopt this approach in countries including Cambodia, Myanmar, Nepal, and Pakistan.

In **Myanmar**, improving healthcare is the overriding goal of our programs. In order to provide better access to healthcare services for impoverished sections of the population, we support the construction and equipping of health facilities, and provide training for healthcare personnel such as obstetricians and midwives. In 2017, more than 57,000 people received treatment from the medical facilities we support.

However, there is much more to a healthy life than just access to medical care. A balanced diet and adequate access to water, sanitation and hygiene are also required. Hence, the construction of latrines and the provision of clean drinking water have become important components of our work in Myanmar. Ultimately, a long-lasting improvement in living conditions is only possible when knowledge is shared. Thanks to various information campaigns and training sessions, we were able to provide additional training for more than 18,000 people in the areas of nutrition, health, and hygiene.

Responding to conflicts and displacement

While extreme poverty has been shown to trigger vulnerability, conflicts can undermine the capacity of states to prevent and respond to disasters and other humanitarian emergencies. Some countries in Asia remain caught up in cycles of violent conflict, leading to internal instability and cross-border displacement. Providing aid to refugees and displaced persons is also a key component of our work in Asia. A good example of this effort is our work in Bangladesh, Afghanistan, and Thailand, where we are working to improve the welfare of refugees and internally displaced persons in the fields of health, water, sanitation and hygiene.

The long-running conflict in **Myanmar**, for example, has created protracted refugee situations in **Thailand** and **Bangladesh**. In August of 2017, renewed violence in northern Myanmar sparked a mass exodus of over 680,000 members of the Rohingya ethnic minority to neighboring Bangladesh in what became known as the world's fastest growing refugee crisis. In response to the situation, we worked with a local partner organization, Gonoshastaya Kendra, to provide life-saving aid for the

refugees, who, in many cases, were traumatized and living in squalid conditions. Within the first three months of our intervention, we were able to provide around 35,000 people with medical treatment for their wounds and illnesses. We were also able to give 900 women antenatal and postnatal care. Over 500 undernourished children were also restored to health thanks to our food therapy.

"Refugees from Myanmar have lived in the camps in Thailand for over 20 years," notes Cordula Wasser. This situation shows how difficult it can be for refugees to return home after fleeing violence. "It might take years before the Rohingya are able to return to safety in Myanmar," she adds.

Outlook: Partnerships for collective action – as local as possible, as international as necessary

Local and national civil society organizations play a critical role in emergency contexts. They are oftentimes the first responders during disasters, and are usually the only ones with reasonable access to affected communities in remote areas. "It is of the utmost importance to involve these organizations in all aspects of project planning and implementation," says Wasser. "Our local partners are able to build on their knowledge of the language and culture on the ground to ensure that the aid we provide is tailored to the needs of beneficiaries. Their long-term presence in the affected area

also makes it possible to create a meaningful transition between relief and long-term development."

Malteser International has long relied on partnerships with local partners in countries where it works, and will continue to do so. The last years have seen civil society organizations in many countries grow in strength and become more organized in their response. This development presents us with a welcome opportunity to jointly address the challenges that drive our work in the region. As a result, the number of programs we implement in partnership with local organizations is growing year by year.

In the context of increasing unpredictability from conflicts and natural disasters, our mission to provide assistance to people in need remains constant and challenging. While constrained access to our project locations in situations of armed conflict is of particular concern, negotiating access to people in need has become increasingly onerous because of significant and at times deliberately obstructive bureaucratic procedures. Despite these challenges, our work in Asia continues to prioritize quality, transparency and accountability.

In the coming years, we will continue to bring added value to communities by supporting local actors to be at the forefront of disaster response, expanding sustainable access to improved nutrition, health, water, and sanitation, and fostering social cohesion for greater resilience.

Aid for refugees in Bangladesh, Thailand, and Myanmar

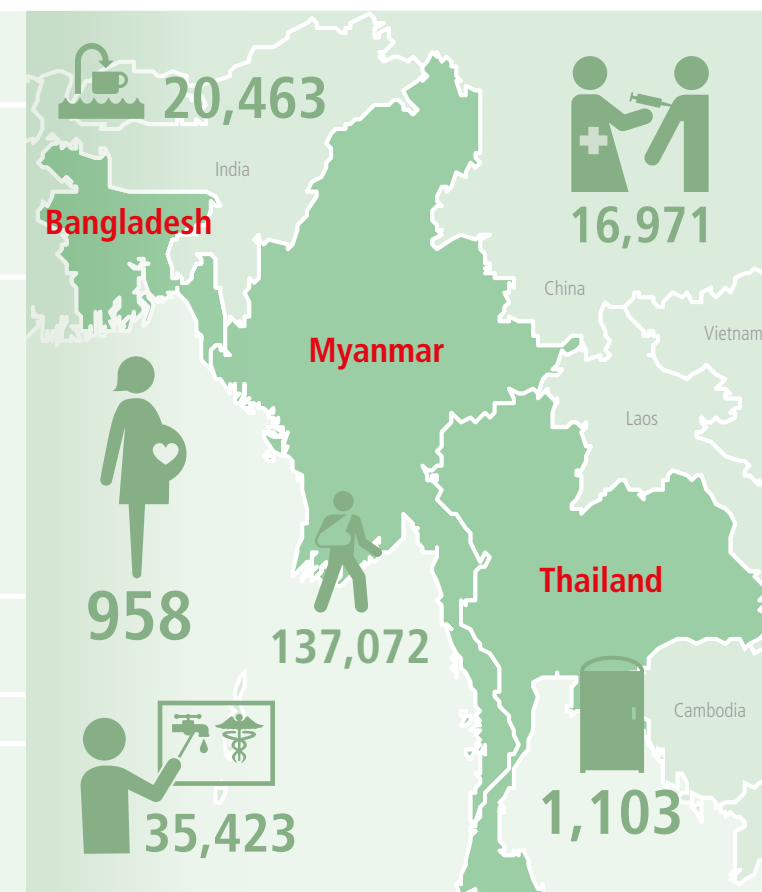
Goals: Improving health and living conditions of Myanmar refugees in Bangladesh and Thailand as well as people who have remained in the conflict-affected states of Rakhine and Kayin in Myanmar; Supporting communities in Kayin state for the return of Karen refugees from Thailand.

Our achievements in 2017: 137,072 patients received treatment at our health facilities in Bangladesh, Thailand, and in Rakhine and Kayin states in Myanmar; 958 women were treated at the refugee camp in Bangladesh; 20,463 people in Thai refugee camps and within host communities have access to clean drinking water; 35,423 in Thailand participated in awareness campaigns on health, water, sanitation and hygiene in Rakhine and Kayin states; 16,971 people were tested for malaria and received treatment, and 1,103 latrines were built.

Donors: ADH, AA, BMZ, Dr. Ulrich Reiter, EuropeAid, Else Kröner-Fresenius-Foundation, GF, Thai.Ger Supporters, WCFF, WFP

Partners: GK, HI

Outlook for 2018: Continued medical support for refugees in Bangladesh and Thailand; preparation for returnees and further support for the people who remained in Myanmar; further efforts to improve living conditions of impoverished communities.



List of abbreviations Donors:

AA: Auswärtiges Amt – German Federal Foreign Office
ADH: Aktion Deutschland Hilft – Germany’s Relief Coalition
BMZ: Bundesministerium für wirtschaftliche Entwicklung und Zusammenarbeit – German Federal Ministry for Economic Cooperation and Development
CICF: County Innovation Challenge Fund
ECHO: European Civil Protection and Humanitarian Aid Operations
FIND: Foundation for Innovative New Diagnostics
GFFP: Global Fund for Forgotten People
NIN: Nachbar in Not – Austria’s Relief Coalition
OMF: Ordre de Malte France
PRM: Bureau of Population, Refugees, and Migration
UNICEF: United Nations International Children’s Emergency Fund

* Further funds allocated for support of Rohingya ethnic minority from Myanmar

Our programs in 2017

Total expenses 2017: € 11,717,661.12 | Previous year: € 15,151,680 | Regional costs 2017: € 218,625 | Subsequent costs from projects of previous years: € 147 (Israel) (including other funds from contracts already booked in the previous year)

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Afghanistan ³ € 103,500	2	Langham and Kabul Province: Winter Relief for internally-displaced persons and Afghan returnees from Bangladesh	ADH, Gerda Henkel Stiftung	Afghanischer Frauenverein, Union Aid

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Bangladesh ³ € 47,900*	2	Cox’s Bazar: Emergency Relief for Rohingya refugees from Myanmar – Medical care, nutrition, trauma support	AA, ADH	GK

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Cambodia ^{1, 3} € 1,155,577	7	Samrong: Improved access to clean water, sanitation and hygiene: Construction of toilets, distribution of water filters, support for community initiatives to improve hygiene and sanitary conditions Siem Reap: Building resilience to health-related impacts of change: Provision of access to clean water for vulnerable groups like women and children, improved access to water, sanitation and hygiene for school children and poor rural households	ADH, BMZ, Elysium Foundation, GIZ, HAMAP-Humanitaire, JAD	CHHRA, WFC, FLD

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
India ³ € 23,728	4	Tamil Nadu: Vocational skills acquisition and medical care for underprivileged adolescents Rajasthan: Improving food security in the Thar Desert region with a focus on women and girls and girls by introducing drought resilient agricultural practices for communities; supporting small holder farmers to secure benefits from government programs; training female nutritionists, cultivation of home gardens Bihar: Improving resilience for communities along Koshi River to flooding: Construction of flood-proof latrines and training of community members in the safe use and maintenance of latrines Emergency relief in the aftermath of monsoon flooding in August 2017	BMZ	Pro-Vision, UNNATI – Organisation for Development Education, SSK

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Myanmar ^{1, 3} € 5,020,478	16	Northern Rakhine State: Providing access to primary health care with a focus on maternal and infant health: Treatment and prevention of malaria & tuberculosis; treatment of malnutrition in children under five; Improvements in water, sanitation and hygiene Central Rakhine State: Disaster risk reduction and climate change adaptation: Construction of food bridges and evacuation parts; first-aid training, restoration of man-groves and coastal zone management; flood relief and rehabilitation Kayin State Improved access to primary health care services with a focus on mother and child health, water, sanitation and hygiene; creating a suitable environment for Karen refugees returning from Thailand Shan State and Wa Special Region HIV/AIDS and tuberculosis prevention and treatment; construction of health centers & community based approach to improving mother and child health through better nutrition	AA, ADH, BMZ, GF, GIZ, SDC, UNICEF, WFP	CERA, Sisters of the Good Shepherd

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Nepal ³ € 645,654	3	Sindhupalchowk, Kavrepalanchowk and Nuwakot: – Construction and rehabilitation of houses and health centers in areas affected by the earthquake; strengthening resilience against future disasters by training community volunteers on first-aid and emergency preparedness, mental health awareness and treatment in schools and communities Sunsari District: – Improving flood resilience for communities along Koshi River: Construction of flood-proof latrines and maintenance training for community members; securing livelihoods through alternative cultivation methods, construction of irrigation systems – Emergency relief in the aftermath of monsoon flooding in August 2017	ADH, BMZ, Land Baden-Württemberg	RSDC, CDECF, Koshish, ICSC

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Pakistan ^{1, 3} € 1,424,044	4	Khyber Pakhtunkhwa Province (KP), Peshawar: – Health and nutrition services for IDP, Afghan refugees and host communities (2 Projekte) Sindh Province, District Thatta (2 Projekte): – 1. Strengthening of resilience through DRR and livelihood measures in vulnerable coastal communities – 2. Strengthening of resilience in health, water, sanitation, hygiene and nutrition in vulnerable coastal communities	AA, ADH, BMZ, ECHO	MERF, PFF

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Philippines ^{1, 3} € 722,542	3	Northern Samar: – Inclusive Disaster Risk Reduction in typhoon-prone coastal areas: capacity building for DSAC Catarman volunteers in reducing disaster risk Leyte: – Emergency relief for families affected by the earthquake in Kananga	AA, ADH	DSAC Catarman, Order of Malta Philippines

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Thailand ¹ € 2,126,584	5	Mae Hong Son province: – Curative and preventive health care and capacity building for refugees from Myanmar and host communities on the Thai-Myanmar Border: mother and infant healthcare, food and nutrition security, water, sanitation and hygiene; preparing refugees for return through vocational training and capacity building; dental care and hygiene; secondary healthcare for children	ECHO, EuropeAid, ADH, Else Kröner-Fresenius-Stiftung, WCFF, Thai.Ger, Dr. Ulrich Reiter	HRDI, HI

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Vietnam ¹ € 228,882	4	National Program: – Inclusion of vulnerable groups in disaster risk reduction measures Hanoi, Quang Tri and Quang Ngai: – Widening participation of persons with disabilities in community-based disaster risk management Quang Ngai: – Strengthening resilience of vulnerable groups to natural disasters – Strengthening the capacity for disaster response in Hanh Nhan and Hanh Duc communes Quang Nam: – Providing medical equipment in health centers in Nam Tra My, Tra Cang and Tra Don communes	BMZ, Deutsches General-Konsulat Ho-Chi-Minh-Stadt, WCFF	DoLISA Quang Ngai, DMC, DPO Quang Tri, Nam Tra My District Health Center

Local Partners:
CDECF: Community Development and Environment Conservation Forum
CERA: The Community Empowerment and Resilience Association
CHHRA: Cambodian Health and Human Rights Alliance
CSC: Indrawatee Community Service Centre
DMC: National Disaster Management Committee
DOLISA: Department of Labour, Invalids and Social Affairs
DPO: Quang Tri Disabled People Organization
DSAC: Diocese Social Action Center Catarman
FLD: Farmer Livelihood Development
GK: Gonoshastaya Kendra
HI: Humanity and Inclusion
HRDI: Highland Research and Development Institute
MERF: Medical Emergency Resilience Foundation
PFF: Pakistan Fisherfolk Forum
RCDC: Rural Self-reliance Development Centre
SSK: Sabhaghi Shikshan Kendra
UNNATI: Organization for Development Education
WFC: Water for Cambodia

¹ Projects implemented by Malteser International and partner organizations
² Projects implemented by national associations and aid services of the Sovereign Order of Malta with the support from Malteser International
³ Projects implemented by local partner organisations with support from Malteser International

Europe

A forgotten crisis in the continent's second largest country

Humanitarian aid interventions are rarely associated with countries in Europe, because many assume the continent does not need them. This assumption is correct to a large extent. Europe's relative safety and strong institutions mean that it has the capacity to deal with emergencies without external help.. However, persistent social inequality and conflict in some countries can increase vulnerability to emergency situations. Therefore, it is imperative that we respond to save lives in these situations.



After four years of armed conflict between government and separatist forces, the dire humanitarian situation in eastern Ukraine is rarely covered by the media. The human toll of the conflict has been appalling. Nearly 1.6 million people have been displaced, more than 4 million are in need of humanitarian assistance, and many are suffering from severe trauma. In cooperation with the Ukrainian Association of the Order of Malta, we are providing psychosocial

support for people displaced and traumatized by the conflict in the regions of Kiev, Luhansk and Donetsk.

In June 2013, heavy rainfall caused extreme flooding in the eastern and southern parts of Germany. The main regions affected were Saxony, Saxony-Anhalt, Thuringia, and Bavaria. In coordination with member associations of the network of the Order of Malta we are working to support people who have been affected with financial assistance and psychosocial counseling.

In Kramatorsk, Ukraine, we provide psychosocial support for children whose families have been displaced by the ongoing conflict.

PHOTO: MALTESER UKRAINE

Our programs in 2017

Total expenses 2017: € 1,275,830 | **Previous year:** € 3,092,281

Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Germany² € 1,220,360	16	Bavaria, Thuringia: – Reconstruction of two schools; financial and psychosocial support for people affected by the 2013 floods Saxony, Saxony-Anhalt: – financial assistance and psychosocial care for people affected by floods	ADH, Deutsche Bank Stiftung, Stiftung RTL – Wir helfen Kindern	Malteser Hilfsdienst e.V.
Country Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Ukraine^{2,3} € 55,471	1	Donetsk, Lugansk, Kiev and surrounding regions: – Psychosocial and medical care for traumatized and injured persons displaced by the conflict; mobile medical teams; establishment of a first-aid training program; capacity building to handle mental illness from trauma	AA	Malteser Ukraine, Ukrainian society for the management of the impact of traumatic experiences, and "Worte helfen", affiliated with the the University of Kiev (National University Kiev Mohyla Academia)

Donors:
AA: Auswärtiges Amt
ADH: Aktion Deutschland Hilft

¹ Projects implemented by Malteser International and partner organizations

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

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

America

Strengthening civil society and increasing resilience

Many people in our project locations in Colombia, Haiti, Ecuador, Mexico, and Peru live under very difficult conditions. They often lack access to state-funded assistance, particularly when it comes to food security and medical care. Along with our local partners in the region, we are working to improve living conditions, especially in remote and rural communities with populations that would otherwise be cut off from any kind of help.



The Americas experienced several natural catastrophes in 2017. Heavier than normal summer rains flooded parts of Peru, leading to landslides. Two back-to-back earthquakes rocked Mexico, and a string of hurricanes hit the US and the Caribbean. These events have been attributed to the impacts of climate change and an oddly powerful El Niño. The weather phenomenon has also exacerbated droughts and caused crop failures, making food security particularly tenuous in Central and South American countries, where many people subsist on traditional forms of agriculture.

As most traditional farming methods are neither productive nor sustainable, they are often insufficient to cover the nutritional needs of many rural populations. Longer periods of drought, changes in rainfall, and extreme weather patterns like hurricanes, floods, and landslides further threaten to worsen the already fragile situation. “When a country like Colombia comes to mind, one tends to forget the poverty still prevalent in certain parts of the country. Many people are cut off from state-funded healthcare and other support programs, and have to live off whatever food they produce from their gardens and farms,” says Jelena Kaifenheim,

Malteser International’s Regional Manager for Latin America and the Caribbean. “This is exactly where we come in. We work in regions where other organizations are not present, and we are committed to strengthening civil society in the long term.”

Colombia: Working together to improve living conditions

“We work together with the local population on solutions that will enable them to improve their living conditions in the long run. In order to achieve this, we must first gain access to those in need of assistance,” says Kaifenheim. “Our programs are primarily focused on marginalized people. Over 50 years of internal conflict in Colombia have led to the displacement of around seven million people who have lost their means of livelihood as a result.” Although the peace agreement of 2017 has brought signs of calm in the country, the effects of long years of war will continue to be felt for a long time, especially for Afro-Colombians and indigenous peoples like the Wayuu, many of whom have had to settle in remote areas as a result of violence and displacement. The Wayuu have their own language and live mostly live according to their traditions. This makes it difficult for

Our apiculture program in Colombia helps locals to improve their livelihood.
PHOTO: EMILY KINSKEY

them to access government services and programs,” says Kaifenheim. In La Guajira and Magdalena, our project regions in the northern part of Colombia, approximately two thirds of the rural population do not have access to state-sponsored health care. Maternal and infant mortality are particularly high due to malnutrition, and one out of two children suffers from undernourishment.

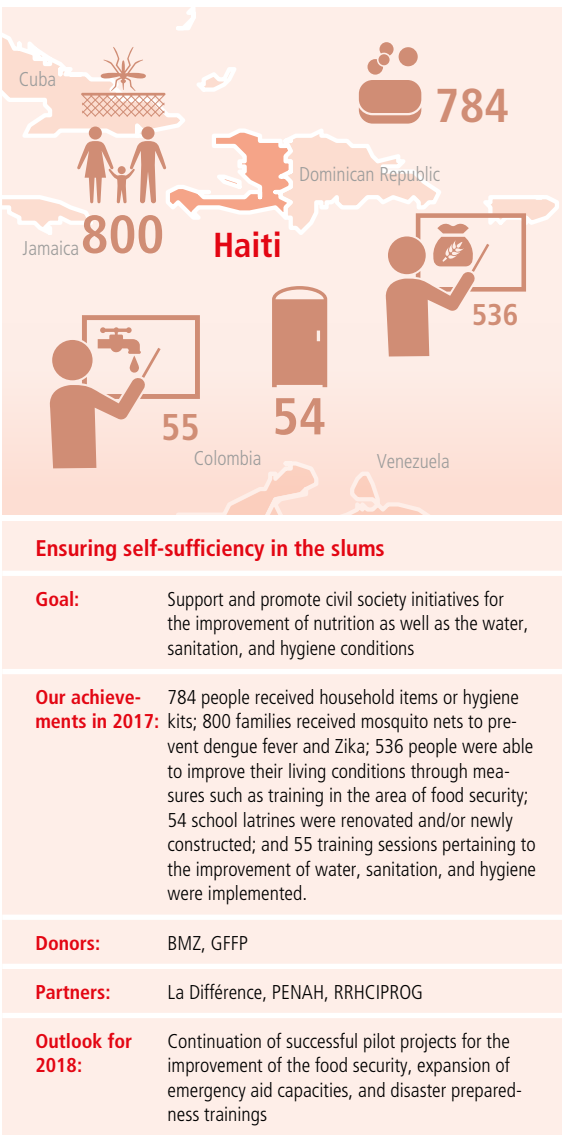
To improve living conditions in the long-term, our project activities include training smallholders in more sustainable forms of farming, building health stations, and training traditional birth assistants, as well as health promoters. In turn, people who have received this training transmit the knowledge and expertise acquired to others while becoming multipliers, helping to improve nutrition and health in their communities. Their training takes place in close collaboration with local partner organizations whose staff speak the local languages, are very familiar with the region, and understand the cultural and religious traditions of the inhabitants. “This is especially important because one gains the trust of the people, and can therefore effectively convey knowledge,” says Kaifenheim. In 2017, about 100 smallholders were trained in sustainable cultivation methods, and are now able to bring these methods to their respective communities. More than 275 health promoters and multipliers were also trained as part of our projects.

Haiti: Supporting local initiatives

Our commitment to working in cooperation with the local population to sustainably improve living conditions

is also exemplified by our program in **Haiti**. The country is all too accustomed to natural hazards and disasters. In October 2016, Hurricane Matthew devastated large parts of the island, setting back progress made after the 2010 earthquake. Haiti’s vulnerability to disasters is compounded by issues of poverty, poor infrastructure, and inequality – the country is the poorest in the Americas. The situation is even worse in densely populated slums like Tabarre and Cité Soleil, where survival is a daily struggle, and many people do not have enough to eat.

Along with local partners, we are committed to improving food and nutrition security, as well as water, sanitation, and hygiene conditions for about 6,000 families from Tabarre and Cité Soleil. “Building on several pilot projects centered on food security, we are now upscaling projects that have proven successful,” says Kaifenheim. By introducing the cultivation of the moringa tree, for example, we are working to reverse deforestation, improve soil fertility, and increase food security. The moringa tree can also be used for medicinal purposes. We are also working to create and support communal and school gardens. “We want to see that people are themselves involved and committed in the projects, and can continue working on them on their own initiative,” says Kaifenheim. In many cases, this is unfolding exactly as was hoped: urban initiatives are actively committed in ensuring community gardens continue to flourish, and many locals have taken the issue of hygiene seriously. Volunteer committees from the neighborhoods have also taken up the role of cleaning up the sewers after heavy rains.

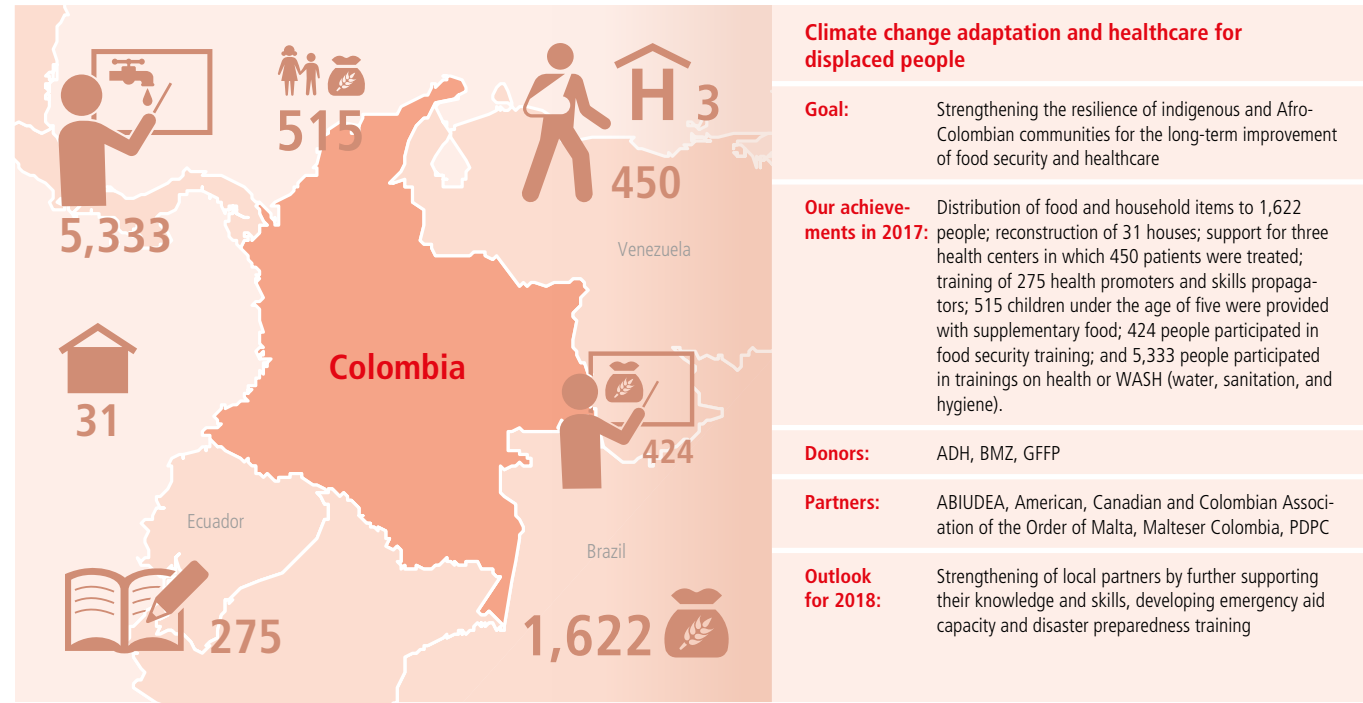


Emergency aid: Working with reliable partners to provide rapid assistance during crisis

Thanks to close cooperation with national associations of the Order of Malta, we were able to bring rapid and vital humanitarian relief in the aftermath of many of the natural disasters that hit the Americas in 2017. In the **United States**, we supported about 62,500 people affected by hurricanes in Texas and Puerto Rico with food aid, water, and essential household items. In Mexico, where two successive earthquakes brought devastation, we supported the Mexican association of the Order of Malta in the reconstruction of a school and a retirement home. Last year, nearly 100,000 people in North and South America received food, water, clothing, hygiene products, or shelter through our emergency relief interventions. While we are quick to respond to emergency situations, we also focus on preparing people in our project locations for future incidents by providing training on disaster risk reduction.

Outlook: Strengthening local capacities, expanding emergency aid

“We intend to expand our cooperation with local communities even further in the years to come. We are particularly interested in building up skills and expertise within our partner organizations,” says Kaifenheim. Another focus is the expansion of emergency response capacities, especially in our project regions in the Caribbean. “The high vulnerability to natural disasters in this region demands that population resilience to these events is increased. In this context, regular trainings on disaster preparedness are just as important as rapid emergency response.”



See page 40 for abbreviations list



Our work in La Guajira, Colombia, brings us in contact with the Wayuu ethnic group and its rich cultural heritage.

PHOTO: MALTESER COLOMBIA

Local Partners:
ABIUDEA: Asociación de Biólogos de la Universidad del Atlántico
PENAH: Pépinière des Enfants pour l’Avenir d’Haiti
RRHCIPROG: Rassemblement des Rapatriés Haitiens et des Citoyens Progressistes
ASAEKAB: Association des Agriculteurs et Eleveurs de Kadik Belle Anse

List of abbreviations Donors:
ADH: Aktion Deutschland Hilft – Germany’s Relief Coalition
BMZ: Bundesministerium für wirtschaftliche Entwicklung und Zusammenarbeit – German Federal Ministry for Economic Cooperation and Development
GFFP: Global Fund For Forgotten People

¹ Projects implemented by Malteser International and partner organizations
² Projects implemented by national associations and aid services of the Sovereign Order of Malta with support from Malteser International
³ Projects implemented by local partner organizations with support from Malteser International

Our programs in 2017

Total expenses 2017: € 3,503,805 | **Previous year:** € 2,201,097 | **Regional costs 2017:** € 61,280 (including other funds from contracts already booked in the previous year)

Country* Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Colombia³ € 194,048	4	Magdalena and La Guajira: – Building local capacities in the area of food security, Water, Sanitation and Hygiene (WASH) as well as disaster preparedness in order to preserve livelihoods and strengthen resilience of vulnerable indigenous Afro-Colombian communities – Improving access to primary healthcare including mother and child health and providing psychosocial support for female survivors of violence and displacement in rural settlements for internally-displaced people – Increasing local capacities for the prevention of vector-borne diseases – Providing emergency relief for communities affected by flooding in the aftermath of Hurricane Matthew; Building resilience for vulnerable families	ADH, BMZ, GFFP	ABIUDEA, Colombian Association of the Order of Malta, Malteser Colombia, PDPC

Country* Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Haiti¹ € 2,623,535	5	Cité Soleil and Tabarre: Strengthening resilience of urban slum communities through: – Food security measures, WASH and disaster preparedness – Natural resource management – Contribution to a child friendly environment through construction of a playground Belle Anse: – Strengthen resilience of food security through ensuring access to water for drinking and other uses and capacity building in the areas of environment, WASH and nutrition – Sustainable improvement of the water, sanitation and hygiene conditions while contributing to promote health and build skills in the field of food security and nutrition	ADH, BMZ, GFFP	ASAEKAB, La Diference, PENAH, RRHCIPROG

Country* Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Ecuador² € 42,044	1	Pedernales (Manabí): – One-time cash distribution of approximately € 200 for 172 beneficiary families	ADH	Ecuadorian Association of the Order of Malta

Country* Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Mexico² € 29.581	2	Mexico City: – Ensuring a better future for mothers living with HIV by avoiding a vertical transmission; Providing sychosocial support and creating a healthy environment for both mothers and children Oaxaca: – Supporting relief activities of the Mexican Association of the Order of Malta after the September 2017 earthquakes	BILD hilft e.V. „Ein Herz für Kinder“, Donations	Mexican Association of the Order of Malta

Country* Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
Peru² € 6,838	1	Lima and Querecotillo: – Support of social program of Malteser Peru (soup kitchen and elderly people’s club) and support of emergency activities after heavy rains	Donations	Malteser Peru

Country* Expenses 2017	No. of projects	Project location and short description	Donors	Local partners
USA³ € 546,479	1	Texas, Virgin Islands and Puerto Rico: – Support local relief activities after Hurricanes Harvey, Irma and María	Donations	Catholic Charities of Southeast Texas Salt Lake Church, Order of Malta Puerto Rico, St. Peter Catholic Church

Financial Report 2017

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

Secretary General's Report: Structural development and strategic leadership



“There is still no alternative to the quick apolitical humanitarian aid when it comes to saving lives in crisis situations.”

Ingo Radtke, Secretary General of Malteser International

PHOTO: FRANK LÜTKE

In retrospect, 2017 was not an easy year. Millions of people in the Horn of Africa and the Lake Chad region faced severe food insecurity, fighting continued in Iraq and Syria, hundreds of thousands of Rohingya were displaced by violent conflict in their home country, and several hurricanes struck cities in the US and the Caribbean – almost every region that we work in faced crises. The number of people forcibly displaced from their homes worldwide is still growing. This increase is fueled in large part by ongoing conflicts and crises. However, new ones such as the violence in Burundi and the Democratic Republic of Congo, as well as the economic meltdown in Venezuela, are forcing thousands of people to leave their homes.

Globally, we can identify two developments that have affected our work in the past year. There is still no alternative to the quick apolitical humanitarian aid when it comes to saving lives in crisis situations. Furthermore, humanitarian crises in the environments in which we work are growing in complexity. Humanitarian action will be ineffective without unimpeded and safe access for aid workers. Despite our greatest efforts, guaranteeing the safety of our teams while bringing help to vulnerable remains a huge challenge. I can assure you that we dedicated all of our efforts to ensuring the safety of our personnel on the field in 2017, and will continue to do so in the future.

Organizational Development

We made some strategic decisions in 2017 and launched some important projects in order to assure Malteser International's sustainability as an organization. One key decision for the future is to increase our capacity to deliver emergency aid. To achieve this, we have put plans in place to have our emergency medical team (EMT) certified by the World Health Organization (WHO). Then, when catastrophe strikes, a team of doctors, paramedics, logistics specialists and coordinators will, upon request by the WHO, be able to care for patients independently within 72 hours according to standardized and internationally approved procedures. This certification process should be completed by the end of 2018.

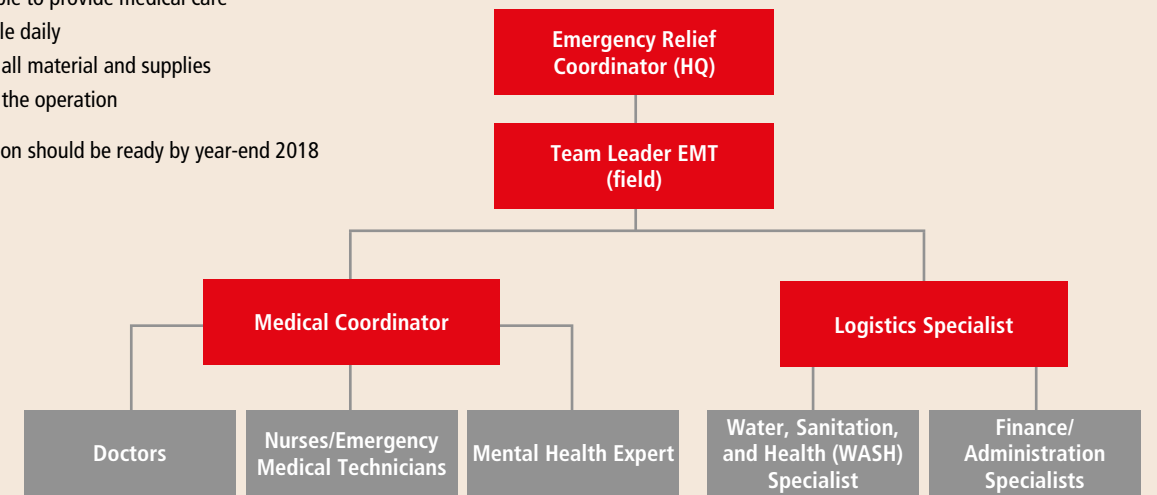
In complex environments, a strong network of political players, partner organizations, experts, and colleagues is essential in order to find the best solutions for people in need. With the Order of Malta, Malteser International has access to a unique international network. Moreover, we continue to work on creating networks of important players in global humanitarian aid. One step towards this goal was to move the regional headquarters of Malteser International Americas to New York City in order to be closer to the United Nations. This has already borne first fruit with the signing of a partnership agreement with the US Agency for International Development (USAID) and the United Nations Economic and Social Council (ECOSOC).

Emergency Medical Team (EMT)

The team ...

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

EMT certification should be ready by year-end 2018



granting Malteser International a special consultative status. The special consultative status allows us to provide expert advice to the Council and its subsidiary bodies, and positions us at the forefront of global humanitarian relief.

In 2016, we began the process of introducing extensive procedures in the area of quality and organizational development. This process continued in 2017. After our 2016 commitment to the Core Humanitarian Standard, an alliance to improve the quality of humanitarian aid, we have now been able to evaluate our work according to this standard. You can see the results on the following pages. Our goal is to use this as a foundation to continually improve our work and to drive forward learning processes.

Financial development

Malteser International's financial development in 2017 was once again positive. This enabled us to maintain our project volume at a high level in the last year. Our teams were able to put around € 47 million to use in our projects for people in need around the world. This was made possible by the successful fundraising work done by regional organizations of the Order of Malta, in particular by Malteser Germany and the Malteser Hospital Service Austria. These results demonstrate how essential their support is for the success of our work. We hope to expand and intensify our already valuable cooperation with these national organizations in the coming years.

You can find detailed information about the financial development of the organisation on the next pages.

Staff Development

The public face of Malteser International is changing. Our continued efforts to decentralize our work and put local actors and partner organizations at the centre of our humanitarian aid work are showing results. In the year 2017, we employed 835 locals (compared to 796 in 2016). The number of expatriate staff in the field, on the other hand was – at 63 – almost the same as the 64 from the previous year. Around 80 people are employed at the headquarters in Cologne and New York. The Malteser International team is still very diverse: it includes people from over 40 different countries recruited from the ranks of leading experts in their respective fields.

Prospects for the current year

We will continue to focus on many of the topics mentioned in 2018. We have established a new specialist department 'Organisational Development and Quality' in order to optimise our internal processes. This department will begin work in the middle of the year. To stay abreast of the complex demands of our work, we have also created a specialist team responsible for clarifying key policy questions. This team is based in the General Secretariat and is tasked with supporting the management of Malteser International.

We will approach the issues and tasks that arise this year with the same spirit that we have shown in the past. I would like to give my most sincere thanks to everyone who has supported us in our work.

Developing our emergency aid capacity is a key focus of our organisational development.

Transparency

Private and institutional donors entrust us with the funds needed to bring help to the most vulnerable people. In our work, we employ these resources carefully and effectively so that aid arrives where it is so vitally needed.

Accountability to donors and people in need

We have an obligation, both to our donors and to the people that we help, to be transparent and accountable. This is why we publish all important information about our organizational structure, our aid programs and our finances, both in this annual report and on our website.

In addition, we have taken on further transparency and quality standards: as a member of VENRO, the umbrella organization of development and humanitarian aid NGOs in Germany, we adhere to the 'Code of Conduct for Transparency and Corporate Governance'. We also follow the guidelines laid down by the Transparency International Initiative for Transparency in Civil Society (ITZ) by making key information about our organization readily available on our website.

Regular monitoring and risk management

It goes without saying that investing the funds entrusted to us responsibly involves planning programs with clear budgets and continuously monitoring and ensuring that these budgets are adhered to throughout the course of the project. Our teams and partners on the ground perform regular project cycle monitoring in order to verify that funds are being invested according to our donors' wishes.

Our risk management system, launched in 2014, allows us to identify possible risks to the organization, especially in our project locations. Through this system, we are able to take swift action against these risks.

Strict Code of Conduct and frequent inspections

We are active in the prevention of corruption and fraud. To this end, we have developed strict regulations for financial transactions and procurement. We train our staff in these topics and have established a comprehensive system of internal controls. In the case that misuse of funds is suspected, there is an internal notification

system as well as an ombudsman whose permanent responsibilities include hearing such suspicions whenever they arise, and addressing them.

Our work is subject to regular controls: the internal audit department is responsible for the internal supervision of our projects according to all guidelines and standards. In the same way, our revenues, expenditures, and processes are audited annually by an external auditing firm. There are additional audits by the tax auditors and by external auditors from our institutional donors in Germany and in our project countries, as well as through the German Council for donations (Deutscher Spendenrat), of which we are a member via Malteser Hilfsdienst. These different audits, in particular the external audits, certify the reliability of our financial and organisational systems.



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

Quality standards

For us, quality is more than just lip service. This is why we put our own procedures to the test. Our programs already meet six of the nine commitments set out in the Core Humanitarian Standard on Quality and Accountability.

It is not enough for aid work to just be well-intentioned. Our programs must reach the right people at the right time, while achieving lasting impacts. In order to do this, our aid activities must be focused on people's most crucial needs. Furthermore, we want people to be able to specify their needs themselves and to be able to be part of the planning and organization of our aid projects. These, and further criteria, have been set as self-imposed quality standards by a number of humanitarian organizations in the "Core Humanitarian Standard".

Our programs have proven to be highly relevant while strengthening local actors

We wanted to know where our organization stands in terms of these important quality criteria, so we put our own work to the test in 2017. In doing so, we became one of the first organizations in Germany to undergo an extensive quality assessment of its own procedures. This self-evaluation included an in-depth analysis of all of our policies, a survey of over 70 employees from seven different project countries, a review of our project documentation and a survey of different groups of aid recipients from four different projects in Myanmar, Uganda and South Sudan.

The results of this evaluation clearly show that, for us, 'our commitment to quality' is not merely an empty phrase. In six of the nine extensive quality standards, we are already achieving good results, some of which are higher than the international averages. Our programmes are particularly relevant and effective, and they support local actors and their ability to help themselves. Furthermore, our work is well coordinated, carried out by qualified staff who use the resources at their disposal responsibly and according to ethical standards.

This detailed analysis also helped us to identify the areas in which we wish to further improve our work. This includes involving people in need more directly in the planning and the implementation of our projects. One further point is that, in future, we wish to apply lessons learned more quickly and more comprehensively from the feedback we receive on our work. We have launched a program to improve in precisely these areas in 2018 and 2019.

The graphic below shows the results of our program evaluation according to the Core Humanitarian Standard.

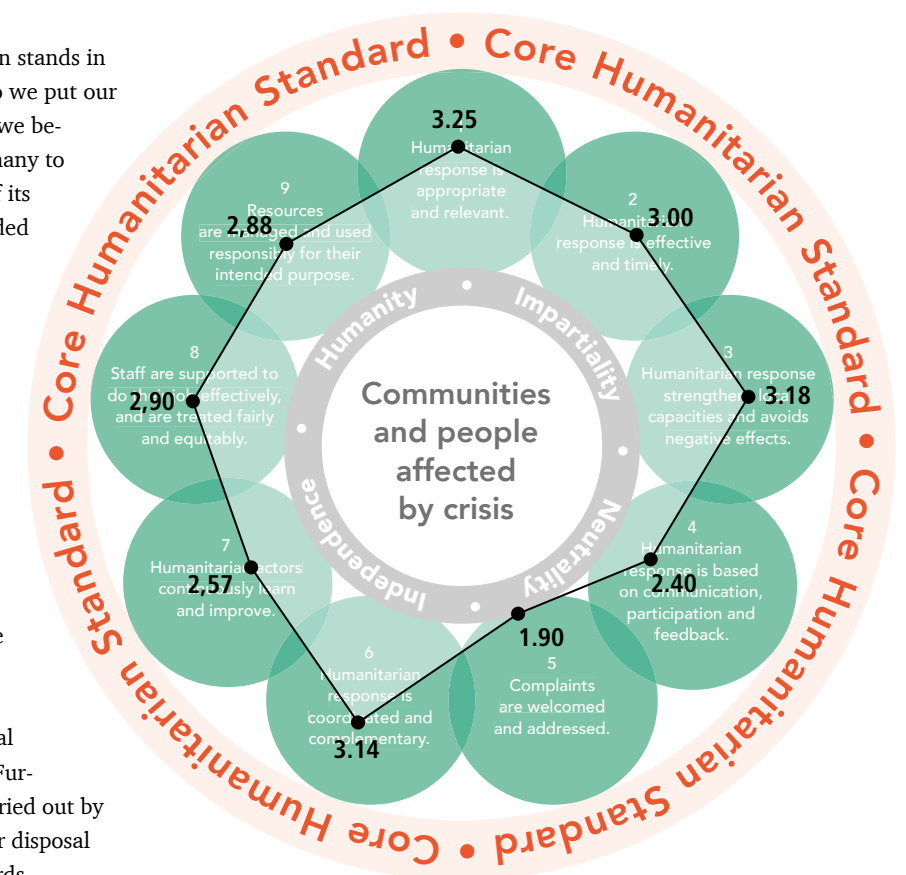


Diagram (flower with scoring grid): Results of the quality assessment according to the Core Humanitarian Standard: We already fulfill the high standards required in six of the nine quality criteria.

Financial overview 2017

This section presents the consolidated annual accounts of Malteser International e.V. and the regional headquarters Malteser International Europe and Malteser International Americas, as of December 31, 2017.

Revenue sources

National and international public grants	€ 32,331,191	International Order of Malta network	€ 9,720,832
Germany	€ 30,102,172	Donations and own funds	€ 5,417,484
Federal Foreign Office	€ 15,394,020	Malteser Stiftung Seliger Gerhard	€ 1,000,000
Federal Ministry for Economic Cooperation and Development	€ 14,675,156	Malteser Hospitaldienst Austria	€ 214,001
German Embassies	€ 32,996	Global Fund for Forgotten People	€ 108,495
		Other revenue	€ 2,980,852
European Union	€ 895,819		
ECHO	€ 500,000	Partnerships and donation campaigns	€ 3,021,137
EuropeAid	€ 395,819	ADH - Germany's Relief Coalition	€ 3,021,137
United Nations	€ 779,446		
UNICEF	€ 678,213	Foundations and other NGOs	€ 2,920,979
World Food Programme	€ 101,253	Save the Children	€ 1,671,434
USA	€ 553,734	ZOA Stiftung	€ 435,374
US Department of State	€ 553,734	Arbeiter-Samariter-Bund	€ 307,000
		Foundation for Innovative New Diagnostics	€ 156,935
		Orienthelfer	€ 96,492
		BILD hilft	€ 93,096
		UAntwerp	€ 62,409
		Gerda Henkel Stiftung	€ 50,000
		Lachen Helfen	€ 35,500
		Deutscher Caritasverband	€ 12,739
Total income	€ 47,994,139		
Appropriation/reversal of liabilities	€ -141,104		
Used revenue	€ 47,853,035		

While Malteser International's revenues fell significantly compared to the previous year, 2017 was a good fiscal year for the organization. Of the € 48 million accrued as total revenue, public and institutional donors provided € 32.3 million (last year's figure: € 47.8 million). The German government provided € 30.1 million of this amount.

Approximately € 1 million euros came from the European Union, a significant reduction from last year's € 17.1 million. In 2016, we received funds worth tens of

millions for multi-year aid projects in the Democratic Republic of Congo. These project funds were already booked for the fiscal year 2016, and implementation continued in 2017. We received around € 6.7 million from private donors through the international network of the Order of Malta, € 500,000 more than last year. Added to this were € 3 million euros generated from turnover, profits from currency exchange, changes in price, or administrative fees from our donors. In 2017, we received three million euros from coalitions and fundraising campaigns, thanks in large part to the support of Aktion Deutschland Hilft - Germany's Relief Coalition (2016: € 5.7 million). We received a sum of € 2.9 million through funding from foundations and other non-governmental organizations, with Save the Children making the highest contribution with around € 1.7 million (2016: € 1.6 million).

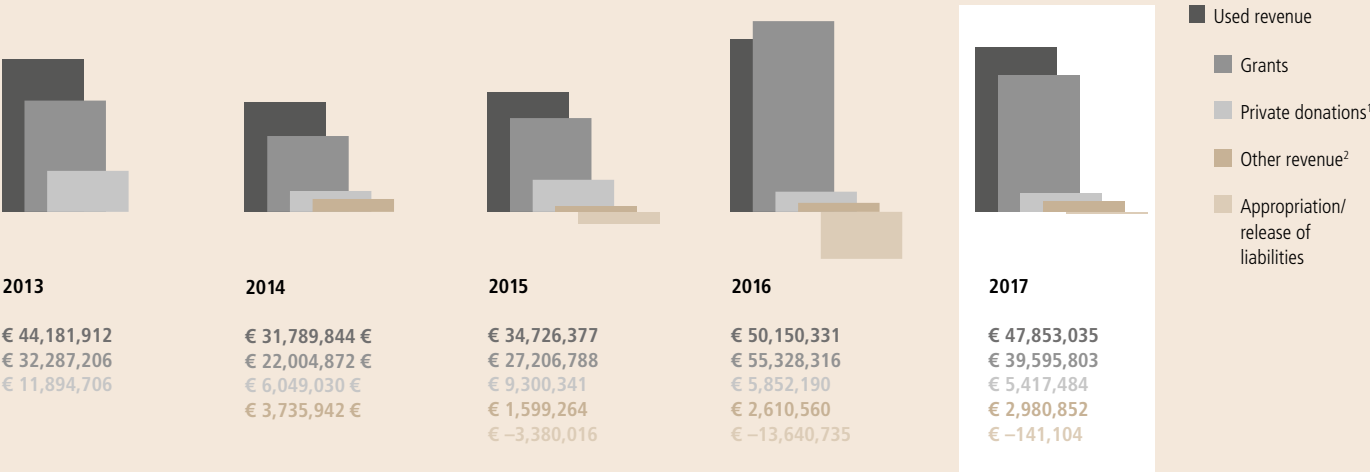
A total of € 47.4 million in total revenue was booked in 2017, while project expenses amounted to € 44.2 million. Many projects that started in 2017 will be continued in the following years in line with our commitment to a sustainable management of funds. Unused donations and grants from a fiscal year are booked as liabilities and

expended for projects in the subsequent years.

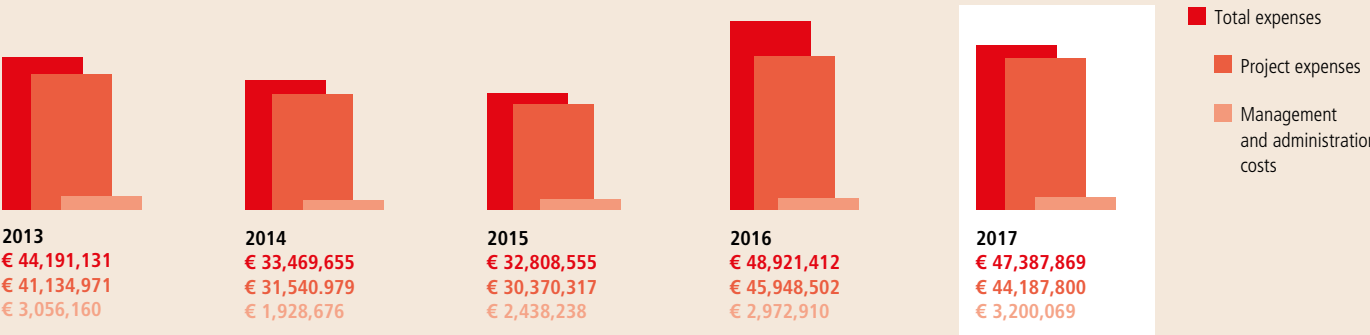
Malteser International uses all funds entrusted to it economically, efficiently, and in a goal-oriented manner, while ensuring that that administration and management costs remain within an objectively appropriate limit. In 2017, management and administration costs amounted to € 3.2 million. Last year's costs were € 3.0 million.

Surplus unrestricted funds reflect positively on the year's financial results. These funds are transferred to the reserves and can be used in years with lower revenue generation. This way, we ensure the financial sustainability of our projects in the long term.

Development of revenue



Development of expenses



2017 financial results: € 465,166

¹ Inclusive of "other revenue" prior to 2014
² Other revenue: unused earmarked donations from the previous year, interest, exchange gains

Expenses by region

In 2017, our teams and partners were on the ground in 31 countries across Africa, Asia, Europe, the Middle East, and Americas. We implemented over 100 projects as we worked to bring help to those who need it most.

Asia (€ 11.7 million)

Since many countries in South and East Asia are particularly vulnerable to extreme weather events and natural disasters, Disaster Risk Reduction (DRR) remains an important area of our work in the region. However, we continue to implement projects in the sectors of health and hygiene. Conflicts and political instability in some Asian countries continue to pose a major threat for many in the region. In 2017, violent conflict in Myanmar forcibly displaced over 680,000 members of the Rohingya ethnic-minority group. Most of them fled to Bangladesh where we provided medical care and psychosocial support in the refugee camp in cooperation with a local partner. We implemented 57 projects in ten countries in Asia in 2017, with a total volume of € 11.7 million – a reduction from last year's € 15.2 million. Our programs in Myanmar (€ 5 million), Thailand (€ 2.1 million) and Pakistan (€ 1.4 million) accounted for the largest share of the total project volume for Asia.

Middle East (€ 12.8 million)

The humanitarian situation in countries in the broader Middle East continued to deteriorate as violent unrest and political instability persisted. The ongoing war in Syria and the Iraq conflict claimed thousands of lives and displaced millions of people from their homes. The movement of refugees caused by these crises has put pressure on neighboring countries like Lebanon and Turkey. In the year 2017, our work in the Middle East was centered on supporting refugees and displaced persons, while helping host countries strengthen existing medical infrastructures. The total project volume for the region amounted to € 12.8 million (last year: € 15.9 million).

Africa (€ 14.9 million)

In 2017, the lives of over 40 million people in Africa were threatened by a severe food crisis caused by prolonged periods of drought and violent conflict. At the start of the year, the situation had become so acute that thousands of people in South Sudan were on the brink of starvation. The crisis in South Sudan led to the mass movement of over a million South Sudanese refugees into neighboring countries. We supported refugees in

Uganda with a project volume of € 3 million in 2017. In South Sudan, our aid projects for displaced persons totaled € 2.4 million. To fight the hunger crisis in Kenya, we expended € 2.9 million in project activities. In addition to our emergency relief interventions, strengthening local health systems, and improving food security and access to clean water remain an important area of our work in Africa. In the Democratic Republic of Congo, we are working to improve health-care in rural areas. This program remains our largest in the continent with a total volume of € 4.8 million. The financial volume of our projects in Africa for the fiscal year 2017 rose to almost € 15 million, compared to € 9.6 million in 2016.

The Americas (€ 3.5 million)

Our primary focus in the Americas is Latin America and the Caribbean. In 2017, we implemented projects with a total volume of € 3.5 million – an increase on last year's total of € 2.2 million. Haiti continued to be our most significant area of activity in the region with a total project volume of € 2.6 million. Our programs in the country are especially focused on increasing the resilience of civil society organizations and the local population at large. This strategy is illustrated in our projects for vulnerable communities in Cité Soleil and Belle-Anse.

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

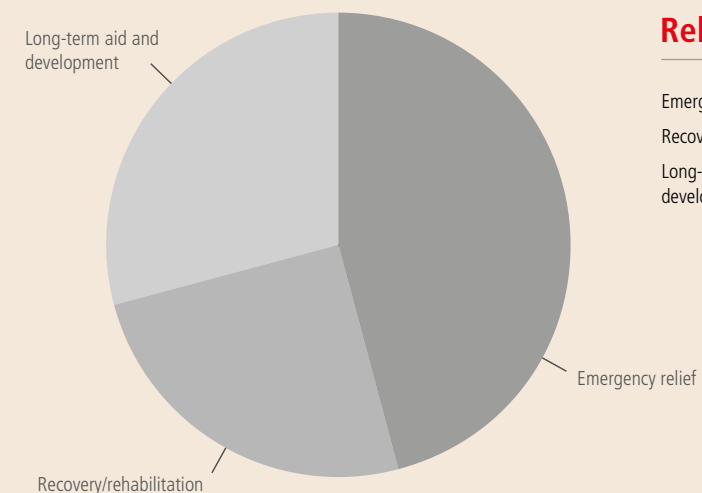
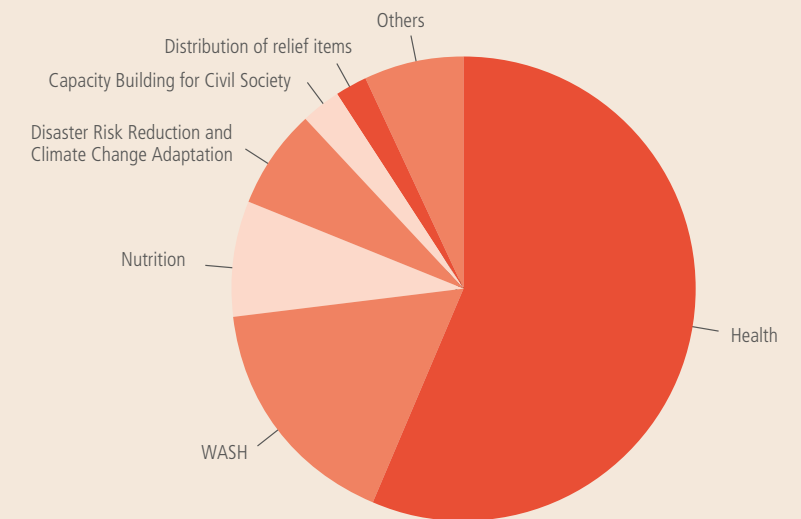
Europe (€ 1.3 million)

Just like last year, our flood relief projects in Bavaria, Thuringia, Saxony and Saxony-Anhalt accounted for a significant share of the financial volume of our projects in Europe. Some towns affected by the flooding faced social and economic challenges even before the disaster, and for many residents the situation remains critical. In 2017, we supported the reconstruction of two schools, while providing financial and psychosocial support for families affected by the flooding. Our project expenditures in Europe amounted to € 1.2 million.

Expenses by sector and phase of relief

Sectors

Health	57%
WASH	17%
Nutrition	8%
Disaster Risk Reduction and Climate Change Adaptation	7%
Capacity Building for Civil Society	3%
Distribution of relief items	2%
Others	7%



Our mandate at Malteser International is to provide rapid and effective relief in the aftermath of an emergency. We provide medical care, clean drinking water and sanitation, and distribute food and essential supplies. Even in the early phase of emergency relief, our programs focus on building the resilience of affected communities in order to ensure sustainable development. We work to help the people improve their livelihoods, and build economic self-sufficiency for themselves in the long term.

In 2017, emergency relief operations took up around 46 % of our aid activities. A further 25 % was provided during the phase of rehabilitation and recovery, while 29 % comprised long-term aid projects in the form of development. Our core sectors remain Health, and Water, Sanitation, and Hygiene (WASH), with projects in these sectors accounting for 57 % and 17 % of our total volume, respectively.

Annual accounts 2017

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

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

Assets	MI Europe Cologne €	MI America New York €	MI e.V. Cologne €	Elimination of internal transactions €	MI total 31/12/2017 €	MI total Previous year €
A. Fixed assets						
Tangible assets						
1. Other equipment, operating and business equipment	203,639.99	0.00	0.00	0.00	203,639.99	173,974.88
2. Advance payments	0.00	0.00	0.00	0.00	0.00	0
	203,639.99	0.00	0.00	0.00	203,639.99	173,974.88
B. Curent assets						
I. Receivables and other assets						
1. Trade receivables	206,125.19	0.00		0.00	206,125.19	36,461.35
2. Receivables from companies in which participatory interests are held	0.00	0.00	0.00	0.00	0.00	0.00
3. Receivables from related corporate entities	2,559,120.10	31,137.76	30,000.00	-102,137.76	2,518,120.10	3,737,425.72
4. Receivables from Malteser Hilfsdienst e.V. – internal –	5,240,373.70	0.00	0.00	0.00	5,240,373.70	3,928,668.40
5. Other assets	40,235,945.43	179.82	11,996.14	0.00	40,248,121.39	39,519,581.07
	48,241,564.42	31,317.58	41,996.14	-102,137.76	48,212,740.38	47,222,136.54
II. Cash in hand, bank balances and checks	16,252,989.91	537,861.72	53,662.12	0.00	16,844,513.75	14,701,422.33
C. Accrued and deferred income						
	169,235.64	0.00	25,000.00	0.00	194,235.64	170,236.52
	64,867,429.96	569,179.30	120,658.26	-102,137.76	65,455,129.76	62,267,770.27

* Order of Malta Worldwide Relief Malteser International Americas Inc.

Equities and liabilities	MI Europe Cologne €	MI America New York €	MI e.V. Cologne €	Elimination of internal transactions €	MI total 31/12/2017 €	MI total Previous year €
A. Equity						
I. Assets of the association	4,661,217.40	154,723.00	32,378.63	0.00	4,848,319.03	3,642,111.29
II. Annual net loss/net profit	382,128.98	53,807.53	29,229.63	0.00	465,166.14	1,228,918.50
III. Gains/losses from currency conversion		3,122.65		1,086.03	-2,036.62	-6,784.91
	5,043,346.38	205,407.88	61,608.26	1,086.03	5,311,448.55	4,864,244.88
B. Accrued liabilities – Other accrued liabilities						
	1,169,772.41		7,000.00	0.00	1,176,772.41	1,154,835.31
C. Liabilities						
1. Trade payables	1,084,831.63		50	0.00	1,084,881.63	432,436.46
2. Liabilities to companies in which participatory interests are held	0.00			0.00	0.00	
3. Liabilities to related corporations	34,627.81	40,503.04	48,000.00	-103,223.79	19,907.06	2,485.46
4. Liabilities to Malteser Hilfsdienst e.V. – internal –	810,546.22			0.00	810,546.22	1,473,487.99
5. Liabilities on assigned revenue	43,266,578.42	323,268.38		0.00	43,589,846.80	43,485,415.76
6. Other liabilities	13,457,727.09			0.00	13,457,727.09	10,854,684.41
	58,654,311.17	363,771.42	48,050.00	-103,223.79	58,962,908.80	56,248,690.08
D. Accrued and deferred items						
		0.00	4,000.00		4,000.00	
	64,867,429.96	569,179.29	120,658.26	-102,137.76	65,455,129.76	62,267,770.27

Notes on consolidated balance sheet for 2017

The annual financial statements of Malteser International e.V. and Malteser International Europe were prepared in accordance with German Commercial Code (Handelsgesetzbuch – HGB), and in compliance with regulations on classification, accounting and valuation applicable

to companies of a comparable size as defined in the size classes in section 267 of the HGB. The annual financial statements of Malteser International Americas, Inc. are prepared and audited in accordance with US law.

Income Statement from 1 January to 31 December 2017

The income statement has been prepared using the cost-summary method in accordance with Sec. 275 of the German Commercial Code (HGB). The regulations by the Accounting Guidelines Implementation Act (BilRuG) were applied for the first time to the figures from 2016.

	MI Europe Cologne €	MI America New York €	MI e.V. Cologne €	Consoli- dation €	MI total 31/12/2017 €	MI total Previous year €
1. Revenue	61,095.45			0.00	61,095.45	69,815.96
2. Other operating income	47,063,270.84	1,269,588.08	88,000.00	−492,518.00	47,928,340.92	63,711,519.44
	47,124,366.29	1,269,588.08	88,000.00	−492,518.00	47,989,436.37	63,781,335.40
3. Cost of materials						
a) Cost of raw materials, consumables and supply of purchased merchandise	6,491,844.10	68,618.90			6,560,463.00	5,816,652.52
b) Cost of purchased services	2,331,543.78	6,904.49			2,338,448.27	2,654,624.98
4. Personnel expenditures						
a) Wages and salaries	10,184,582.82	439,573.92			10,624,156.74	12,484,032.00
b) Social security contributions, and expenditures for retirement benefits	911,406.01				911,406.01	874,283.18
	19,919,376.71	515,097.31	0.00	0.00	20,434,474.02	21,829,592.68
Subtotal	27,204,989.58	754,490.77	88,000.00	−492,518.00	27,554,962.35	41,951,742.72
5. Income from the release of liabilities related to earmarked allocations	43,235,022.19	233,637.12			43,468,659.31	29,832,737.33
6. Expenses due to addition to liabilities related to earmarked allocations	43,266,578.42	343,184.71			43,609,763.13	43,473,471.79
7. Depreciation and amortization of intangible assets, property, plant and equipment	157,549.00				157,549.00	138,265.99
8. Other operating costs	26,551,960.58	591,135.65	58,770.37	−492,518.00	26,709,348.60	26,881,656.22
Subtotal	463,923.77	53,807.53	29,229.63	0.00	546,960.93	1,291,086.05
9. Other interest and similar income	4,702.36	0.00			4,702.36	9,729.82
10. Interest and similar expenses	9,997.38	0.00			9,997.38	3,814.38
11. Results from ordinary activities	458,628.75	53,807.53	29,229.63	0.00	541,665.91	1,297,001.49
12. Other taxes	76,499.77	0.00			76,499.77	68,082.99
13. Annual surplus	382,128.98	53,807.53	29,229.63	0.00	465,166.14	1,228,918.50

* incl. 8,634.46 exchange rate difference

Notes on the income statement for Malteser International for the fiscal year 2017

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

1. The activities of Malteser International are generally financed by donations or public grants. The service charges referred to here as **Revenue** are of negligible volume.

2. Donations and grants are subsumed into the figure for **Other operating income**. For the most part, this refers to earmarked donations and grants which must be used for designated projects. These funds come from public donors in Germany, the EU and other countries, as well as from private donors (see also the diagram Revenue Sources on p. 46). They are supplemented by unrestricted donations, which can be used freely without reference to a particular designation.

3. Donations are expended in the course of our work on **material costs** such as medical and aid supplies, or payment of building contractors in reconstruction projects.

4. Furthermore, we require local and international staff to carry out and coordinate our aid projects. These costs can be seen under the item **Personnel expenses**. This includes a proportion of costs for personnel administration.

5. Our aid projects often have a duration of more than one year. Earmarked donations that cannot be completely used during the course of the relevant fiscal year are included as liabilities related to earmarked allocations. When the project is continued in the following year, this liability is resolved. This leads to the **Income from release of liabilities related to earmarked allocations** seen in the statement.
6. In the relevant fiscal year, the liability for these unused donations leads to the **Expenses due to addition to liabilities related to earmarked donations**.

7. Planned and regular **Amortization and write-downs** of intangible assets and depreciation and write-downs of property, plant and equipment are shown here.

8. A number of items are included under **Other operating expenses**. Among these are, for example, direct project costs, such as support of project partners, vehicle expenses, cost of premises, cost of maintenance and repair; indirect project costs such as communications and coordination, as well as IT infrastructure and finance management. In 2017, the share of administrative expenses was less than 10 % of total expenditure.

9. Funds that are not needed for aid activities in the short term are deposited. The resulting interest and income from securities can be seen under **Other interest and similar income**.

10. **Interest and similar expenses** are as a rule the result of project funds not being disbursed in a timely fashion.

11. **The Result from ordinary activities** is the result before taxes.

12. **Other taxes** are most often due to tax legislation in project countries.

13. As the income statement shows, Malteser International was able to record a **surplus** for the fiscal year 2017.

Independent auditors' report

Deloitte.

To Malteser International e.V., Cologne/Germany

We have audited the appended combined financial statements of Malteser International, comprising the combined balance sheet and the combined income statement including related explanatory notes, for the financial year from 1 January to 31 December 2017.

Responsibility of the legal representatives

The legal representatives of Malteser International e.V., Cologne/Germany, are responsible for the preparation of the combined financial statements in accordance with the accounting principles presented in the explanatory notes. The legal representatives are also responsible for the internal controls they deem to be necessary for the preparation of financial statements which are free from material – intended or unintended – misstatements to be enabled.

Responsibility of the [independent] auditors

Our responsibility is to express an opinion on this set of financial statements based on our audit.

We conducted our audit of the combined financial statements in accordance with German generally accepted standards for the audit of financial statements promulgated by the Institute of Public Auditors in Germany (IDW). Those standards require that we comply with the professional duties and plan and perform the audit of the financial statements such that misstatements materially affecting the financial statements are detected with reasonable assurance.

The audit of financial statements includes conducting audit procedures in order to obtain audit evidence for the values recognised in the financial statements including the related explanatory notes.

The selection of the audit procedures is at the due discretion of the [independent] auditors. This includes assessing the risks of material – intended or unintended – misstatements in the financial statements. In assessing these risks, the [independent] auditors take into account the internal control system which is relevant to the preparation of the financial statements. The related goal is to plan and perform audit procedures which are appropriate under the given circumstances, rather than to issue an audit opinion on the effectiveness of the internal control system of the Association.

The audit of financial statements also includes assessing

the accounting methods applied, the reasonableness of the estimated values in the books and records determined by the legal representatives as well as evaluating the overall presentation of the financial statements. We believe that our audit evidence obtained provides a sufficient and reasonable basis for our audit opinion.

Audit opinion

In our opinion, based on the findings of our audit, the combined financial statements for the financial year from 1 January to 31 December 2017 of Malteser International has, in all respects, been prepared in accordance with the accounting principles described in the explanatory notes to financial statements.

Accounting principles as well as restriction of disclosure and disclaimer

Without qualifying our audit opinion, we draw attention to the notes to the financial statements which describe the relevant accounting principles. The financial statements were prepared in order to present the international activities of Malteser as a whole, eliminating internal Malteser transactions. Consequently, the financial statements may be inappropriate for a purpose other than the purpose referred to above.

Our attestation report has solely been prepared for Malteser International e.V. and must not, without our consent, be disclosed to, or be used by, third parties.

Note to limitation of liability

According to the engagement letter dated 20 October / 13 November 2017, our liability is limited to mEUR 5.

Düsseldorf/Germany, 28 May 2018

Deloitte GmbH Wirtschaftsprüfungsgesellschaft

Höll

German Public Auditor

Müller

German Public Auditor

* The publication of the auditors' report in the annual report of Malteser International has been approved in advance.

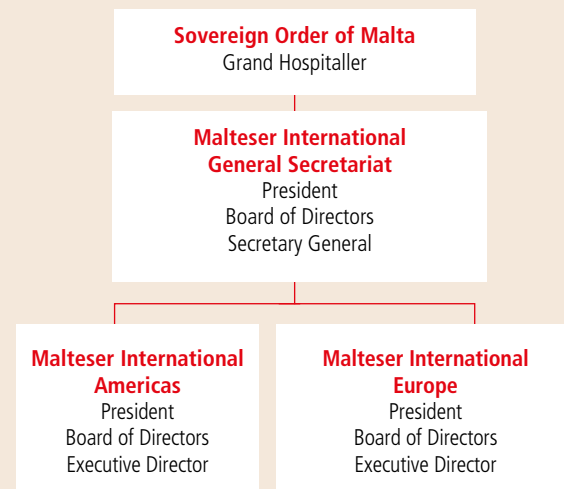
OUR VALUED SUPPORTERS

Our work would be impossible without the support of our donors and partners. We would like to express our deepest appreciation to all institutional and private donors, local and international partners, school classes, as well as to the associations and organizations of the

Order of Malta who made a valuable contribution to providing fast, effective, and sustainable relief for people in need by supporting Malteser International in 2017! Below is an overview of the huge variety of donors and partners that gave us their valuable support.



OUR STRUCTURES



The current membership of Malteser International consists of 27 National Associations and Pories of the Order of Malta, who actively support the organization within their jurisdictions. Currently, both regional branches in Europe and the Americas serve as associate members. Their representatives, together with the Board of Directors, the Grand Hospitaller of the Order of Malta, the Chaplain, the Secretary General, and the Vice Secretary General form the General Assembly: the organization's highest decision-making body. The General Assembly is responsible for electing and discharging the Board of Directors, accepting the annual accounts, and ordering financial audits, as well as passing amendments to the by-laws. The President convokes the General Assembly once a year. The Board of Directors, which is elected for a four-year term, consists of the President, the Vice President, the Treasurer, and up to two additional elected members, as well as representatives from the regional branches in Europe and the Americas, and from the Asia-Pacific region. The Board of Directors works on a purely voluntary basis, and is responsible for approving the financial plans and the annual budget, as well as commissioning the financial auditing of the annual accounts. The Board of Directors bears the overall responsibility for the organization's operative tasks. The salaried Secretary General manages the organization's General Secretariat and is responsible for the operational management activities in line with the financial plan and the annual budget.

Board of Directors



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Thierry de Beaumont-Beynac (France)



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Malteser International – a work of the Sovereign Order of Malta

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



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

The Order – whose seat is in Rome – has diplomatic relations with 107 states, as well as observer status at the United Nations, and representative missions to a range of European and international organizations. This network allows the Order and its agencies to rapidly provide aid during crises and disasters around the world. The Embassies of the Order also have the mission of supporting the activities of the national associations of the Order, and of Malteser International. The Order is neutral, impartial, and apolitical.

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Malteser International

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We thank all of the donors, supporters
and partners who helped us to bring
health and dignity to people in need
all over the world in 2017.

www.malteser-international.org