

2009



**Malteser  
International**  
Order of Malta Worldwide Relief

**Malteser International  
Annual Report 2009**

# Malteser International

Malteser International is the worldwide relief agency of the Sovereign Order of Malta for humanitarian aid with the status of a non-governmental organisation. The relief service has more than 50 years of experience in humanitarian relief and at present covers around 100 projects in about 20 countries in Africa, Asia and the Americas. Currently, 22 national associations and priories of the Order of Malta are members of Malteser International.

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

**Malteser International’s mission is to:**

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

**Our mission is to support the vulnerable and marginalised to live a healthy life with dignity.**

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

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

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

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



# Editorial



Nicolas de Cock de Rameyen  
President



Ingo Radtke  
Secretary General

**Wherever aid is urgently needed, Malteser International – the relief service of the Sovereign Order of Malta for worldwide humanitarian aid – is ready to provide it; with care, with compassion, and with a commitment to help with sustainable rehabilitation once the immediate need is over.**

This Annual Report contains a brief – and by no means exhaustive – overview of the work carried out by more than 900 local and international staff members of Malteser International in about 20 countries in Africa, Asia and the Americas and supported by numerous public and private donors as well as by the international network of the Sovereign Order of Malta. Much of this work continues to redress the impacts of earlier disasters, such as the devastating cyclone Nargis or the South Asian tsunami, and to relieve the distress caused by complex emergencies in some of the world’s poorest countries. In addition, Malteser International and its international network have responded to new challenges created by the earthquakes in Abruzzo (Italy) and Sumatra in 2009 as well as in Haiti and Chile in the beginning of 2010 or by severe typhoons that hit Indonesia, Vietnam and the Philippines last autumn.

While such responses to urgent needs remain an essential part of Malteser International’s work, they are complemented by numerous long-term relief programmes in the fields of health and nutrition, WASH (water, sanitation and hygiene), livelihood, disaster preparedness as well as rehabilitation and reconstruction. In many ways, it is through these activities and initiatives that Malteser International is able to make a sustainable contribution towards people’s wellbeing.

With this Annual Report, we would also like to draw your special attention to the partnerships between support groups and Malteser International programmes – a new form of support that we encourage and highly appreciate. These partnerships are a wonderful possibility to enable direct contact between the beneficiaries in our programme regions in Africa, Asia and the Americas and their supporters. The resulting human relationships enrich our humanitarian activities. Once a partnership has been established, the partners are kept up-to-date about developments in their partner region and – if desired – even a project visit can be organised. We encourage support groups – companies, school classes, parishes, entities and associations of the Order of Malta – to contact us to find out more about such partnerships.

In all these ways, Malteser International remains true to its mission to provide help – with the people and for the people. Thank you very much for your continuous support!

*[Signature]*  
Nicolas de Cock de Rameyen

*[Signature]*  
Ingo Radtke

Cologne, June 2010

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# Relief, Reconstruction and Rehabilitation

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

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

In 2009, Malteser International reacted to a large number of emergencies and – among others – provided medical aid and hygiene support for displaced people in Sri Lanka and Pakistan, food relief for displaced people in the DR Congo, earthquake relief in Italy, drought relief in Kenya as well as disaster response after the series of earthquakes, storms and floods in Indonesia, Vietnam and the Philippines. Reconstruction and rehabilitation programmes are supported in China, India, Indonesia, Myanmar, Pakistan, Sri Lanka and Vietnam.

## PORTRAIT OF OUR HELP

### Philippines – A network of relief in the typhoon-battered country

Odelia G. Arroyo, Hospitaller of the Philippine Association of the Sovereign Order of Malta, talks about the effects of typhoons Ketsana and Parma that hit the Philippines in autumn 2009 and the disaster response provided in cooperation with Malteser International.

#### *How was the situation on the ground?*

Initial news reports estimated that there were four million residents of Metro Manila (the “National Capital Region”) alone without food, water, shelter or even toilets. The staggering loss of life and property both in the city and rural areas practically ensured that the Philippine government would not be able to adequately address everyone’s needs com-

pletely and in a timely manner. Even a few weeks after the devastating typhoons, there were still 252 evacuation centres in Metro Manila, which housed more than 72,000 people; there were another 54 centres with around 15,000 evacuees in the northern provinces. The resources available to local government units for disaster relief could not sustain basic needs such as drinking water and toilets.

#### *Which was your first response in this disaster relief?*

When I realised the extent of the damage, I immediately assembled the staff, gathered initial government reports, coordinated with local partner organisations in the affected areas to assess urgent needs. The most immediate need was to feed the affected families. Members of the Order cooked food in their own houses and delivered it to key centres. Basic



Hospitaller Odelia G. Arroyo and volunteers of the Philippine Association distributing constructing materials

non-food items such as blankets, towels, and mats were distributed. It was at this point that I began to solicit donations from other Order of Malta associations and sought to partner with Malteser International.

*How did the Philippine Association and Malteser International work together?*

With the guidance of Dr. Mel Capistrano and Mr. Ravi Tripptrap, both from Malteser International, we set up an ongoing project. Malteser International has provided essential know-how and generous funding and the Order of Malta Philippines, in cooperation with our network of local partners, is responsible for the project implementation. In the beginning, we distributed non-food items to 850 families living in Metro Manila evacuation centres. Eight portable toilets were installed in two major evacuation centres. 300 five gallon containers of drinking water were delivered daily to another two evacuation centres. Furthermore, the Order started a disaster risk reduction programme that includes a simple audio-visual presentation on hygiene and sanitation as well as guidelines for responsible evacuee behaviour.

*What are your plans for your further cooperation with Malteser International?*

The Philippine Association would like to move beyond merely distributing relief goods and begin to provide disaster rehabilitation and disaster response capabilities. Malteser International will therefore organise trainings for our members and volunteers. At present, we also look forward to a second project with Malteser International in the northern province of Benguet where we will support the population of the two typhoon affected communities of Pasdong and Coroz with about 2,400 inhabitants in restoring their livelihoods and building safer and healthier communities. We hope to network with other associations of the Order as well and to further expand our partnership with Malteser International.

**SPOTLIGHT**

**Vietnam – Providing emergency support to the survivors of typhoon Ketsana**

Last year’s typhoon season turned out to be a fatal one for the people in Vietnam. After eight typhoons earlier in the year, typhoon Ketsana hit the coast on 29 September 2009. The damage caused by wind and flooding affected three million people. 600,000 people were evacuated and over 160 people died. Poor communities were hit hardest through loss of harvest, belongings, homes and even lives – and it is they who have the least capacity to restore their livelihoods after the storm.



With trainings at village level Malteser International aims at strengthening the disaster preparedness of the population.

Help for **60,000 people**  
International staff: **1**  
National staff: **12**  
Programme duration: **October 2009 – June 2010**  
Programme volume: **195,800 EUR** (in 2009) / **495,800 EUR** (total)  
**Partners:** Youth Union, Thanh Nien Newspaper, People’s Committee  
**Funding:** AA, ADH, ECHO, own funds, private donations  
Malteser International has been working in Vietnam **since 1966**.

With a coastline of over 3,000 km, Vietnam is one of the countries that regularly have to cope with tropical storms. But floods and storms have become more powerful and recurrent in recent years as climate change causes a warming of the world’s oceans. On average, there are six to eight typhoons each year in Vietnam and every typhoon takes its toll on poor communities.

**Immediate support with food, water and safe housing**

Malteser International has reacted to the heavy storm and provided help for communities in the city of Danang and in the surrounding

Quang-Nam province. 7,000 poor families affected by the floods received rice for securing their immediate survival. 5,000 families who had lost their harvest and food stocks could be provided with rice seeds. 12,300 poor households further benefited from the distribution of hygiene kits and water containers as well as from new knowledge of water treatment. Malteser International additionally trained 100 community health workers in water treatment and hygiene. 40 persons who had qualified as multipliers in safe housing could train another 660 volunteers. These volunteers then helped 1,280 households who had received iron sheets to restore their roofs.

**Long-term aid: disaster risk reduction**

For more long-term support of typhoon and flood affected communities, Malteser International started a project on disaster risk reduction with 13 communes of Central Vietnam in December 2009. With trainings on village level in first aid, rescue, drinking water supply and hygiene in case of disaster as well as evacuation trainings on community level Malteser International aims at strengthening the disaster preparedness of the population.

**SPOTLIGHT**

**Pakistan – Supporting internally displaced people (IDPs)**

Since earthquake relief measures carried out in October 2005, Malteser International has been providing support to people affected by natural and civil disasters in Pakistan. Based on the continued coordination within the so called “cluster system” with the Government of Pakistan and UN agencies and as an active member of the Pakistan Humanitarian Forum (PHF) – a platform of humanitarian non-governmental organisations (NGOs) in Pakistan – Malteser International from the very beginning was informed about the flight of hundreds of thousands of civilians from the mountainous areas of the Malakand Division in spring 2009. Soon after the Pakistani security agencies had started their offensive against “insurgents” or “Taliban” who had taken control mainly of the Swat District and adjoining areas the civilians – totalling more than 1.9 million displaced people – were ordered to vacate their home areas.

Help for **100,000 people** (catchment population – IDPs and host families – in Mardan District and those of three health facilities in Swat District)  
International staff: **1**  
National staff: **25**  
Programme duration: **May 2009 – July 2010**  
Programme volume: **500,000 EUR** (total)  
**Partners:** LASOONA, Society for Human and Natural Resource Management, Swat  
**Funding:** AA (Task Force Humanitarian Aid), CERF, UN, own funds, private donations  
Malteser International has been working in Pakistan **since 2005**.

**Primary health care and hygiene promotion in host communities**

Since the end of May 2009, Malteser International provided primary health care support with two medical teams to IDPs who had found refuge among host communities in the lower Mardan District of the North-West Frontier Province (NWFP). With additional funding by the German Federal Foreign Office this support could even be extended with the provision of 4,000 family hygiene kits and hygiene awareness sessions among the target population, implemented by LASOONA, a regional partner organisation of Malteser International.

**Three medical teams for rural health centres**

When the IDPs’ home areas in Swat were declared “cleared” by the army and the police – coinciding with the “Ramadan” fasting month – Malteser International extended its support beyond the relief phase to cover the whole winter season. The new regional focus was then shifted to two Union Councils (UCs) in Swat. Three medical teams with experienced health staff recruited within Swat were seconded to three rural health facilities. Parallel to these health services, teams of LASOONA continued to conduct hygiene awareness sessions and to distribute hygiene kits to the returnees’ families.

Experiences from the operation in Swat revealed that the demand for basic primary health care – especially among women and children under five – is very high, above all with regard to watery and bloody diarrhoea as well as to acute respiratory infections. Against the estimated figures of at least 50 patients/consultations per medical team and clinical day the average is actually between 75 and 110 patients. About 24% of children under five years and about 71% of girls and women went to see the Malteser International medical teams.

To provide for the regular primary health care services, the supported facilities needed basic repairs and rectification work as well as additional medical equipment and furniture. Many health facilities in Swat originate from the 1950s and 1960s and had also been severely damaged during the 2009 fighting.

**Winter relief, immunisation campaigns and medical surveys**

Due to the very harsh winter season 2009/2010 especially in the mountainous areas up to 250,000 people had been cut off by snow avalanches in upper Swat. Thus, Malteser International replied to the district administration’s request and sent one extended

medical team to support joint medical camps run by different agencies. In addition, after the detection of up to 20 polio cases out of 78 in Pakistan in 2009, Malteser International teams supported the first immunisation campaigns for many years in the remote catchment areas of the three health facilities. Additional challenges for the medical teams in Swat had been several cases of Measles and Rubella (German measles).

In addition, Malteser International teams also supported surveys on the root causes of a severe and long lasting diarrhoea epidemic in UC Islampur. They detected unprotected drinking water sources and identified solutions for improvements together with WHO and Government experts.

**Programme scope enlarged**

The support during the displacement crisis has opened the geographical scope of Malteser International’s programme in Pakistan to a new region and has strengthened the focus on health. With expected additional funding for the extended recovery and rehabilitation phases in 2010 and 2011 this programme area and sector focus may develop into a new overall focus in addition to ongoing disaster preparedness and risk management activities.



4,000 family hygiene kits were distributed to IDPs who had found refuge in the lower Mardan District of the Khyber Pakhtunkhwa Province.

## Asia – Five years after the tsunami

Interview with Roland Hansen, Head of Asia Department, Malteser International



Roland Hansen, Head of Asia Department, Malteser International

*The most fatal tsunami ever known hit Asia on 26 December 2004. Yet five years later, Malteser International is still running rehabilitation projects in countries hit by this disaster. Why? In Indonesia, Sri Lanka, India, Thailand and Myanmar Malteser International up to now has supported around one million people in more than 100 projects focussing on relief, health and psychosocial care, as well as on the rehabilitation of villages, social infrastructure and livelihood. It was clear from the beginning that our support would be required for at least five years*

and we had planned accordingly. Participation is one principal of our work: we include local partners, communities and beneficiaries as much as possible. Considering the size and complexity of the projects, some partners needed intensive support in terms of supervision and training. Although more time is needed, this approach creates a higher ownership and sustainability.

Recently, Malteser International has started additional projects with new donor funds. The focus is on needy regions in the coastal hinterland; they often suffered from civil wars and in the past were neglected as support concentrated on the coastal areas affected by the tsunami.

*Malteser International invested more than 30 million Euros for tsunami relief and rehabilitation. How did you ensure that the money reached the people in need?*

Accountability and transparency, both towards donors and target groups, are priorities on our agenda. We implement our projects with our own staff as well as through experienced local partner organisations. These are trained and accompanied and regularly supervised. With regard to our staff, we apply an internal system

of supervision that ensures that our guidelines and regulations are followed. For our partners we use own and external audits to verify their accountability in the expenditures of funds. In order to check the achievement of our targets we closely monitor the work on the ground. In addition, we commission internal and receive external evaluations in order to continuously control, assess and improve our work.

*How do you ensure that people will be better prepared for future disasters?*

To establish and promote disaster preparedness activities is an essential part of our mission and work in disaster prone regions. According to several studies investments into disaster preparedness and reduction are much more efficient than post disaster relief. Preparedness can save lives. Therefore, we increase our disaster risk reduction activities in regions of high disaster risk. In northern India for example, we develop plans with the communities of how to prepare and react to frequently occurring floods. Participative projects like these are ideal tools for capacity building of partners and communities as they strengthen their own resources.

## Myanmar – Two years after cyclone Nargis

Interview with Sandra Harlass, Senior Desk Officer Myanmar and Public Health Adviser Asia, Malteser International



Sandra Harlass, Senior Desk Officer Myanmar and Public Health Adviser Asia, Malteser International

*In which sectors is Malteser International still working to help the population affected by the cyclone?*

We are focusing on the sectors of health, WASH (water, sanitation and hygiene) and disaster risk reduction. In the health sector Malteser International is rebuilding the infrastructure thus strengthening the local structures, particularly in the field of mother-child care. We are supporting vaccination campaigns by providing the midwives with boats and fuel. We are also facilitating the training of auxiliary midwives, the set-up of mother-child groups and establishing emergency referral funds to ensure timely referral to a hospital in case of complications during delivery.

In the field of WASH, Malteser International is concentrating on short-term bridg-

ing measures as well as on long-term locally adapted solutions: In the dry seasons, our teams purify the river water by water treatment plants and transport it by boat to the most affected villages. We rehabilitate ponds and wells and construct rain water collection tanks to ensure sustainable drinking water supply in 120 villages. These structural measures are embedded in a comprehensive awareness raising programme about the safe handling of drinking water as well as the relation between hygiene, sanitation and water-related diseases. To improve the sanitation and hygiene situation, we have also been implementing community based waste management systems and are building household latrines together with the communities.

## Kenya – Struggling with the legacy of drought

After two years of very sparse rainfall, the Horn of Africa in autumn 2009 was hit by a severe drought affecting about 20 million people. In Kenya, the late onset of long rains and their low amounts have caused about 90% of the water sources to dry up. The impact on livestock and crop production was devastating. As a consequence, around one third of the population – about ten million people – have been suffering from hunger and diseases related to malnutrition and lack of safe drinking water.

Help for **25,000 people** (catchment population: 61,000, thereof 25,000 direct beneficiaries)  
National staff: **4**  
Programme duration:  
**October 2009 – January 2010**  
Programme volume: **280,000 EUR** (total)  
**Partners:** Dioceses of Maralal, Marsabit and Isiolo  
**Funding:** AA, own funds, private donations  
Malteser International has been working in Kenya **since 2001**.  
\* catchment area/catchment population: the area and population from which a facility (i.e. health centre) attracts 'customers' (i.e. patients)



After the severe drought that hit the Kenyan population Malteser International provided food and drugs to about 19,000 people.

When the extent of the humanitarian crisis became obvious, Malteser International still had reliable partners in place as it had provided efficient drought relief in cooperation with the dioceses of Samburu, Marsabit and Isiolo in the north of Kenya once before in 2006. Therefore, in the autumn of 2009, a needs assessment could be carried out very quickly. Since heavy rainfall had been predicted for the end of the year, it had to be feared that the rain on the desiccated soil would also cause severe flooding. Therefore, one of the major challenges for Malteser International was to ensure that help reached its destination before the target area was cut off from all ma-

ior routes of transport. Malteser International sent ten lorries with food, water and drugs to nine health facilities of the dioceses. They had been chosen as they were located in very remote areas where hardly any food allocations of the Kenyan Government would ever arrive.

### Food aid and treatment of infectious diseases

Volunteers then distributed food packages consisting of beans, maize, vegetable oil and water purification tablets to about 19,000 people. In addition, malnourished children

and pregnant women received supplementary feeding and mosquito nets. Due to malnutrition, the susceptibility of the population to infectious diseases had notably increased, too. So Malteser International also provided the health centres with drugs and medical consumables for the treatment of malaria, diarrhoea and bacterial infections.

The distribution of relief goods was finalised in January 2010. However, also in 2010 Malteser International will remain in close contact with its partners and be prepared to provide immediate support in case of another emergency.

*How many people have been reached so far with the emergency and reconstruction relief of Malteser International?*

Since May 2008 Malteser International has been working in Labutta township, one of the most severely affected regions in the Irrawaddy Delta, and since then we have been providing continuous aid for more than 120,000 people in 220 villages. In addition, the emergency relief operation in Yangoon Division reached over 8,000 families. Thanks to donor funds and private donations we have been able to implement up to now relief and rehabilitation projects with a total volume of 5.5 million Euros. The need especially for water and sanitation is however still very high.

*Reconstruction aid generally follows the principle "build back better" – after completion of the relief programmes, the situation of the people should be better than before the catastrophe. How has Malteser International applied this principle?*

After a disaster, it is always our aim not only to provide emergency relief but also to improve the living situation of the affected people in a sustainable way. With the cyclone-proof reconstruction of four schools and six health centres, people have for example access to cyclone-proof evacuation centres in case of future cyclones. At the same time children can learn in a safe and hygienic environment. Furthermore, access to health-care at a village and community level has been improved.

*Keyword "disaster prevention": What measures has Malteser International implemented in order to better prepare the people for future disasters?*

An essential part of our work in the region is the set-up of a community-based disaster risk reduction system: In close cooperation with the community we conduct a participatory risk analysis over two to three days. This comprises an analysis of the physical threats by natural phenomenon as well as an analysis of the social vulnerability of the communities. On this basis we jointly design disaster preparedness plans. To implement these plans each village sets up local disaster risk management committees that are trained by Malteser International staff in first aid, search and rescue as well as disaster risk management.

## DR Congo – Assisting populations in violent areas

In December 2008, Faradje town, situated 120 km south-east of the South Sudanese border, was attacked, looted and burned down by the Lord Resistance Army (LRA). In the following weeks the killing, the violation of women and the kidnapping of children continued towards the town of Aba. Given the dangerous situation, the population fled their homesteads to seek help in Aba town or were forced to hide themselves in the bush. With an estimated 30,000 people fleeing along two main axes towards the south and the south-west, an enormous internal displacement movement started. In July 2009, the town of Ariwara alone counted around 20,000 internally displaced persons (IDPs).



Malteser International provided emergency medical aid for the displaced as well as for the host population.

Help for **186,789 people**

National staff: **7**

Programme duration: **since April 2009**

Programme volume: **187,210 EUR** (in 2009)

**Partners:** Health districts, primary health care centres, committees of internally displaced persons

**Funding:** Pooled Fund  
Malteser International has been working in the DR Congo **since 1996**.

As one of the consequences of the LRA attacks, access to health care and the supply of essential drugs and medical consumables collapsed completely in Faradje and Aba health zones. As a further consequence, health centres in regions where IDPs had arrived were unable to cope with the large number of people in urgent need of health services but without

money to pay for them. At this point Malteser International stepped in with a twofold intervention strategy:

- emergency medical aid for the population in Faradje and Aba health zones
- emergency medical aid for the displaced population

### Emergency medical aid for population and IDPs

As a first step, Malteser International distributed free essential medical drug kits to the health centres in and around Faradje town. As the security situation did not allow road access, the drugs had to be airlifted to Faradje airstrip prior to distribution. In the following months, the distribution of essential medical drug kits to the health centres in Aba and Far-

adje was continued. Additionally a monthly financial contribution for the health centres was paid in order to keep them running and to assure free treatment. Moreover, Malteser International organised free health care for the registered IDPs in the areas where they had taken refuge. The goal was to reduce mortality and morbidity within the most vulnerable population. So far more than 60,000 persons benefited from this programme of free access to medical care.

Since September 2009 the security situation in and around the health zones of Faradje and Aba has been improving slowly. As a consequence, IDPs are preparing to return to their homes. However, Malteser International will continue to take care of the population in need until the situation has improved noticeably.

## Italy – “Not only helpers, but friends”

After the severe earthquake that struck L'Aquila on 6 April 2009, the Ambulance Corps of the Italian Association of the Order of Malta (CISOM) asked Malteser International to coordinate a support mission for the survivors of the catastrophe in the Abruzzo. Until the end of September 2009, 44 Austrian, three Swiss and 64 German volunteers supported the CISOM mission in L'Aquila. Each team worked for a 10-day period to assist the homeless people living in the two tent camps in Poggio di Roio and San Felice d'Ocre, set up by CISOM and run under the coordination of the Italian Civil Defence's post-earthquake assistance.

The 28 years old Austrian Sebastian Ernest was one of the team members of Malteser Hospitaldienst Austria (MHDA) supporting the relief activities for the survivors of the earthquake.

*What was your motivation to go to L'Aquila?*

Radio, television and newspapers continuously brought the suffering of the people to our homes. When CISOM and Malteser International asked for support, I immediately decided to go to Italy and to help the people on the ground. It was the first time that I was joining a relief mission outside of Austria. I left Austria with the first team on 19 June and stayed in L'Aquila until 10 July with a team of six people.

*Do you remember your first impressions upon your arrival in the camp San Felice D'Ocre?*

I was really impressed by the very good infrastructure and how people had managed to install themselves as far as possible. There were about 200 people living in San Felice d'Ocre. But one had to recognize that one family had only a living space of 25 square meters and not at all any privacy. Furthermore, they could not take with them any personal belongings out of their destroyed houses. One

of the big problems for them was time. It was already for three months that they had been living in tent camps. For them, that was not only a psychical but also a physical burden as in the Abruzzo region people have to sustain differences of temperature of about 20 degree Celsius. The villages are situated at about 750 to 1,000 metres above sea level and the tem-

members. About noon we met again in order to have lunch together with the villagers. In the afternoon we continued with our jobs. In the evenings, the volunteers of MHDA met with the CISOM relief workers and the villagers. Then we talked about day-to-day questions, and from time to time we also had a party together.



More than one hundred volunteers from Austria, Germany and the Switzerland supported CISOM to give assistance to the survivors of the devastating earthquake in L'Aquila that killed more than 300 people and left thousands of people homeless.

perature of 35 degree Celsius during the day after heavy rainfalls in the afternoon drops down to 15 degree in the evening.

*What were your duties in the camp? How did a normal day unfold?*

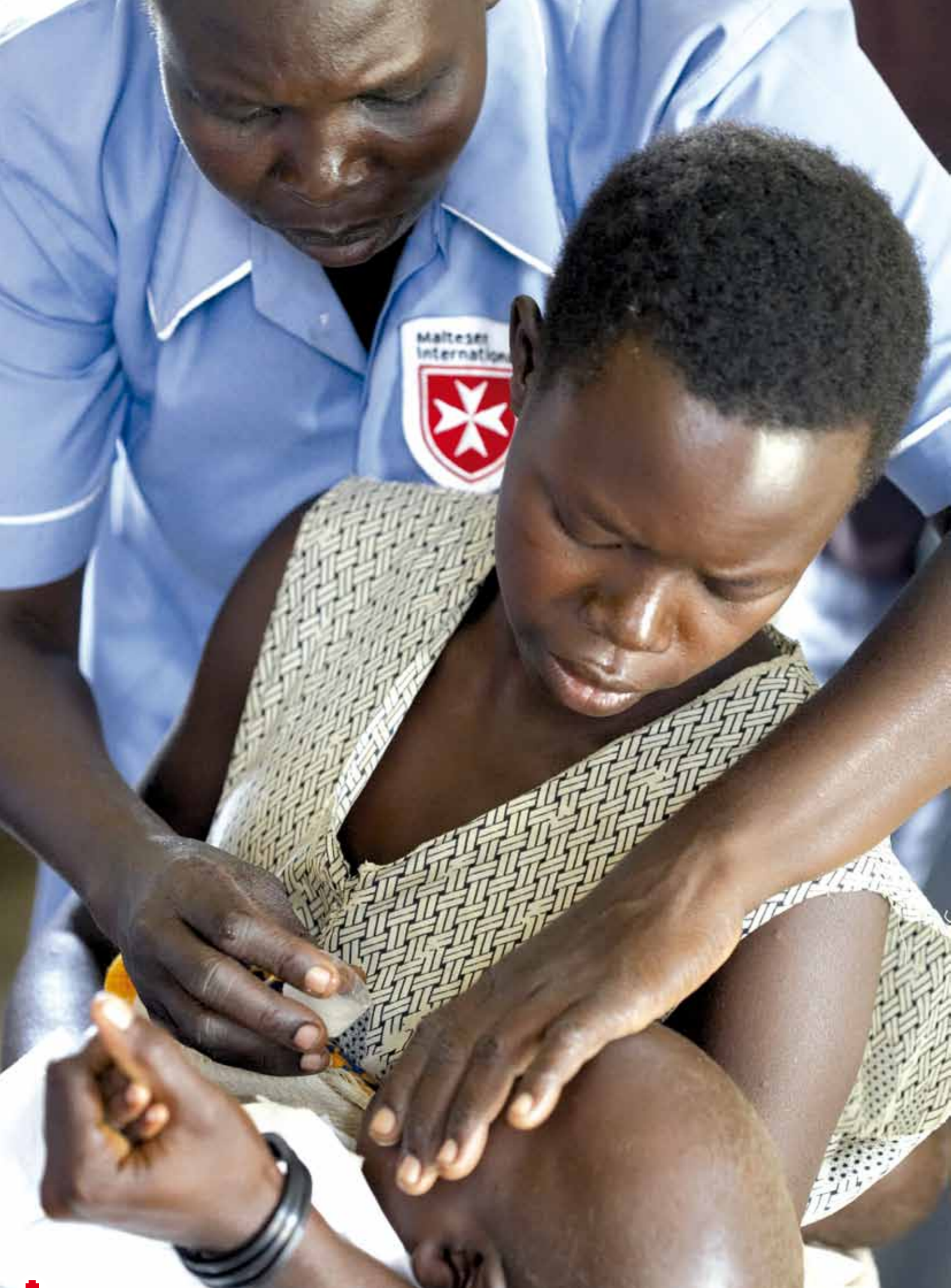
There were various tasks to fulfil: from the simple construction of fences around medical care to the maintenance of the vehicles. At 8 o'clock in the morning, the “capo campo” – the head of mission of CISOM – placed the orders that had to be fulfilled by the team

*What was the most beautiful experience during your stay in Italy?*

There was no single event but rather a whole series of wonderful occurrences and encounters. The villagers really welcomed and received us as not only as helpers but as friends. This was amazing and depressing at the same time since I was always conscious of the fact that those who received us in such a pleasant and amicable way within seconds had lost not only their belongings but also family members and friends.



Sebastian Ernest from Austria, volunteering in one of the camps set up near L'Aquila



## Health and Nutrition

Traditionally, the sector of health is a core competence of Malteser International. In close cooperation with local authorities and partner organisations, the Order of Malta's worldwide relief service establishes and promotes primary health care services covering curative care, communicable disease control, health management, medical emergencies and the rational use of medicines. Special attention is given to reproductive health and health education as well as to the fight against HIV/AIDS and tuberculosis.

As the nutritional status of a population is closely related to its general health, Malteser International integrates programme components to prevent and to treat malnutrition and to improve food security. Malteser International runs programmes related to health and nutrition in Cambodia, DR Congo, India, Indonesia, Kenya, Myanmar, Pakistan, Sudan, Thailand, Uganda and Vietnam.

### PORTRAIT OF OUR HELP

## South Sudan – "Obuntu": in service to the people

In Yei, South Sudan, Malteser International has been operating a three ward hospital treating patients with tuberculosis (TB), sleeping sickness and leprosy for over ten years. Charles Birungi, Malteser International project manager, is the first person to devote his work solely to liaison and capacity building issues, because Malteser International is preparing a phase of integration of its long term projects in Yei into the structure of its local partners. The leprosy programmes will be taken over by the Catholic Diocese and the TB and sleeping sickness programmes will be moved to the county hospital.

"This integration process", explains Charles "arises out of Malteser International's strategy to enable local partners to continue implementing our projects independently. The integration of our programmes into these local structures allows a sense of local ownership and moreover it links relief and development."

Charles first heard about Malteser International when he saw the signpost for their offices in Kampala/Uganda more than five years ago. He remembers going on the internet and looking up some more details about their work. And now he feels he has found his place working with Malteser International: "It is my job to help our two local partners – the Diocese of Yei and the county – to strengthen their capacities and ensure they

can deliver a quality service after we leave. We really need a devoted effort to ensure the integration concept succeeds in the long run." And he continues: "This job fits in with what I see myself becoming: supporting processes to improve quality. I find this area exciting!"

Asked about his inner motivation to work in such a challenging environment, he says: "From infancy, my parents always emphasised that whatever I do in life, I should do it in the spirit of stewardship – well aware that whatever skills I have belong to God. So, inspired by this, I try to put my talents to use for the good of humanity. In fact, over the years it has become increasingly clear to me that a person is a person through serving other people. This is the essence of obuntu – a term in my local



Charles Birungi: "A person is a person through serving other people – my motivation is to work with Malteser International for the people of South Sudan."

language that is literally translated as humanness. This is what motivates me to work with Malteser International, in service to the people of South Sudan."

*Dominic McCann*

## Uganda – Saving the lives of malnourished children

Maracha is a small town situated in northern Uganda very close to the South Sudanese border. Malnutrition still remains a big problem in Uganda – and particularly in this area. Weak rainfalls during the rainy season, severe droughts during the dry season, overpopulation, but also lack of awareness of healthy nutrition, superstition and traditional beliefs are the main reasons.



Nola brought her young sister Rebekka to the nutrition unit of the Maracha Hospital in Uganda that is supported by Malteser International.

Help for around **400 malnourished children** (more than 30 children per month)  
International staff in the programme: **1**  
National staff in the programme: **17**  
Programme duration: **since 1996**  
Programme volume: **26,000 EUR** (in 2009)  
**Partners:** Maracha hospital  
**Funding:** PMK, Malteser staff, own resources, private donations  
Malteser International has been working in Uganda **since 1996**.

Since 1996 Malteser International has been supporting the Maracha Hospital nutrition unit. The goal is to guarantee a lasting improvement of child health by assuring free treatment for malnourished children.

### Four for Maracha

The following four principal activities characterise the support for Maracha:

- Salaries of the nutrition unit: The Maracha Hospital is run by the diocese of Arua. Therefore staff payment is only covered partly by

government contributions. In order to secure presence and stability of qualified health personnel, Malteser International takes charge of the salaries in the nutrition unit.

- Drug supply for the nutrition unit: In order to enable the nutrition unit to provide free treatment for malnourished children Malteser International ensures the distribution of all essential medical drugs within the nutrition unit of the hospital.

- Support with basic food and cooking facilities in the Maracha hospital: Bulk food supply provided by the World Food Programme stopped in 2008. In order to guarantee continuous supply of food, Malteser International provides a lump sum per child for buying basic food and additional food items such as milk powder and vegetables as well as fire wood to prepare the food. As every child is accompanied by a care taker – usually the mother – who has no means to fend for herself, a food ration for the mothers is provided as well.

- Home visits and after-care support of the patient: Outreach teams visit the families by

motorcycle after the discharge of their children from the nutrition unit. They weigh the children and brief and encourage mothers to follow correct nutrition instructions. In addition, they try to involve other family members in the management of the nutrition of the child. On the occasion of the family visits the outreach teams also organise education sessions on proper child nutrition for the entire village.

The Maracha nutrition unit has an average of 30 new admissions of malnourished children every month. The peak of malnutrition which is also the peak of admission of malnourished children (up to 40) occurs in the months of July and August. This is the rainy season when most parents – particularly the mothers – work to cultivate the field, and home stocks can become scarce.

Thanks to the great commitment of all staff members in Maracha, almost 90% of all admitted malnourished children could be cured and sent back home in good health.

## South Sudan – Fighting against sleeping sickness

Sleeping sickness or Human African Trypanosomiasis (HAT) is widely spread in a geographical belt covering sub-Saharan Africa from the east to the west, threatening up to 60 million people. The region is the favourite habitat of the tse-tse fly (*Glossina*), which transmits the disease through its bite. The south of Sudan is part of this belt and thus exposed to the risk of endemic infections within the population. Once infected, patients develop clinical symptoms such as fever, headaches, and pains in the joints. In the second stage of the disease, the central nervous system is affected causing psychiatric disorders, sleepiness, coma and finally death.

Help for **10,470 people** (catchment population: 418,378, direct beneficiaries since 2002: 130,000)  
International staff: **3**  
National staff: **17**  
Programme duration: since 2002  
Programme volume: **88,580 EUR** (in 2009)/ **655,172 EUR** (total since 2005)  
**Partners:** Ministry of Health South Sudan, Diocese of Yei  
**Funding:** AECI, BMZ, GLRA, Swiss Tropical Institute, WHO, own resources, private donations  
Malteser International has been working in South Sudan **since 1997**.

After major outbreaks of HAT in Western Equatoria, one of the 26 states in Sudan, in 2002, Malteser International was involved in emergency response, discovering and treating more than 500 new cases alone in the year 2003. Together with its main partners – the Ministry of Health and the diocese of Yei – a sleeping sickness centre was constructed in the South-Sudanese town of Yei, offering diagnosis and treatment to suspects and infected patients until today.



Through outreach teams and by training local health workers Malteser International brings diagnosis and treatment closer to the people.

### Challenges for treatment and therapy

The treatment of sleeping sickness requires a very careful and sophisticated observation of the patients, since adverse reactions are frequent due to the high toxicity of the available drugs. The risk of relapse is high, and it is necessary to do medical checks within six, twelve and 24 months after the beginning of the treatment, which makes therapy cost-intensive and difficult in areas where patients return to remote villages after being released from the hospital.

This deadly disease is a quiet killer: the most victims are caught in rural, remote areas in the vast south of the country, and often the cause of their illness is not discovered at a time when rescue is still possible. Distances are too far, and most of the families too poor to afford treatment by educated doctors. Especially in those very isolated areas, there is still a belief among the population that witchcraft is responsible for the disease, which puts the patients at deadly risk since the families will not request any assistance from a trained medical professional.



Particularly in isolated areas the deadly sleeping sickness disease is often discovered too late to be treated. This young patient is getting treatment at the sleeping sickness centre of Malteser International.

### Training and outreach

In order to increase the sustainability of the programme, Malteser International introduced a system of training local health workers and medical outreach teams, visiting even the most remote areas to explain causes, symptoms and treatment of HAT. Suspected patients are directly transferred to the nearest medical facility for blood testing. Upon confirmation of infection or further necessary medical diagnosis, patients are kept in the clinical environment and offered all necessary drugs and treatment, including food for those in a critical nutrition status.

### Significant decrease of infections

An external evaluation of the programme carried out in June 2009 proved that early detection and treatment of the disease had led to a significant decrease of infections (from 489 in 2002 to 84 in 2009). The direct approach towards the people, the impact of community health workers being present even in remote villages and the qualification and motivation of staff working under difficult and sometimes even insecure circumstances are most notable factors for the success of the programme.

In 2010, the focus of the programme will shift to those activities which can not yet be taken over by the Sudanese government or local partners due to financial constraints. Besides on-the-job training for local medical staff to perform the necessary tests and treatments, a surveillance approach together with the government is under consideration.



## DR Congo – Developing a functional health system in Ariwara

Despite its wealth of natural resources including minerals, such as coltan and tropical forests, the DR Congo is one of the poorest countries in the world – more than 75% of its population live in poverty. The country was constantly weakened by decades of bad governance, wars that killed thousands and left millions displaced, brain drain of trained professionals and the vanishing of most of its infrastructure. DR Congo is still wrestling with the aftermath of conflict. Its fragile state is reflected in its poor public social services, healthcare in particular.

Help for **2,153,000 people**

International staff in the programme: **5**

National staff in the programme: **45**

Programme duration: **April 2006 – March 2010**

Programme volume: **614,143 EUR**

**Partners:** local and national health authorities

**Funding:** EuropeAid

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

Its main objective is to help reinstall a functional health system with health centres offering quality primary health care services, a regular supply of subsidised drugs, one referral hospital per health zone offering quality secondary health care and with independent structures for health service financing at a regional level. Knowing that the intervention area is about the size of Belgium but without nearly any infrastructure, the objectives are challenging. Nevertheless, remarkable results have been achieved over the years.

### Reinstalling a functional health system

Since 2006, Malteser International has been participating in the health system development programme of the Ministry of Health in the Democratic Republic of the Congo financed by the European Union. The teams are taking care of two health districts situated in the northeast of the country close to the South Sudanese and Ugandan border. Altogether seventeen health zones with about 254 basic health care centres and a regional pharmaceutical warehouse are included in the programme.

### Training and monitoring

Malteser International organised a training programme for health personnel on all health service levels in order to increase the treatment quality. Trainings were particularly held for health centres head nurses, vaccinators, consulting nurses, midwives, and health committee members. As a very promising result, correct diagnosis and prescription rates have increased. However, regular monitoring



Malteser International holds trainings for nurses, vaccinators and midwives.

visits show that there are still considerable differences in service quality between the health centres. Moreover, with frequent changes in health centre personnel, the promising development seems to be stagnating.

### Subsidised drugs

A regional pharmaceutical warehouse with two outlet points distributes drugs and medical supplies with a yearly volume of more than one million Euros to all governmental health structures included in the programme. Furthermore, the pharmaceutical warehouse ensures continuous supply for all emergency projects Malteser International is running in the region. The former pharmacy run by Malteser International today is an independent charity and joint venture between the diocese of Mahagi, Malteser International, the health zones and the civil society.

### Encouraging developments

Through subsidised drugs, constant supervision and on the job training of medical staff, Malteser International has also been able to increase the attendance rate of patients in the health centres. Furthermore, the number of pregnant women using the antenatal care services offered in the health centres and, to some extent, giving birth in the health facilities under the supervision of qualified birth attendants has increased. The user fees have been fairly stable and the fixed prices for drugs have been respected.



Health agent Mambo Lomo regularly visits the health centres to ensure the improvement of service quality.

## Cambodia – Improving nutrition and mother-child health

Under- and malnourishment is widespread in Cambodia and especially in the western province of Oddar Meanchey which was re-established in 1999. After many years of conflict, food security remains a major problem with more than 70% of the families facing shortages during four months of the year. As a result, in the province of Oddar Meanchey 40% of the children under five and 12% of the mothers are malnourished; more than 60% are anaemic. The main reasons for malnutrition and micro-nutrient deficiencies are insufficient availability of food or poorly balanced daily food intake. Inadequate breastfeeding and complementary feeding practices also contribute to high rates of infectious diseases and malnutrition.

Help for **40.800 women** at reproductive age and

**27.800 children** under five years

International staff: **1**

National staff: **15**

Programme duration: **January 2006 – October 2010**

Programme volume: **200,000 EUR** (in 2009) /

**460,000 EUR** (2006 – 2009)

**Partners:** Health Department, CIDO

**Funding:** BMZ, CDF/AusAid

Malteser International has been working in Cambodia since **1999**.

### The link between nutrition and health

In order to improve child health it is necessary to address malnutrition not only of the children, but also of their mothers. Therefore, since 2006 Malteser International has been providing education on nutrition as one component of its programme to improve mother and child health. To help create a favourable environment for nutritional behaviour change and encourage a balanced diet, Malteser International is increasing the availability of foods high in nutritional value through promotion of vegetable home gardens. Interested families receive training, seeds, tools and technical advice to plan their gardens.

### Home gardens and mother support groups

Home gardens are a low-cost and low technology method to improve household nutrition and food security as well as family income through selling the surplus. Motivated members of the mother support groups and their home gardens act as example to encourage other villagers to become home gardeners themselves. In total, 521 families have been successfully trained and supported with tools and seeds in 2009. During regular follow-up visits and refresher trainings Malteser International staff provides further knowledge on nutrition, farming and even marketing.



Home gardens are a low-cost and low-technology method to improve household nutrition and food security as well as family income.

With an average annual income of around 700 US \$ (per person), 35% of all households in Oddar Meanchey are struggling to have enough cash available to buy food needs on the market and to meet other expenditure needs such as health services. By selling the surplus on vegetables, each participating family has an additional income of around 15 US\$ per month. This programme is an excellent example to show that with low-cost technologies a big difference can be made for single communities.

### For a healthier tomorrow

The establishment of home gardens is embedded in a comprehensive community-based health programme with a special focus on mother and child health including the

promotion of giving birth at health facilities. A better quality of patient care is a direct consequence of Malteser International's programme for improving the clinical skills of midwives. Particular attention is given to train them to manage emergencies during pregnancy and childbirth. Malteser International also secures power and water supply, good sanitation and waste management at the health facilities as well as a health financing component and the availability of drugs and equipment which are essential preconditions for functioning mother child health services at the health centres.

An extension of the programme to the neighbouring province of Preah Vihear is foreseen for the year 2010.



# Water, Sanitation and Hygiene (WASH)

Water is life, sanitation is dignity. The most serious health problems in disaster situations are caused by poor hygiene due to insufficient water and by the consumption of contaminated water. Recognising the strong link between health, water, sanitation and hygiene demonstrated by numerous waterborne diseases, Malteser International's specific work within this sector covers water supply, sanitation and hygiene promotion. In June 2009, Malteser International organised the third regional WASH workshop – Malteser International teams from Myanmar, Cambodia and Sri Lanka discussed with external guests the link with primary health care, best practices in community facilitation and safe sanitation. For World Toilet Day on 19 November 2009, Malteser International teams in various countries organised special activities to remember the fact that 40% of the world's population lack adequate sanitation. This accounts for an estimated 2.5 billion people. Malteser International runs projects related to water, sanitation and hygiene in Cambodia, India, Indonesia, Myanmar, Sri Lanka, Thailand and Vietnam.

### PORTRAIT OF OUR HELP

## Myanmar – Working to ensure basic sanitation

As country WASH coordinator and member of the country management team in Myanmar, San Shwe Aung oversees the water and sanitation programmes. He develops guidelines, standards and best practises for the implementation of projects, provides technical advice, monitors the activities in the field in close coordination with programme coordinators, WASH engineers and field officers and liaises with government authorities, national and international NGOs as well as the United Nations.

#### Basic sanitation and emergency latrines

The programme in Myanmar aims at improved health and living conditions for the population. The overall task of San Shwe Aung is therefore to work towards an improved water, sanitation and hygiene situation and increase people's awareness. Addressing the issue of sustainability is a key element of all project activities. San Shwe Aung explains: "We involve the communities in the selection of designs and materials and thus ensure that newly built facilities are well accepted and used. It is also important to employ locally available materials." Malteser International is commonly providing only the materials needed, latrines are constructed after trainings in the villages by the villagers themselves.

San Shwe Aung also experienced an emergency situation after cyclone Nargis hit the country in 2008. Here Malteser International has ensured basic sanitation in three IDP camps for about 12,000 people in Labutta township. "Immediately after a disaster there is always a need for emergency sanitation. A disease outbreak is very likely if no proper temporary latrines are put in place in due time."

#### Best practices development

Through documenting best practices, the team in Myanmar continuously seeks to improve its projects. San Shwe Aung explains: "We evaluate project activities and take 'lessons learnt' into account." Given the very low latrine coverage in rural areas in Myanmar, for example, Malteser International

promotes simple, low-cost latrines made out of local materials that can be built by the villagers themselves. "These latrines are well accepted by the people and so we continue to promote them."

*Lena Egenberger*



San Shwe Aung (on the right): "After a disaster there is always a need for emergency sanitation."



## India – Supporting a tribal community to improve their health and living conditions

The Irula form a deprived community classified by the Indian government as a “scheduled tribe” and not recognised in society. Traditionally they were looked down upon as rat catchers in the paddy fields of the upper castes. Today many Irula families live scattered along the Tamil Nadu coast, catching prawn by hand, often lacking tools as simple as nets. During the tsunami five years ago their modest huts covered with palm leaves were washed away, but no one considered their losses. Malteser International built a new village for about 100 families of the tribe jointly with local partner organisations. Houses were constructed and a community and school building set up.



Hygiene education through a puppet play. Their message: Don't forget to wash your hands after having used the toilet.

Help for **1,500 people**

Programme duration: **2006 – August 2011**  
Programme volume: **354,000 Euro** (since 2006)  
**Partner:** St. Alban's Health Centre with 5 staff  
**Funding:** ADH, private donations, own funds  
Malteser International has been working in India **since 1989**.

### Puppets discussing about washing their hands

Giggles and laughter are heard from the school building in Bharati Nagar, the newly built village in the coastal stretch near Cuddalore. Around 40 children are gathered, a number of women and also some men. Everyone is watching puppets which dance above a make shift curtain. The puppets discuss about washing their hands after using a toilet. The way they talk makes everyone cheer. Through the puppet play, Sr. Sophie from St. Albans Health Centre and her team reach out to the Irula families gathered in the village whom they visit every week.

### Latrines guaranteeing minimal hygiene

To provide for minimal hygiene standard for the 100 Irula families in the village, Malteser International built latrines for each family – a technically challenging project, as the location is rather sandy and bears a very high groundwater table. As decentralised waste water treatment has emerged as a standard for neighbouring municipalities, a decentralised water treatment system was installed in Bharati Nagar, too, in order to clear the waste water of the latrines in a seven-chamber anaerobic concrete tank. For this the latrines had to be grouped in blocks around seven such joint tanks.

### Spreading the knowledge on health and hygiene

However, building latrines does not guarantee that these will be used and even less so properly maintained. This could be learnt from many projects around the world – espe-

cially if the people were not used to latrines before. Only those who see a clear advantage in using the latrines will develop a habit for it. For women the advantage of having privacy during the daytime is enormous – so they are likely to use latrines. For men who tend to have a wider range of action a change in habit is less evident. The children only grow into the habit, if they are encouraged properly.

To improve the knowledge on health and encourage hygienic behaviour, Sr. Sophie and her team have built a strong relation with the villagers, forming groups of women, children and men. Within the groups different topics on health issues are covered, growing of kitchen gardens has been encouraged to improve the variety of food available to the families and garbage collection rallies are arranged every few months to improve hygiene in the village. All this goes along with supporting the villagers to have their community respected and to obtain basic services through the municipality, who denied the Irula electoral rights as recently as two years ago.

### First success stories and remaining challenges

Quite some success has been achieved in the past three years: light has come to the village, children can visit pre-school in their own village and the families have received ration cards, an instrument of the government to give food support to the poorest families in the country. A challenge will still be to assure that the septic tanks of the latrines will be de-sludged by members of the community in three years time.

With a little luck, the puppets will discuss in future how hygiene has helped them to have less stomach aches and how the gully sucker from the municipality has come to help their toilets stay functional.

## Thailand – Providing WASH for Karen and Burmese refugees at the Thai-Burmese border

The WASH programme in two refugee camps at the Thai-Burmese border is an integral part of the primary health care programme implemented by Malteser International for Karen and Burmese refugees. Already in 1993 Malteser International started to provide primary health care to the Karen and Burmese refugee population along the Thai-Myanmar border. At this time, however, the refugees lived in rather small sites with a maximum of 2,000 to 3,000 persons. So the area was quite similar to the nature of the Thai Karen villages with access to plenty of water resources.

Help for **34,500 people**  
International staff: **3**  
National (Thai) staff: **34**  
Karen camp staff: **350**  
Programme duration: **since 1993 – ongoing**  
Programme volume: **1.2 million EUR** (in 2009)  
**Partners:** Karen Refugee Committee  
**Funding:** ECHO  
Malteser International has been working in Thailand **since 1993**.

When the Thai government in 1998 resettled the camps to bigger camp sites for better security control, the camp sizes increased to almost 20,000 people each. The formerly rural life developed to semi-urban life style. Provision of safe water, waste water treatment, sanitation and hygiene became a big challenge and an essential precondition for keeping the health patterns of refugees relatively stable. However, in order to provide minimal standards in this field, the WASH team working in the camps was faced with difficult circumstances: The camps are in a thick rain forest area declared as national park, permanent construction is forbidden, vegetation clearance is limited, and water resources have to be negotiated with the Thai villagers around the camps.

### From rain water collection to waste disposal

Nevertheless, in 2009 Malteser International built 60 rain water collection stations, continuously maintained a more than 70,000 meter long main line PVC pipe and water storage networks in and outside the camps as well as 800 water tap stations within 150 meters distance from shelter. Furthermore, the team renovated and improved 800 household flush latrines, installed 100 additional hand washing facilities in schools and public areas, distributed soap to all families each month and organised a hygiene day campaign.



Despite difficult circumstances in the camps, Malteser International was able to assure safe water supply by building rain water collection stations.

Vector borne control and solid waste treatment are additional activities of the WASH team. They regularly control mosquito larvae in water containers with regard to dengue fever. In 2009, they provided 13,662 bed nets and 13,662 mats to the camp community, and vaccinated 600 dogs against rabies. All solid waste was collected, separated and transported to the provided disposal site outside the camps.

### Remarkable progress and new challenges

Considering the difficult circumstances, the results are all the more remarkable: No dengue fever was transmitted, no cholera cases, no avian flu or influenza occurred and no rabies dogs were reported in the camps in 2009. The morbidity rates for malaria, water diarrhoea and bloody diarrhoea are below the indicator.

The challenge ahead in 2010 is to maintain and improve the vital water sector, despite the difficult political and physical environ-

ment: Due to the ongoing resettlement process, Malteser International will have to face the loss of technical well trained Karen staff. Furthermore, water sharing with the surrounding Thai villagers has become more and more of a challenge as the water demands due to development projects around the villages are rising.



In the field of health remarkable progress was achieved: no dengue fever was transmitted and no cholera cases, no avian flu or influenza occurred in the camps in 2009.



## Disaster Risk Reduction

Disaster risk reduction is an integral part of humanitarian assistance, both in relief and recovery, as well as in long term development initiatives. However, to date it has not always received the attention it deserves. With the climate change debate, the problems approaching the citizens of mega-cities and the increasing number of natural disasters, there is a need to develop programmes addressing how to prevent natural phenomena from turning into disasters, to mitigate their impact and help prepare increased numbers of people who may be at risk. Climate change, migration patterns as well as socio-economic pressure have forced more and more people into vulnerable living conditions.

Be it by the reinforcement of houses against earthquakes and cyclones, or by constructing flood safe emergency shelters or training village emergency teams and volunteers in the establishment of early warning systems, Malteser International includes disaster risk reduction and mitigation components in many projects for people at risk. The focus is clearly on community based disaster risk management (CBDRM) and risk reduction aiming to support and to strengthen local coping capacities and to reduce vulnerabilities of people at risk. This new focus receives more and more attention: In May 2009, a training on disaster risk reduction for staff members took place at the Malteser International Headquarters in Cologne/Germany. The Annual Meeting of Asia key staff in Siem Reap in Cambodia in December 2009 also highlighted the importance of disaster risk reduction. Malteser International implements disaster risk reduction projects in India, Mexico, Myanmar, Pakistan, the Philippines and Vietnam.

### PORTRAIT OF OUR HELP

## Mexico – Being better prepared for future emergencies

Since 1990, the Mexican Association of the Order of Malta has implemented nine different programmes in the Federal District, the metropolitan area and 21 further states of the Mexican Republic. Carmen Reynoso started as a volunteer and became Director of “Orden de Malta México” ten years ago. With the support of around 2,000 volunteers, the Order in Mexico is active in the sectors of health, nutrition, income generation and emergency relief.

### Mexico – a country commonly hit by natural disasters

“The last heavy flooding in the state of Tabasco in October 2007 showed us how necessary it is to be prepared in the long term for the next catastrophe. At that time, hundreds of volunteers of the Order of Malta Mexico provided emergency relief in Villahermosa and the surrounding com-

munities. Especially in this region, floods and hurricanes are very common occurrences”, Carmen Reynoso remembers. In November 2009, Tabasco had to face another serious flood leaving 250,000 people homeless. Together with its local partner Caritas Tabasco, the Mexican Association then distributed medical and non-food items to the affected communities.

“Apart from the management of our ongoing projects, we had to experience an increasing number of natural hazards all over the country – a fact that requires our commitment and sometimes overstrains our capacities to help,” the highly engaged Director points out. Carmen Reynoso is constantly out on business in the whole country monitoring the



## SPOTLIGHT

# Myanmar – Building resilient communities in Rakhine State

In May 2008 Cyclone Nargis hit the coast of Myanmar, causing devastating destruction in the Irrawaddy Delta, the former capital Yangon and its surroundings. Up to 140,000 people died, more than 2.4 million have been directly affected, making cyclone Nargis one of the deadliest cyclones ever recorded. Cyclone Nargis highlighted sadly the high vulnerability of the people of Myanmar to natural disasters.

Help for **91,600 people**

International staff in the programme: **4**

National staff in the programme: **38**

Programme duration: **July 2006 – December 2011**

Programme volume: **522,000 EUR** (in 2009)

**Partners:** Mangrove Service Network, local communities, local authorities

**Funding:** AA, ADH, BMZ, ECHO, own resources, private donations

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

### Disaster risk reduction – reducing people's vulnerability

Even since 2006, Malteser International has been implementing community based disaster risk reduction projects in Myanmar. The first projects concentrated on Rakhine State, an area which has experienced several cyclones in recent years, each going along with surge floods, loss of human lives and destruction of livelihood. The high risk of disasters in this region is not only caused by the frequent occurrence of natural disasters but also by a generally high vulnerability of the population due to the poor socio-economic situation: The majority of the population survives on subsistence farming, in the traditional bamboo houses access to safe drinking water and sanitation is uncommon and health care services are difficult to access.

### From the joint analysis to an early warning system

To address this high vulnerability a comprehensive approach is needed. Malteser International teams conduct a risk analysis in each coastal village in the area. The whole village participates in this analysis: together with Malteser International staff, the communities look at historical data of natural disasters in their villages, discuss seasonal profiles, identify areas and people at highest risk, decide on evacuation centres and routes and look at their self-help capacities. A disaster risk reduction committee is established and at the



Together with the communities Malteser International analyses and designs disaster preparedness plans.

end of a three day long meeting a village disaster risk reduction plan is developed. Malteser International then provides trainings to the committees and supports the communities in establishing early warning systems. In addition, evacuation routes need to be reinforced in some communities, in others schools and monasteries have to be upgraded to function as cyclone proof evacuation centres. Mangroves are planted to strengthen the protection of the coast.

### An effective disaster preparedness system

To further reduce their vulnerability, the communities also identify priorities to improve the water and sanitation situation in their villages and implement projects jointly with the Malteser International team. At the same time, Malteser International supports the governmental health structures by upgrading health facilities and training additional health workers at community level to have a first response team on the ground in case of a disaster.

So far 39,600 people in 36 villages benefited from the activities in Rakhine State; further expansions are planned to offer an effective disaster preparedness system for all vulnerable communities along the coast. In early 2009, Malteser International expanded these activities also to the cyclone affected Ayeyarwaddy Delta where community based disaster risk reduction projects are now being implemented in 110 villages for a total population of 52,000.



Carmen Reynoso: "As our beautiful country is prone to different natural disasters, it is utterly important to be well prepared."

projects, supervising the volunteers, forming networks of help for people in need and raising funds for new projects.

### Qualifying for disaster preparedness

"With the financial support of Malteser International we could qualify our volunteers towards improved disaster preparedness. In a three day workshop in October 2009, César Márquez, the Director of Malteser Peru, trained 25 of our volunteers in the Sphere minimum standards for disaster response. This training has been invaluable for our volunteers since now they are not only better prepared for future emergencies but they are also very motivated to spread their new knowledge to other groups in our countrywide network of volunteers." The Sphere standards for disaster management were set up by humanitarian agencies and NGOs ten years ago to improve the quality of humanitarian assistance.

"Our beautiful country is prone to a big number of natural disasters: flooding, hurricanes, earthquakes, droughts and volcanic eruptions are a constant threat to thousands of Mexicans. That's why we need to develop local capacities and train our volunteers as much as possible."

*Sonja Greiner*



Sphere training for volunteers of the Mexican Association of the Order of Malta



**January** DR Congo: Distribution of cereals, vegetables, oil and salt for more than 48,000 IDPs



**May** Myanmar: Nursery for reforestation of cyclone-prone coasts



**April** Italy: Emergency relief and care for the homeless in two camps after the earthquake in the Abruzzo region



**November** Cambodia: Distribution of watering cans for new home gardeners



**June** South Sudan: Start-up aid for former leprosy patients



**October** South-East Asia: Emergency relief after earthquake and typhoons in Indonesia, Vietnam and the Philippines

# Pictures of the year 2009



**July** Myanmar: New sanitary facilities for an orphanage in Sittwe



**March** World Water Day (22 March): "Shared water - shared opportunities"



**August** Peru: "Coats for our brothers and sisters in Puno" - Distribution of more than seven tons of clothes, blankets, bedcovers and food to families affected by the cold winter



**September** Indonesia: Emergency relief after the earthquake in West Sumatra



**December** World AIDS Day (1 December): Bike rally in India



**February** Kenya: Improvement of TB diagnosis thanks to the donation of five water distillers

# Programme overview 2009 (extract)



**Malteser International**  
Order of Malta Worldwide Relief

## Americas

Country	Locations/ Regions	Programme Focus	Brief Description	International Staff (contracts/ posts)	National Staff (posts)	Help for ... People (catchment population*/ direct beneficiaries)	Donors/ Cooperation Partners	National Partner Organisations	No. of Projects
1 Mexico <sup>(1)</sup>	Tabasco	rehabilitation, income generation, disaster preparedness	rehabilitation of health centres, construction of a fish breeding plant, Sphere training for local partner	0	0	20,000/ 2,000	ADH, own resources/ private donations	Mexican Association of the Order of Malta	1
2 Peru <sup>(2)</sup>	Cañete, Piura, Puno, Talara, Trujillo	relief, rehabilitation, development	relief for families affected by the cold winter, construction of a dispensary and a family centre, capacity building for local partner	0	1	10,000/ 4,000	ADH, own resources/ private donations	Malteser Peru, Peruvian Association of the Order of Malta	1

## Africa

Country	Locations/ Regions	Programme Focus	Brief Description	International Staff (contracts/ posts)	National Staff (posts)	Help for ... People (catchment population*/ direct beneficiaries)	Donors/ Cooperation Partners	National Partner Organisations	No. of Projects
3 DR Congo <sup>(1)</sup>	Kinshasa, Atiwara, Mahagi/ Ituri	healthcare, epidemics, essential drugs, psychosocial care, rehabilitation of infrastructure, emergency medical aid	health system development and support for more than 280 health centres in 17 health zones, basic and advanced training of local staff, importation and redistribution of essential drugs, fighting the plague on community level, medical care for victims of sexual violence, fight against sexual violence, health infrastructure rehabilitation; emergency medical aid for displaced and vulnerable local populations	5/5	55	2,152,000/ 39,034	ECHO, EuropeAid/EDF, Pooled Fund, UNICEF, own resources/private donations	local and national health authorities, local partner organisations	6
	Watsa Aba, Farafje/ Province Orientale	healthcare, psychosocial care, food aid, food security, rehabilitation of infrastructure	multisectoral aid programme with focus on healthcare and food security; support for more than 120 health facilities in 11 health zones, basic rehabilitation of health infrastructure, food distribution for internal displaced population, food security assistance for internal displaced population and families of malnourished children; medical and psychosocial care, social reintegration and small-scale income generation for victims of sexual violence; mental healthcare; basic rehabilitation of transport infrastructure (roads, bridges, airstrips) in very remote areas	5/4	72	1,300,000/ 1,000,000	ADH, BMZ, ECHO, FAO, Later (Israeli help), Pooled Fund, UNFPA, WFP, own resources/ private donations	representatives and authorities of communal, state and non-state structures in the project areas	10

## Africa

Country	Locations/ Regions	Programme Focus	Brief Description	International Staff (contracts/ posts)	National Staff (posts)	Help for ... People (catchment population*/ direct beneficiaries)	Donors/ Cooperation Partners	National Partner Organisations	No. of Projects
4 Kenya <sup>(1)</sup>	Nairobi and Central Province, Marsabit, Samburu, Isiolo/ Northern Kenya	healthcare, emergency aid	improving the possibilities of diagnosis and treatment of tuberculosis and HIV/AIDS, supporting home care, health education for the slum dwellers; support for drought victims with food, water and drugs	3/1	34	4,161,000 (catchment population)	AA, BMZ, Pathfinder International, own resources/private donations	AMREF, Kenyan Ministry of Health, Nairobi Health Management Board, NCC, St. Mary's Hospital	3
5 Sudan <sup>(1)</sup>	Khartoum, El Fasher/North Darfur	healthcare, rehabilitation of infrastructure, capacity building	TB, HIV, leprosy, sleeping sickness and malaria control programmes, rehabilitation/reconstruction of health infrastructure, provision of primary healthcare, mother-child health, vaccination campaigns, running of laboratory training school, capacity building of health staff and communities	3/3	14	92,000 (catchment population)	AA, ADH, AECID, BMZ, CHF, ECHO, GLRA, Malteser Cologne, STI, WFP, WHO, UNDP/ Global Fund, UNFPA, UNICEF, own resources/ private donations	Dioceses of Rumbek and Yei, Ministry of Health, local and national health authorities	1
	Southern Sudan <sup>(1)</sup>	Rumbek, Yei, Maridi, Juba (Central and Western Equatoria, Lakes State)		22/16	170	1,096,000 (catchment population)	UNICEF, own resources/ private donations		6
6 Uganda <sup>(1)</sup>	Maracha	Healthcare	Support for the nutrition unit of Maracha hospital including outreach activities	1/1	7	360 children/year	AA, ADH, Don Pedro Rodriguez Ponga, Malteser Paderborn, MAI, PMK, own resources/private donations	Maracha Hospital	1

## Asia

Country	Locations/ Regions	Programme Focus	Brief Description	International Staff (contracts/ posts)	National Staff (posts)	Help for ... People (catchment population*/ direct beneficiaries)	Donors/ Cooperation Partners	National Partner Organisations	No. of Projects
7 Afghanistan <sup>(1)</sup>	Kabul	Healthcare	support of a clinic in Kabul for the treatment of leishmaniasis and epilepsy patients	0	1	4,000 (direct beneficiaries)	own resources/private donations	German Medical Service	1
8 Cambodia <sup>(1)</sup>	Provinces of Oddear Meanchey, Banteay Meanchey, Siem Reap and Battambang	healthcare and capacity building	community based health insurance, health promotion, mother-child health, strengthening of the health and self-help capacities of the civil society and the national structures	2/3	23	300,000/ 120,000	BMZ, CDF/AusAid, CIM, Elysium (private foundation) EuropeAid, own resources/private donations	CAAAF, CHHRA, CDO, local health and other authorities	3

## Asia

Country	Locations/ Regions	Programme Focus	Brief Description	International Staff (contracts/ posts)	National Staff (posts)	Help for ... People (catchment population*/ direct beneficiaries)	Donors/ Cooperation Partners	National Partner Organisations	No. of Projects
9 China <sup>(1)</sup>	Sichuan Province	rehabilitation	construction of a home for elderly who suffered from the earthquake in 2008	0	0	1,000 (catchment population)	German based international company with office in China	Jinde Charities	1
							Caritas Germany		
10 India <sup>(1)</sup>	States of Tamil Nadu, Kerala, Gujarat, Uttar Pradesh	rehabilitation, development, community based disaster risk reduction	Southern India: HIV prevention, care and support in over 1,000 villages, health and hygiene awareness, promotion of health and life insurance; tsunami rehabilitation: income generating measures for more than 3,000 families, community development programmes, special programmes for children, youth and disabled, construction of a community hall and latrines for Irula Uttar Pradesh: community based disaster risk reduction, safe drinking water supply, shelters, cash for work Gujarat: preschool programme for 1,200 children and youth	5/3	1	2,000,000/ 300,000	AA, ADH, BMZ, ECHO, own resources/ private donations	Arumbugal Trust, AusSICODES, Bharati Trust, BSC, Centre for People's Education, Centre for Social Reconstruction, Health for One Million, Malankara Social Service Society, Peace Trust, Provision, Sabhaji Shikshan Kendra, Umrai, Vaan Mulai, Venture Trust	14
11 Indonesia <sup>(1)</sup>	Padang Pariaman District (Province West Sumatra), Aceh Utara District (Province Aceh), Nias (Province North Sumatra)	emergency relief, healthcare, livelihood, capacity development for local organisations	relief and rehabilitation after earthquake in Sumatra, livelihood and capacity development in post tsunami and conflict zone of Aceh, community based rehabilitation for people living with disabilities	3/2	10	200,000/ 33,600	AA, ADH, own resources/ private donations	Yakkum, local health authorities and non-governmental organisations	3
12 Iraq <sup>(1)</sup>	Karamless, Erbil	health	support of a dispensary mainly for internally displaced persons, operated by national partner	0	5	45,000/ 1,500	Own resources/private donations	TCCF (Turkmenli Cooperation and Cultural Foundation)	1
13 Myanmar <sup>(1)</sup>	Yangon Division, Wa Region (Wa Special Region II and IV), Northern Rakhine State (Maungdaw, Buthidaung), Rakhine State (Sittwe, Rathadaung), Irrawaddy Delta	development oriented emergency and transitional aid in the fields of healthcare, WASH, schools and social infrastructure as well as disaster management (after cyclone Nargis), disaster risk reduction	control of infectious diseases like malaria, tuberculosis and HIV/AIDS, strengthening of community based healthcare services with special focus on mother and child health, improvement of access to drinking water and sanitation facilities on home and community level, community based waste management, rehabilitation of social infrastructure (schools, health centres, orphanages), community based disaster risk reduction (CBDRR), emergency relief and rehabilitation after cyclone Nargis	24/28	355	1,200,000 (catchment population)	AA, ADH, AusAid (through Caritas), BMZ, Caritas Network, ECHO, EuropeAid, national associations of the Order of Malta, UNHCR, UNESCO, UNOPs, WFP, own resources/ private donations	local health authorities, community based committees, Mangrove Service Network, Good Shepherd Sisters	19
14 Pakistan <sup>(1)</sup>	Islamabad, Swat and Kohistan Districts (NWFP), Muzaffarabad and Bagh Districts	emergency relief and recovery support for IDPs and for earthquake affected population; disaster risk reduction	IDPs: distribution of family hygiene kits and primary health care services others: construction and equipment of rural health centres, capacity building for health centre staff, mother and child healthcare services and capacity building, advanced earthquake warning system and community based disaster risk reduction	2/2	25	200,000 (catchment population)	AA, ADH, Caritas, Sternsinger, national associations of the Order of Malta, own resources/ private donations	IBC, NIDA LASOONA	7
15 Philippines <sup>(1)</sup>	Manila, Muntinlupa City, Bengnet, Bagio City	relief, recovery, disaster risk reduction	primary emergency assistance and relief for tropical storm and typhoon affected populations, community based disaster risk reduction	0	0	5,000 (direct beneficiaries)	ADH, national associations of the Order of Malta, own resources/ private donations	Philippine Association of the order of Malta	1
16 Sri Lanka <sup>(1)</sup>	Colombo, Galle (Southern Province), Trincomalee, Batticaloa, Ampara (Eastern Province), Vanni Region	IDP support, rehabilitation (tsunami coastal belt), water/ sanitation/hygiene (WASH), development, psychosocial care/child support	IDPs: drinking water supplies, food supplies, hygiene promotion, distribution of non-food items others: reconstruction of houses, drinking water supply, sanitation, hygiene promotion, reintegration of home children, income generating measures	8/8	23	315,000 (catchment population)	AA, ADH, UNICEF, RTL Foundation, different German town councils, own resources/private donations	Caritas Seth Serana, GTZ, HFTC, LRWHF, NWSDB, Sarodaya, Sudana Rodrigo Sahana Foundation, TDAA, Future for Children	15
17 Thailand <sup>(1)</sup>	North Thailand: Sog Mroi District, Mae Sariang District; Mae Hong Son Province	healthcare and water/sanitation for refugees; avian influenza awareness; HIV/AIDS prevention; strengthening of the Thai health system	improving the health situation of the Karen refugees by control of communicable diseases; reproductive and child healthcare, health awareness and prevention (TB, HIV, avian influenza, malaria, etc.), WASH, strengthening of camp-based healthcare services; strengthening of the Thai health system	5/4	41	70,000 (catchment population) = 70,000 direct beneficiaries	ECHO, EuropeAid, UNHCR, USAID/IRC, WCF, own resources/ private donations	Karen Refugee Committee, Thai Health Authorities, HIV-Self-Help Groups (Salsween, Dok Rak)	5
18 Vietnam <sup>(1)</sup>	Danang, Quang-Nam Province, Central Vietnam	poverty reduction, health improvement, emergency relief, disaster risk reduction	improving the basic health, food and income situation of the poor and of ethnic minorities, community development, CEF training, rehabilitation and equipment of a district hospital, relief after a cyclone and community based disaster risk reduction	1/2	8	198,000/ 36,000	AA, BMZ, German Consulate, WCF, own resources/ private donations	Health Department, Women's Committee, Women's Union, Steering Committee for Flood and Storm Control	6

<sup>(1)</sup> Programme implementation through Malteser International and partner organisations

<sup>(2)</sup> Programme implementation through national associations and relief services of the Sovereign Order of Malta supported by Malteser International

<sup>(3)</sup> Programme implementation through local partner organisations supported by Malteser International

\* catchment area/catchment population: the area and population from which a facility (i.e. health centre) attracts 'customers' (i. e. patients)

# Pakistan – Introducing community based disaster risk management and advanced warning techniques

The earthquake that struck northern Pakistan on 8 October 2005 tragically highlighted the country's exposure and vulnerability to natural hazards. Pakistan faces a major natural disaster almost once every ten years, and their frequency has been increasing especially during the 1990s. Apart from major disasters, however, Pakistan faces a number of disasters of lesser magnitude every year which do not figure in the international media. Especially when they affect local communities – such as in rural mountainous areas, where people mostly practice agriculture at subsistence level – their effects can be disastrous.

Help for about **61,400 people**

(catchment population of four rural health facilities with secty lifePatron® systems)

International staff: **1**

National staff: **5**

Programme duration: **July 2008 – May 2009**

Programme volume: **180,000 EUR** (total)

**Partners:** ADPC, IBC, NHSD, SDMA, secty electronics

**Funding:** AA (Task Force Humanitarian Aid), Förderverein für Internationale Erdbebenpräventionsmaßnahmen e.V. (donation in kind), own resources, private donations

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

Disaster management in Pakistan has traditionally focused on response rather than preparedness. It has also been biased towards material aspects at the cost of increased knowledge and awareness. Finally, until 2006 there has been no comprehensive institutional arrangement for disaster management and the existing bodies have traditionally favoured areas of political and economic importance over remote rural areas.

## Disaster risk management at community level

Thus, as part of its comprehensive earthquake response and rehabilitation strategy, Malteser International in 2008 and 2009 implemented a disaster preparedness project – based on the concept of community based disaster risk management (CBDRM) – and combined it with a state-of-the-art advanced public earthquake warning system. Here, local committees of volunteers had been identified close to four health facilities under reconstruction by Malteser International and its Turkish partner organisation IBC at rural locations of Muzaffarabad and Bagh Districts. Master trainers of these committees received the essential trainings. Later on they trained their fellow members of the local disaster response committees. The training curricula and equipment stand-

ards for the rescue tool kits for each committee had been mainstreamed with the State Disaster Management Authority (SDMA), the relevant regional authorities as well as with a similar programme that the Earthquake Reconstruction and Rehabilitation Authority (ERRA) had started soon after Malteser International's CBDRM project had been launched. Finally, after successful trainings and mock drills the fully equipped local committees were integrated into the SDMA set up.

## Public earthquake warning

The local communities' response to this project and to building up the expertise and capacities for direct relief response was very positive. Their interest was also strengthened by the introduction of an innovative and advanced public earthquake warning system. This system – secty lifePatron® (www.secty-electronics.de) – detects an earthquake's "primary waves" (p-wave; longitudinal waves) which are spread with double the velocity as the "secondary waves" (s-wave; transversal wave). P-waves can not be detected by humans directly and only the secondary waves actually lead to structural damages. The waves' time difference to reach a location after an earthquake provides the essential time window for an alarm and for appropriate reaction. This time window depends on the system's distance from the earthquake's epicentre as well as on the site conditions, especially a building's architecture.

For this project, the available technology of the German developer and supplier – secty electronics – had for the first time been combined with public alarm sirens to give the warning alarm to the maximum number of people under risk. Before, this system had only been installed at different public and private buildings with internal alarm systems. Based on this innovative approach, Malteser International received funding by the German Federal Foreign Office's Task Force Humanitarian Aid.

## Crucial "test"

Soon after the implementation of the secty lifePatron® systems, a medium intensity earthquake struck Muzaffarabad District on 20 February 2009 in the morning. According to the US Geological Survey, its magnitude was 5.4 on the Richter scale with 26 km depth. Fortunately, there were no casualties, only few people were hurt and minor construction damages.

All Malteser International earthquake warning systems had given an alarm with their public sirens. A survey showed that the people of the surrounding communities had recognised this alarm and even had had the chance to leave their houses. In this case, however, the actual warning time was limited to a few seconds only since the distance from the epicentre to the nearest health facility with a secty lifePatron® system was less than 30 kilometres. The positive outcome of this alarm is the confidence into the system that the communities got by this real alarm. Finally, this event also led to an increased interest of relevant authorities with regard to this technology and the request for the project's replication especially for the highly earthquake prone town of Muzaffarabad.



The disaster preparedness project implemented by Malteser International includes trainings in first aid as well as in search and rescue.





# Livelihood and Social Programmes

Poverty reduction is a particular area of attention in Malteser International's overall programme setting. The dimensions of poverty are complex and the realities of poverty vary between regions, countries, communities and individuals. Invariably, the basis of a life free from poverty is access and entitlement to a range of assets and livelihood strategies that can sustain households and individuals through the stresses and shocks of life. Livelihood and social programmes of Malteser International intend to provide, through a participatory approach, increased well-being, reduced vulnerability, more income and improved food security. The "sustainable livelihood" approach used by Malteser International is people centred, participatory and has a strong emphasis on sustainability. Furthermore the approach is positive in that it first identifies what people have rather than focussing on what people do not have. Malteser International runs livelihood projects and social programmes in Cambodia, DR Congo, India, Indonesia, Mexico, Myanmar, Peru, South Sudan, Sri Lanka, Thailand and Vietnam.

## PORTRAIT OF OUR HELP

### Vietnam – Capacity training for poor women in Danang

Phuong is a small business woman from the southern suburbs of the city of Danang. In her commune, unstable jobs, a difficult business environment and unemployment leave families on the brink of poverty. As main labourer of the family, Phuong earns her living by selling a traditional dish to customers on the streets of her commune.

Phuong's family with three children lives on very little, especially when her husband remains without a job for a long time and the family depends only on her. From her monthly income, she covers the house rent, the school fees for her two elder children and daily meals.

#### Hope to improve the income situation

The local women's union informed Phuong about the Malteser International business trainings for women. Hoping to improve her income situation she applied to participate. In September 2009 she was selected for the training as one of 75 women aged 18 to 45 years, with an income below the local poverty line and a sufficient level of education.

When she entered the training cycle, she first had to analyse her own capacities and the future perspective of her business. Will it be profitable for her to keep selling food? What other business opportunities can she think of? Most relevant for her was advice on how to attract more customers and calculate her costs. Now she is able to make sure that the surplus is sufficient to cover her family's expenses.

#### Business plans for the future

After the training, Phuong has managed to increase her income from 1,80 Euro to about 2,60 Euro per day. And she has joined an association for small-scale business women, initiated by former participants of the training. She hopes for a better future and already looks ahead: Once she has managed to build



After having participated in the Malteser International training, Phuong has managed to increase her income thanks to her own little shop.

enough capital, she plans to hire a modest shop on the main street to sell her food there.

*Lena Egenberger*

## Mexico – Giving hope to the fishermen in Nacajuca

Heavy flooding in October 2007 affected around one million people in the state of Tabasco. The tropical state in the south of Mexico lived one of the greatest disasters, not only on account of the number of victims, but also of the material losses and the resources needed to regenerate the region. Tabasco is one of the richest states in water resources, but is also often affected by hurricanes or flooding.

Help for **2,000 people**

Programme duration: **January 2008 – June 2009**

Programme volume: **25,000 Euro** (in 2009) / 67,000 Euro (total)

**Partners:** Mexican Association of the Order of Malta

**Funding:** ADH, private donations, own resources  
Malteser International has been supporting the Mexican Association **since 2005**.

Tapachula, State of Chiapas, after hurricane Stan in 2005 and with some small scale agricultural projects in the State of Puebla.

### New income thanks to fish breeding

In close cooperation with the local Caritas structures the Mexican Association identified a rural community highly affected by the devastating flooding and in summer 2008 started the planning of a fish producing plant. The aim was to enhance the reconstruction forces and to reactivate the economic life in the severely hit region of Comalcalco. The construction of stable fish tanks should increase the capacity of local fish producers in the community of Nacajuca to generate and commercialise their own fish breeding.



Special economic support was provided to assist the rural communities in Tabasco in generating their own income.

### Participation of the communities

From the beginning the local community fully participated in the planning, preparation and construction. Due to the lack of other income possibilities, the local fishermen in Nacajuca were motivated enough to contribute their labour for the fish breeding project called “Yacobuch” which means “fish” in the local language. In the following months, a group of 18 fishermen was trained in the handling of the fish breed, the general recommendations for care and precaution and also the existing risks in order to guarantee a successful and continuous project.

The majority of the male community participated in the construction of four tanks, each covering between 500 and 3,000 fishes and fish breeding. To avoid future damages due to flooding of the nearby river, the tanks were constructed on an elevated level over the ground.

### Fish production and local responsibility

In June 2009, the project was finally handed over to the local community. Since that time the community successfully produces fish breeding at low prices for smaller fish producers as well as fresh fish (mojarra tilapia) for the local market. More than 600 families benefit from these income generating measures of the Mexican Association of the Order of Malta.

In 2010, Malteser International will furthermore support the community by providing pellet-based fish food until the fish production will be large enough to pay for itself.



New hope: “Yacobuch”, meaning “fish” in the local language, is the name of the fish breeding project that aims to reactivate the economic life after the heavy flooding.

## Indonesia – Improving health, income and sanitation in the hinterland of Aceh

After more than three years of rehabilitation in the coastal region of Banda Aceh in the aftermath of the tsunami, Malteser International in 2008 expanded its programme further into the hinterland of the district of Aceh Utara. Even before the tsunami, this area had been economically underprivileged and far more people were living below the poverty line than in the coastal region. Due to the rehabilitation activities after the tsunami, this situation became even more problematic since support was primarily provided to the coastal region struck by the tsunami. The development in the region was hampered due to the fact that an entire generation grew up in the context of civil war, lasting 30 years. The impact of this conflict has been affecting the application and use of local potential until today.

Help for about **45,000 people**

International staff in the project: **1**

National staff in the project: **9**

Programme duration:

**October 2008 – February 2010**

Programme volume: **263,000 EUR**

**Partners:** Health Department, various local NGOs

**Funding:** ADH

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



Learning through playing: Daily tooth brushing for better hygiene and health

By strengthening the capacities of the population and thus improving the living conditions within the villages, Malteser International aims at reducing the disparities between the villages on the coast line and in the hinterland. Based on a needs assessment in 2008, Malteser International selected six sub districts of Aceh Utara as project area. In cooperation with five local NGOs 18 small scale projects focusing on health, WASH, education and livelihood have been implemented in 84 villages through participatory methods. To empower the communities and to improve their self-help capacities is the overall objective of Malteser International's work also in Aceh Utara. Based on the identified needs and with strong participation of the villagers, Malteser International has realised the following measures among others:



Thanks to the provision of seeds and trainings, the villagers get the chance to improve their income.

### Improvement of community health at a village level by

- trainings for village health workers and midwives on first aid and mother and child health, including provision of necessary equipment like first aid boxes
- health and hygiene promotion campaigns within the villages with a strong focus on schools and kindergartens

### Support of income increasing activities as diversification of agricultural products or implementation of a system of rice intensification by

- trainings for farmer groups and initiation of farmer field schools
- provision of seeds, fertiliser and pesticides

### Improvement of social, cultural, health and education activities of the communities by

- supporting the communities with the rehabilitation of the village communal hall
- facilitating the conduction of participative assessments at village level to identify existing potentials, needs and problems

### Improvement of sanitary and hygiene standards by

- constructing and/or rehabilitating latrines with sufficient water supply in schools, kindergartens and community halls.

Once more the approach to strengthen the capacities of the population has been proven as the right one. Therefore, Malteser International is planning to expand its activities in Aceh Utara by initiating community development plans within selected villages. By establishing these plans the villagers shall further be encouraged to analyse their problems and to find suitable solutions. Within the above mentioned assessment many villagers complained about low drinking water quality and insufficient sanitation facilities. Within the community development plan these kinds of problems shall be addressed and solutions, such as the construction of latrines or trainings on safe water storage, shall be found. Malteser International will assist the communities within the implementation process and facilitate the access to private and governmental support programmes at the village level.

# DR Congo – Providing food security in South Kivu

Although the war officially ended years ago, the DR Congo has not recovered from its aftermath. Large parts of the country are still affected by the impact of violence and poor infrastructure. Especially in the province of South Kivu, the population suffers from armed attacks by different groups. The area lacks efficient administrative structures and accessible roads. Moreover, during the war, agricultural and economic activities were hardly possible which led to a decay in the structures of production.

Help for **80,000 people** (50,000 in Kaniola, 30,000 in Nindja)  
 International staff in the programme: **1**  
 National staff in the programme: **44**  
 Programme duration:  
**August 2009 – December 2011**  
 Programme volume: **790,000 EUR** (in 2009) / **1,450,000 EUR** (total)  
**Partners:** representatives and authorities of communal, state and non-state structures in the project areas  
**Funding:** BMZ  
 Malteser International has been working in the DR Congo since **1996**.



During the war, agricultural and economic activities were hardly possible. To support a safe food supply Malteser International provides agricultural equipment and trainings.

In addition, agricultural means of production (like seeds or tools) and specific knowledge often were lost or became inaccessible. High-quality seeds are for instance only available in the provincial capital and at prices which are unaffordable to many. These factors have led to widespread food scarcity and malnutrition among residents and internally displaced persons throughout the Kivu provinces. Children constitute one of the most vulnerable groups in this regard: According to a Malteser International study, 63% of those living in the area are chronically malnourished, 33% to a severe degree.

## Food security for IDPs, returnees and malnourished children

In 2009, Malteser International started a comprehensive food security programme in the districts of Nindja and Kaniola in the province of South Kivu. With different meas-



The distribution and multiplication of seeds is the first component of the comprehensive food security programme that Malteser International has started in 2009.

ures it aims at securing a steady food supply, strengthening the beneficiaries' self-help capacities and rehabilitating the area's transport infrastructure. The target group consists of internally displaced persons (IDPs), families who return to their villages after having taken refuge in safer areas and families with malnourished children within the care of Malteser International's nutrition and health centres.

Distribution and multiplication of seeds constitute the first component of this programme. One part of the resulting harvest is directly consumed, the other reused as seeds. This measure is complemented by the distribution of food for the field work. In this way, Malteser International prevents beneficiaries from immediately consuming the distributed seeds or exhausting their harvest too early in precarious situations. Food distributions are therefore conducted shortly before handing out seeds and prior to the harvest period; they also stimulate quantity as well as the quality of the field work carried out by the beneficiaries.

## Trainings and rehabilitation of infrastructure

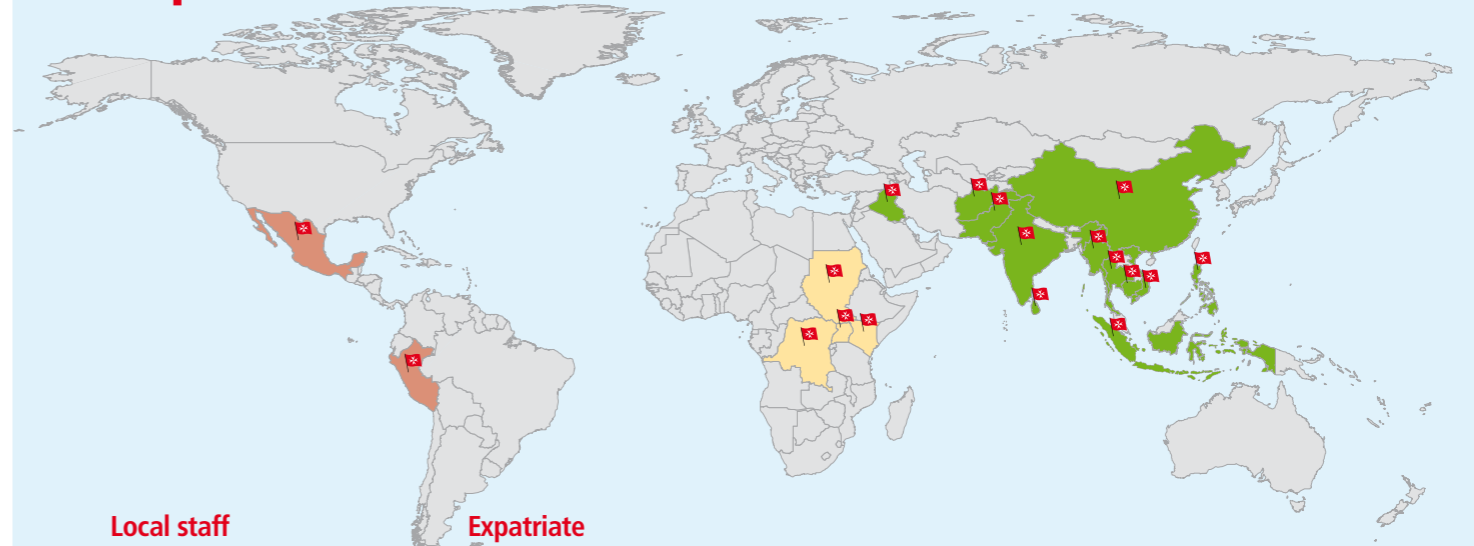
Malteser International furthermore supports the installation and training of local agricultural associations. Thus, new trade channels for improved food production are opened up and the own food supply can be supplemented with staple food that is not produced locally like sugar, salt, milk powder, fish, vegetable oil or meat.

At the same time, Malteser International furthers the maintenance and rehabilitation of bridges and roads through food for work initiatives. These routes are vital because they do not only facilitate the transport of the goods and the merchandising but also allow a better access for humanitarian aid.

Since the districts of Nindja and Kaniola are characterised by favourable climatic conditions and fertile soils, it is anticipated that the implementation of these different programme components will facilitate a sustainable food supply for the population in this area.

# Facts and figures

## Experts abroad



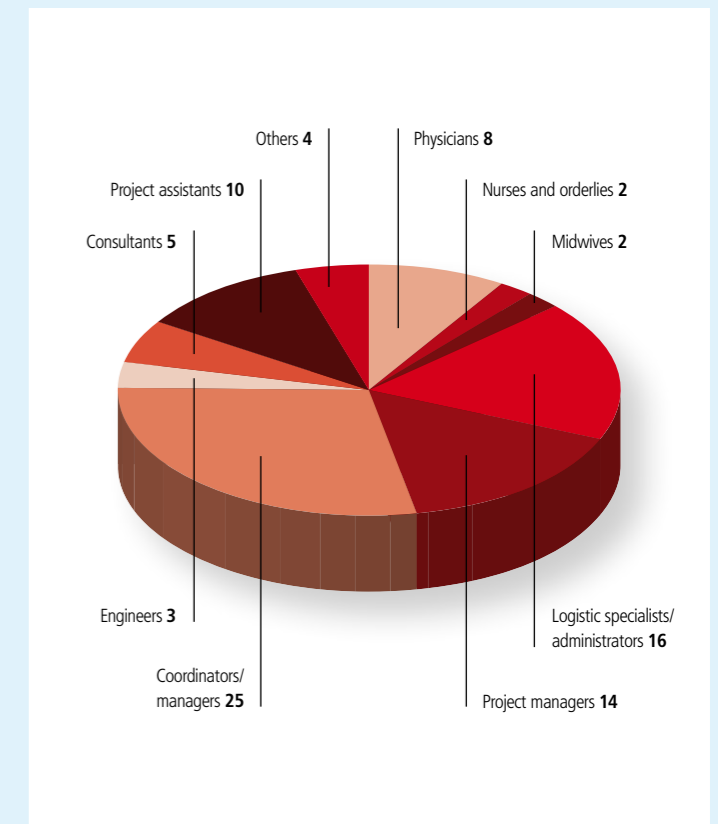
Local staff employment per region

	2009	2008
<b>Africa</b>	<b>352</b>	<b>460</b>
Angola	0	18
DR Congo	127	135
Ethiopia	0	2
Kenya	34	29
Sudan	184	259
Uganda	7	17
<b>Asia</b>	<b>492</b>	<b>485</b>
Afghanistan	1	1
Cambodia	23	10
China	0	0
India	1	1
Indonesia	10	34
Iraq	5	0
Myanmar	355	320
Pakistan	25	13
Philippines	0	0
Sri Lanka	23	49
Thailand	41	48
Vietnam	8	9
<b>Americas</b>	<b>1</b>	<b>1</b>
Mexiko	0	0
Peru	1	1
<b>Total</b>	<b>845</b>	<b>946</b>

Expatriate employment per region

	2009	2008
<b>Africa</b>	<b>39</b>	<b>45</b>
Angola	0	3
DR Congo	10	11
Kenya	3	5
Ethiopia	0	0
Sudan	25	24
Uganda	1	3
<b>Asia</b>	<b>50</b>	<b>58</b>
Afghanistan	0	0
Cambodia	2	2
China	0	0
India	5	5
Indonesia	3	9
Iraq	0	0
Myanmar	24	24
Pakistan	2	3
Philippines	0	0
Sri Lanka	8	15
Thailand	5	3
Vietnam	1	0
<b>Americas</b>	<b>0</b>	<b>1</b>
Mexiko	0	0
Peru	0	1
<b>Total</b>	<b>89*</b>	<b>104*</b>

Expatriates by education and occupation



## Nationalities of the expatriates

Afghanistan	1	Germany	44	Kenya	6	Philippines	1	Thailand	2
Argentina	1	Great Britain	1	Madagascar	4	Serbia/Montenegro	2	Uganda	7
Belgium	3	Greece	1	Myanmar	2	Spain	2	USA	1
Croatia	1	India	1	Nepal	1	Sweden	1		
France	2	Ireland	1	Netherlands	3	Switzerland	1		

\*Some of the staff members were working cross-national. The total figure refers to the total number of contracts signed in the year 2009.

# Help at a glance



**Dr. Eduardo Montenegro y Soria**  
 Hospitaller of the Peruvian Association of the Order of Malta and member of the Order's relief service "Malteser Perú":

"For me, it is utterly important to live according to the mission of the Order of Malta: to assist the poor and the suffering. Together with the volunteers of Malteser Perú and with financial support of Malteser International, we work to improve the quality of life of many needy Peruvians and offer them better perspectives for their future."



**Dr. Maria Dung-Pham**  
 Medical doctor and master of public health from Germany, works as programme and health coordinator in Mae Sariang/Thailand:

"Obligated to leave their home country, an uncertain future lying ahead, threatened by hunger and diseases, and often deprived of their human rights, refugees are the most vulnerable group Malteser International is working for. Having worked in several other projects for Malteser International before, I am now – since 2007 – the programme and health coordinator of a challenging health project for Karen refugees along the Thai/Burmese border. It was started in 1993 and brings humanitarian aid to about 40,000 people in need. Difficult access to the camps and other obstacles have to be solved and overcome in order to fulfil our mission as doctors, nurses, and as fellow humans, in line with Malteser International's overall objective: "To alleviate human suffering". Even if our work is hard and we are sometimes very tired, we like to work so close to the people and often feel that we receive much more than we can give."



**Maren Paech**  
 Geographer from Germany, works as a project coordinator and adviser in Uttar Pradesh/India:

"I have been working for Malteser International in various projects in Vietnam, Sri Lanka and presently in India. Each project supported the most vulnerable, poor and dejected sections of society in recovering from major disasters and better fulfilling their most basic human needs like shelter, drinking water, food, sanitation, health, education and income security. Seeing how the right support helps people step out of extreme poverty and vulnerability and improve their living conditions based on increased self-help capacities motivates me to continue my work in the humanitarian sector."



**Minn Naing Oo**  
 International Master of Advance Study in Development from Myanmar, works as project manager and deputy programme coordinator in Samrong/Cambodia:

"I started with Malteser International in January 2003 as local assistant for the public health care coordinator. My strongest motivation to work in the humanitarian field comes from my experiences in rural and remote areas where I found the real life of people. In our projects I'm doing my best to build up the team capacity and set up the holistic approaches for implementation. Linking between different projects and developing a programme as well as helping people to improve their living conditions and learning every day are the best parts of my work."



**Nguyen Thi Thuy Nga**  
 Nurse from Vietnam, works as programme coordinator in Vietnam:

"In 1999, I started working for Malteser International as senior field officer for health and nutrition. After having taken over the management of a poverty reduction project and further humanitarian aid projects in 2005, last year I became the office representative and programme coordinator of Malteser International in Central Vietnam. I am responsible for a health project in Tay Giang, a very remote area. Especially the participatory and the capacity building approach followed in Vietnam gives me the possibility to work closely with the beneficiaries and to help effectively."



**Lasantha Herath**  
 Public health inspector from Sri Lanka, works as health and hygiene coordinator in Batticaloa/Sri Lanka:

"I joined Malteser International soon after the tsunami and got the opportunity to improve the health and hygiene situation of marginalised communities by motivating them to change their behaviour gradually through simple health and hygiene sessions. My motivation is to be creative and find the simplest ways to convey health messages to our target communities."



**Dr. Yousaf Rehman**  
 Medical doctor from Pakistan, works as project manager and medical doctor in Saidu Sharif (Swat District)/Pakistan:

"Working in the post-conflict Swat region is a tough task for any organisation: you are confronted with curfew hours, difficult terrain or suicide bombings, just to name a few. Malteser International was one of the very few organisations that started operating fully in Swat. Helping the needy was the main driving force for me and the Swat field team to say "yes" to Malteser International. I hope that we will be in a position to continue supporting the ongoing relief work as the area is still in dire need."



**Paulin Bishakabalya Kokere**  
 Economist from the DR Congo, works as programme logistician in South Kivu/DR Congo:

"Working for Malteser International for eight years now has become a big part of my life. My motivation comes first from the team I work with in Bukavu, essentially from my programme coordinator who is a good trainer and motivated manager. My second motivation is my family; it's really great to come back home after a tough day of organising and coordinating logistics issues. Malteser International helped me to become a good logistician and a good project manager. I am the witness of what Malteser International is doing for the DR Congo. I am really convinced about a good future for this country and decided to stay here in order to solve problems."



**Johannes Kaltenbach**  
 Master of arts in public policy and management from Germany, works as country administrator in Yangon/Myanmar:

"I started working for Malteser International as a project assistant in December 2004, worked three years as project administrator in Indonesia before becoming country administrator for Myanmar in 2008. My duties here include ensuring transparent financial management, consistent personnel administration, and occasionally acting as officer in charge. During my work I often think about all those people and institutions that donate money to us. This comes with a great responsibility for all of us and motivates me to be as efficient as possible."



**Dr. Alfred Kinzelbach**  
 Medical doctor from Germany, works as regional coordinator Great Lakes in Kampala/Uganda:

"The African countries we are working in are no easy places. It takes a lot of money, resources, efforts and time just to establish yourselves. Once established you have to think in terms of continuity and contiguity. If you have been in a region as long as we are then you have invaluable networks. ... Our expertise is the linking of relief, rehabilitation and development, that is the 'grey zone' when the first emergency ends and the press move out. Then we move in. Even if linking into development in North East Congo still looks to be many years away, there is a clear commitment on our part."

# Further events and highlights 2009

## Strategy Seminar of the Order of Malta stresses importance of Malteser International

During the Order of Malta's strategy seminar in Venice in January, the Grand Master, Fra' Matthew Festing, highlighted the work of Malteser International and stressed its future importance to the mission of the Order. Entitled "The Order Ten Years Ahead", the seminar was organised to examine and define the Order's future strategies. With over 400 delegates from five continents it was the largest meeting of the Order's leaders ever held.

## Annual Meeting Africa in Kenya

On Malteser International's Africa Meeting 2009 from 19 to 21 March in Mombasa/Kenya, staff from all the project areas of Malteser International in Africa and from the Headquarters met for exchange and coordination. Along with an overview about the overall situation of Malteser International as well as the strategic and financial planning for the future development, there were presentations on the subject of WASH (Water, Sanitation and Hygiene) as well as on the nexus between natural resources, governance and conflict resolution.

## World Tuberculosis Day: Awareness raising in Kenya, Sudan and Myanmar



Malteser International staff in South Sudan, Kenya and Myanmar celebrated World Tuberculosis Day on 24 March with a variety of awareness raising events. Under the slogan "I am stopping TB" the action day seeks to inform about cause, transmission, treatment and prevention of tuberculosis.

## World Refugee Day: Photo Exhibition in Thailand



On the occasion of World Refugee Day on 20 June, Malteser International with financial support of ECHO organised a photo exhibition in Thailand about its health care programme for Karen and Burmese refugees along the Thai-Myanmar border to spread awareness of the struggles of the refugees. "I was impressed with Malteser International's team initiative and how they reached out to people as they passed by and looked at the photos to explain the work in the camps and the refugee situation," the Regional Information Officer of ECHO in Bangkok reported.

## World Health Day: Malteser International presents response to cyclone Nargis

On 7 April, the German Ministry of Health invited health professionals and politicians to a conference in the German capital Berlin to mark the World Health Day. Themed "What measures do we need to take in emergencies?" Dr. Marie Theres Benner from Malteser International presented Malteser International's emergency response after cyclone Nargis in Myanmar in May 2008.

## Training on disaster risk reduction

In May, eleven staff members of Malteser International Headquarters participated in a five day internal training on disaster risk reduction. The training included insights into new approaches to community-based disaster risk reduction as well as instructions on how to use free satellite images and software available on the internet for disaster risk reduction.

## 3rd regional WASH workshop in Myanmar

In June, members of the health and WASH (Water, Sanitation and Hygiene) teams of Malteser International in Myanmar, Cambodia and Sri Lanka met in Myanmar to discuss with guests from UNDP and Caritas Germany as well as representatives from the Malteser International Headquarters about the link between WASH and primary healthcare, best practices in community facilitation and safe sanitation. At the end, the WASH working group decided to prepare an internal best practice manual aiming at an improvement of current standards.

## Humanitarian aid postage stamp issued by the Order of Malta

A new series of stamps issued on 23 September by the post office of the Order of Malta in Rome is dedicated to the Order's worldwide humanitarian and medical aid. One of the three stamps shows one of 3,000 water tanks that Malteser International built in Sri Lanka in order to secure the supply of drinking water for 3,000 families. The humanitarian aid edition (stamps issue no. 395) can be seen on the Order's website [www.orderofmalta.org](http://www.orderofmalta.org).

## Peru: Workshop with Malteser Foreign Aid Service Germany

On the occasion of a two day workshop in Lima in October 2009, representatives of the Peruvian Malteser relief service "Malteser Perú" and the German Foreign Aid Service "Auslandsdienst" discussed new challenges and opportunities for the Peruvian Association of the Order of Malta and its relief service. Malteser International has been supporting the local Malteser structures in Peru since the earthquake in 2007.

## Myanmar: World Toilet Day on Middle Island

On 19 November, World Toilet Day is celebrated all over the world – and in 2009 even in Ka Nyin Ngu, a small village on Middle Island in the Irrawaddy Delta. During the emergency relief phase after cyclone Nargis in 2008, Malteser International had rebuilt a school in the village. With the support of the teachers, the community and the village au-

thorities, a day full of celebrations and activities for 300 students was organised to raise awareness for the importance of water, sanitation and hygiene (WASH) – among others an essay contest with the topic "our healthy and clean latrine", a quiz and a drawing competition. In the evening, the children went home with a piece of soap and a lot of knowledge to share with their families and friends.

## Annual Meeting Asia in Cambodia

At Malteser International's Annual Meeting Asia (AMA) 2009 from 29 November to 3 December in Siem Reap/Cambodia, key staff from seven program countries of Malteser International in Asia met with representatives from the Headquarters and the Order of Malta and guests from partners in Cambodia for strategic discussion and coordination. The AMA focussed on disaster management and assessments for which the regional disaster risk reduction adviser Dr. Melgabal Capistrano gave training input for the participants

## Order of Malta addresses UN Security Council



In November, Albrecht Freiherr von Boeselager, Grand Hospitaller of the Order of Malta, addressed the United Nations Security Council in New York on the "Protection of Civilians in Armed Conflicts". Boeselager called on the Council to endorse the principles of international humanitarian law as well as the settled principles of the international law of "command responsibility". Since 1994, the Order of Malta has held observer status at the United Nations, a role which it utilised for the first time with the statement of the Minister.

# New publications and documentaries



## "Indicators and reference data: A practical tool for project managers in humanitarian aid"

The handbook is aimed to support project managers and health personnel in effective planning and result oriented managing of programmes by selecting appropriate and practical indicators. It covers the sectors of health, nutrition, immunisation, psychosocial care, mental health and water, sanitation and hygiene.

## DR Congo: "New ways of success"

Since 2000 Malteser International has been implementing humanitarian aid programmes in the fields of health, nutrition, food, food security and rehabilitation of infrastructure in the Democratic Republic of Congo. The new documentary presents the positive impact of the different programmes on the population in the province of South Kivu. The film is available in English, French and German.



## Southern Sudan: "The forgotten diseases"

Leprosy and sleeping sickness continue to be widespread in Africa. Since 1998, Malteser International has been providing diagnosis and treatment of sleeping sickness and leprosy in Southern Sudan. The documentary which is available in English, Spanish and German presents Malteser International's projects and efforts to improve public health care in the African country.

## India: "HIV education on track"

The region of Tamil Nadu has the second highest HIV infection rate of India. Whole villages and the social structures are endangered while AIDS is still a big taboo subject. The documentary "HIV education on track – Reaching out to migrants in the trains of South India" presents the Malteser International HIV/AIDS education project in this region. The film is available in English and German.

## Cambodia: "A healthier tomorrow"

Malteser International's mission in Cambodia is to reduce the vulnerability and poverty of communities through sustainable health initiatives. The English movie documents extracts of this challenging work.

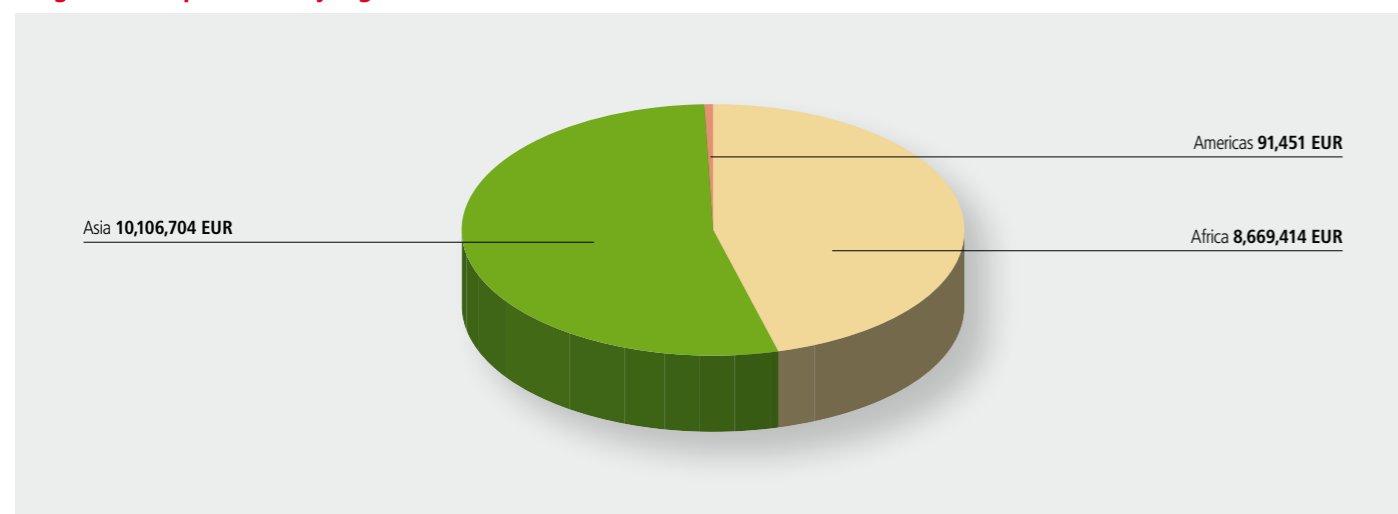
All publications and documentaries are available for download on [www.malteser-international.org](http://www.malteser-international.org) and can be ordered at [info@malteser-international.org](mailto:info@malteser-international.org). Please visit also the Malteser International channel on YouTube!

# Financial overview 2009

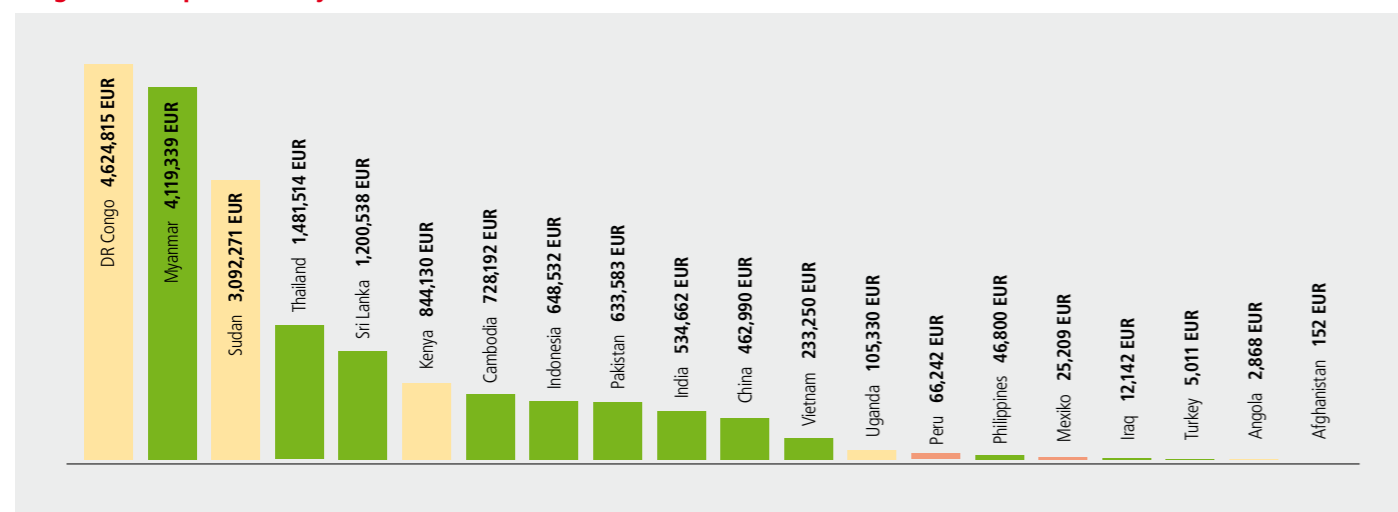
## Where does the money come from? – Sources of funding\*



## Programme expenditure by regions\*

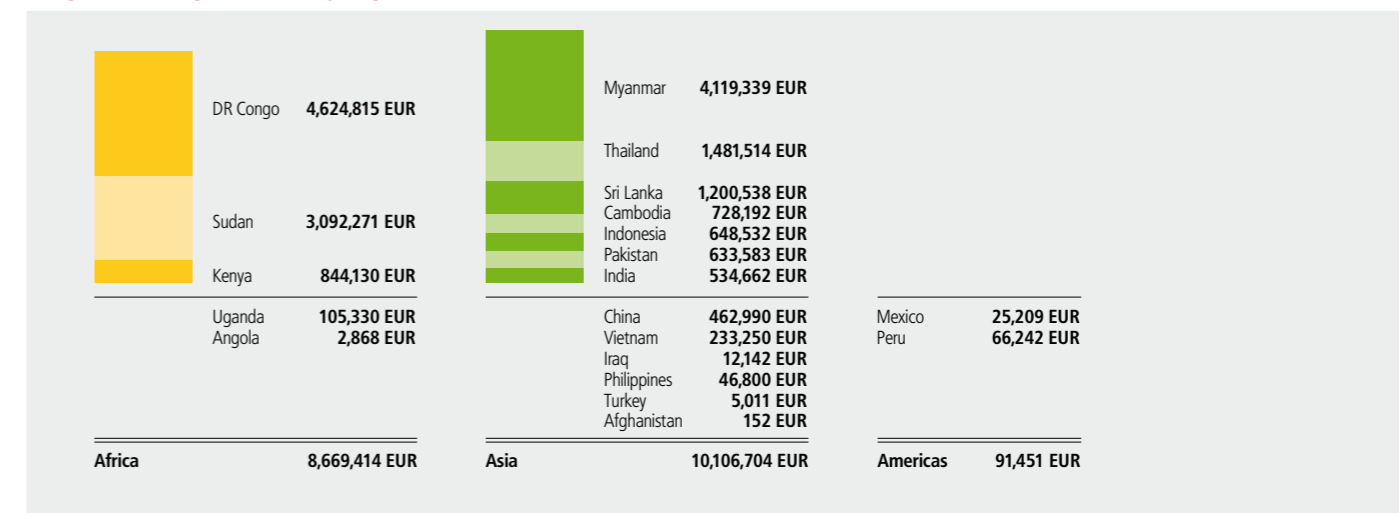


## Programme expenditure by countries\*

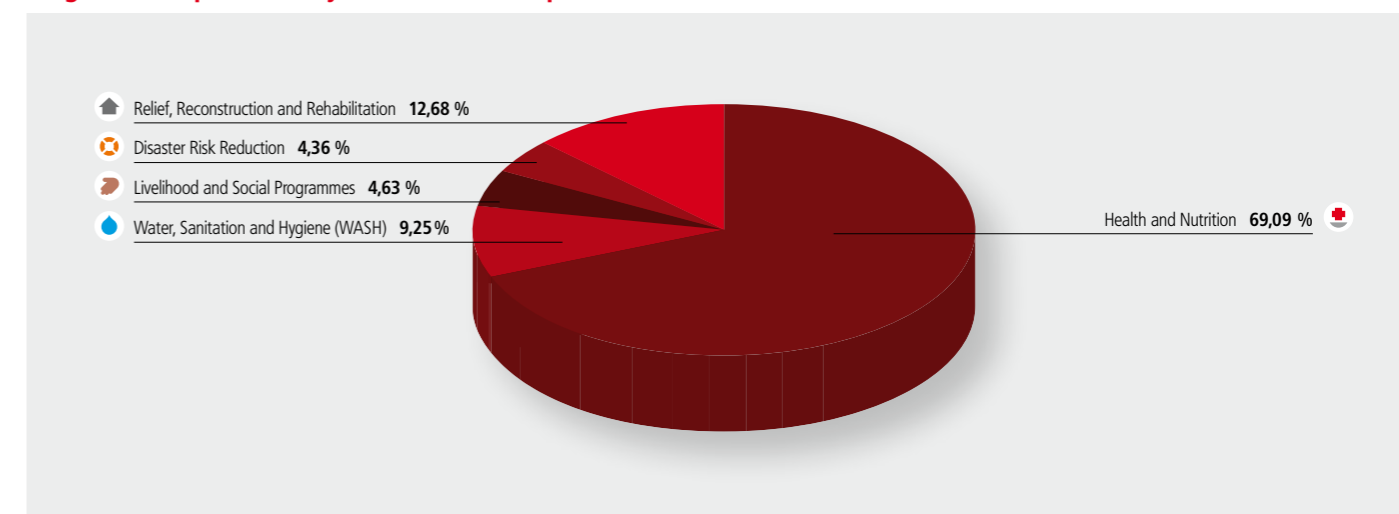


\*Book keeping according to German commercial law rules that programme expenditure must be entered as a liability in the annual statutory accounts **in total** in the year in which the funds are committed to a certain programme ("accrual accounting"). Normally, this is the year in which the programme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

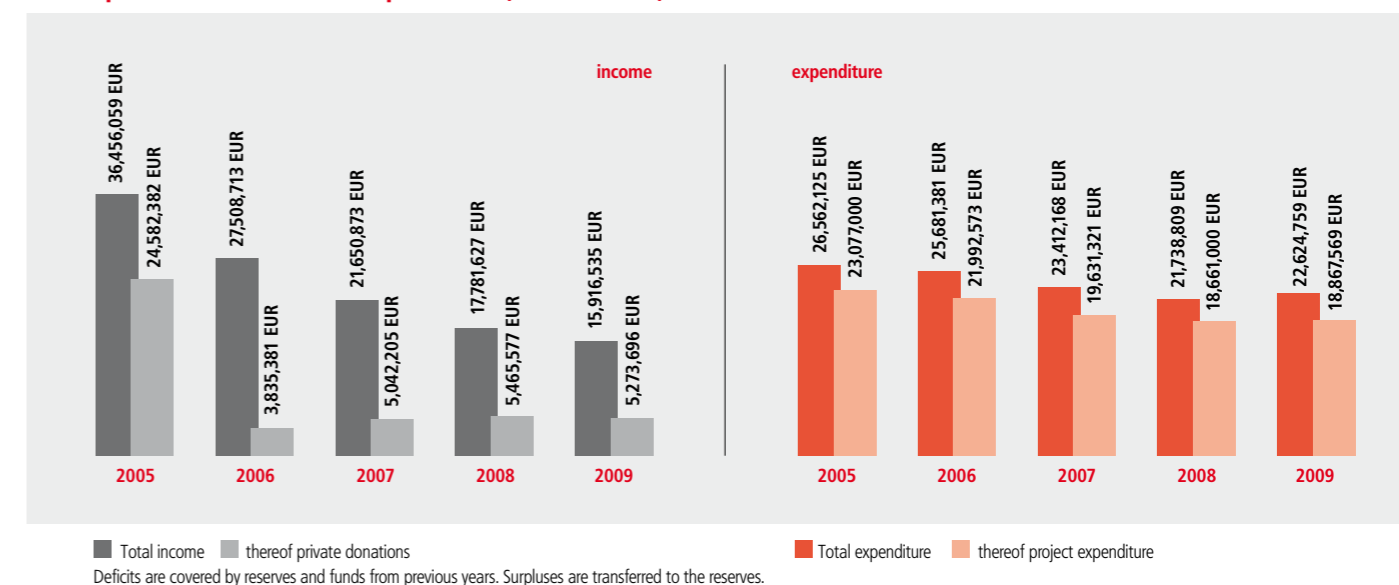
## Programme expenditure by regions and countries\*



## Programme expenditure by sectors of our help\*



## Development of income and expenditure (2005 – 2009)



# Annual accounts as of 31 December 2009

## Balance sheet

Assets	12/31/2009 EUR	12/31/2009 EUR	12/31/2008 EUR	12/31/2008 EUR
<b>A. Fixed assets</b>				
<b>I. Intangible fixed assets</b>				
1. Concessions, industrial and similar rights and assets, and licenses in such rights and assets	65.146,48		162.866,32	
2. Prepayments	13.000,00	78.146,48	0,00	162.866,32
<b>II. Tangible fixed assets</b>				
Operating and office equipment		339.883,79		363.136,96
		<b>418.030,27</b>		<b>526.003,28</b>
<b>B. Current assets</b>				
<b>I. Receivables and other assets</b> with a remaining term of up to one year				
1. Accounts receivable for sales and services	0,00		24.500,37	
2. Receivables from undertakings in which the society has a participating interest	28,06		21,71	
3. Receivables from associated corporations	2.899.099,00		6.068.890,81	
4. Receivables from Malteser Hilfsdienst e.V. – internal	2.997.059,23		2.180.422,47	
5. Other assets	10.118.448,73	16.014.635,02	8.865.095,34	17.138.930,70
<b>II. Cash-in-hand and bank balances</b>		4.518.497,76		5.286.324,19
		<b>20.533.132,78</b>		<b>22.425.254,89</b>
<b>C. Prepaid expenses – Other</b>		<b>51.069,37</b>		<b>33.885,43</b>
		<b>21.002.232,42</b>		<b>22.985.143,60</b>

Equity and liabilities	12/31/2009 EUR	12/31/2008 EUR
<b>A. Equity</b>		
<b>I. Society funds</b>	1.769.884,30	1.769.884,29
<b>II. Revenue reserves</b>	0,00	590.823,63
<b>III. Net accumulated losses</b>	-91.950,22	0,00
	<b>1.677.934,08</b>	<b>2.360.707,92</b>
<b>B. Provisions – Other provisions</b>	<b>639.888,91</b>	<b>804.297,53</b>
<b>C. Liabilities – with a remaining term of up to one year</b>		
1. Trade payables	111.288,59	165.051,66
2. Liabilities to undertakings in which the society has a participating interest	453,70	608,20
3. Liabilities to associated corporations	1.681,30	34,30
4. Liabilities to Malteser Hilfsdienst e.V. – internal	55.788,51	32.288,17
5. Liabilities from earmarked appropriations	16.040.904,51	17.695.167,78
7. Other liabilities	2.474.292,82	1.926.988,04
	<b>18.684.409,43</b>	<b>19.820.138,15</b>
	<b>21.002.232,42</b>	<b>22.985.143,60</b>

## Income statement

	12/31/2009 EUR	12/31/2009 EUR	12/31/2008 EUR	12/31/2008 EUR
1. Revenues	79.862,03		30.767,15	
2. Other operating income	20.312.020,84	20.391.882,87	16.889.617,08	16.920.384,23
3. Cost of materials				
a) Cost of raw materials, consumables and supplies	3.952.973,49		4.072.029,65	
b) Cost of purchased services	1.859.141,74	5.812.115,23	1.568.757,94	5.640.787,59
4. Personnel expenses				
a) Wages and salaries	2.742.685,76		2.951.284,59	
b) Social security, post-employment and other employee benefit costs – of which in respect of old age pensions EUR 221.944,62 (last year EUR 191.096,67)	760.007,34	3.502.693,10	753.465,70	3.704.750,29
<b>Intermediate result</b>		<b>11.077.074,54</b>		<b>7.574.846,35</b>
5. Income from the release of liabilities from earmarked appropriations	16.978.144,66		21.781.994,53	
6. Expenses from the allocation to liabilities from earmarked appropriations	16.040.904,51	937.240,15	17.695.167,78	4.086.826,75
7. Amortisation and write-downs of intangible fixed assets, depreciation and write-downs of tangible fixed assets	313.819,94		348.968,74	
8. Other operating expenses	12.486.060,03	12.799.879,97	12.752.247,91	13.101.216,65
<b>Intermediate result</b>		<b>-785.565,28</b>		<b>-1.439.543,55</b>
9. Other interest and similar income	116.018,39		447.485,98	
10. Interest and similar expenses	3.916,19	112.102,20	5.857,32	441.628,66
11. Result from ordinary activities		-673.463,08		-997.914,89
12. Other taxes		9.310,77		43.567,31
13. Net loss for the financial year (last year net income)		-682.773,85		-1.041.482,20
14. Withdrawal from revenue reserves		590.823,63		1.041.482,20
<b>15. Net accumulated losses</b>		<b>-91.950,22</b>		<b>0,00</b>

## Auditor's report

### To Malteser Hilfsdienst e.V.

We have audited the financial statement – comprising the balance sheet and the income statement – together with the bookkeeping system of the General Secretariat, Department Malteser International, of Malteser Hilfsdienst e.V., Cologne, for the financial year from January 1 to December 31, 2009. The maintenance of the books and records and the preparation of the financial statements in accordance with German commercial law are the responsibility of the Society's executive board. Our responsibility is to express an opinion on the financial statements, together with the bookkeeping system, based on our audit.

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

the audit of financial statements promulgated by the Institut der Wirtschaftsprüfer [Institute of Public Auditors in Germany (IDW)]. Those standards require that we plan and perform the audit such that misstatements materially affecting the presentation of the financial statements are detected with reasonable assurance. Knowledge of the business activities and the economic and legal environment of the Society of Malteser International respectively and expectations as to possible misstatements are taken into account in the determination of audit procedures. The effectiveness of the accounting-related internal control system and the evidence supporting the disclosures in the books and records and the financial statements are examined primarily on a test basis within the framework

of the audit. The audit includes assessing the accounting principles used and significant estimates made by the executive board, as well as evaluating the overall presentation of the financial statements. We believe that our audit provides a reasonable basis for our opinion. Our audit has not led to any reservations.

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

Cologne, March 26, 2010

KPMG AG  
Wirtschaftsprüfungsgesellschaft

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

# Strong partnerships for the future

## New ways of support

### Notes on the income statement

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

#### INCOME

Sales revenues include all *income from supplies and services provided*. *Allocations and grants from the public sector* include project funds provided by the German Federal Foreign Office and the German Federal Department of Economic Cooperation and Development [BMZ] amounting to € 4,281,052 (of which € 1,504,713 financed by the Federal Foreign Office of Germany) and project funds by the European Union amounting to € 4,965,480. *Church contributions* include project funds of € 40,000. The project resources provided by UN organisations amounting to € 3,974,257 are included in the *contributions by third parties*; the same applies to the project funds by Caritas Germany (€ 441,525), Caritas Swiss (€ 330,000), GLRA (€ 108,594) and to the donations received and claimed via Germany's Relief Coalition/ADH amounting to € 311,328. *Other operating income* includes income from donations and internal Malteser organisation contributions amounting to a combined total of € 5,273,696.

Grants from both public and private donors which cannot be used in the current financial year (e.g. for projects that last for several years or are carried over into the next year), as well as donations which cannot be fully used in the current financial year (since a large proportion of donations is received at the end of the year) are carried over to the next year and then used. The use of these funds that amount to € 16,040,905 is shown under *Income from the reversal of liabilities from investment allocations/appropriated donations and grants not yet used*. (The carry-over of such funds to the following year is shown under *Expenses for transfer to liabilities from earmarked contributions*.)

The deficits amounting to € 682,774 are covered by reserves and funds from previous years.

#### EXPENDITURE

The items *Cost of materials* and *Personnel expenses* comprise the majority of direct project costs (e.g. costs of medicine and relief items of a combined total of € 9,324,119; payments to building contractors in reconstruction projects, costs of international and local project staff), as well as parts of the indirect project costs and administrative costs (non project-specific staff costs).

The item *Other operating expenses* also includes direct project costs (e.g. structural aid and direct project support for local partners in Eastern Europe amounting to € 472,921) as well as indirect project costs (pro-rata costs of media and public relations, costs of staff recruitment and support) and administrative costs (rent, IT).

In 2009, administrative costs amounted to 6.1 percent of our total expenditure.

Starting in 2009 Malteser International offers a new way to engage in helping people in need around the world: Associations and groups can enter into a partnership with Malteser International programme regions in Africa, Asia and Latin America.



Visit to the health centre in Yei: The partnership with Malteser Cologne ensures a long-term basis for the work of Malteser International in South Sudan.

A partnership comprises mutual exchange, information on the projects on a first hand basis as well as the possibility of a project visit to the location. The partners commit themselves for a minimum phase of one year of support through a variable amount of funds. Long term partnerships are particularly encouraged and will allow Malteser International to plan its relief projects with a view into the future.

#### First partnership with South Sudan

More and more Malteser groups discover this new form of effective support to people living in poverty or hit by natural or man-made disasters. Malteser Germany in the archdiocese of Cologne was the first group to start such a partnership with partner projects in South Sudan. In September 2009, three representatives of the Malteser group in the archdiocese of Cologne took the chance to visit their partner region South Sudan and to see the work on the ground.

The visitors were very impressed and enthusiastic about the work of Malteser International in the towns of Juba, Yei, Rumbek and Maridi. Hereby, the personal intercultural contact with the people on the ground was utterly important. "We came as strangers", said Dr. Andreas Archut, "and now we are leaving Yei with a feeling of belonging to each other. We know that we are part of a big Malteser family all over the world. We won't be able to see each other every day, but we know that we are there for each other." (Read the whole article of Dr. Andreas Archut on page 50)

#### Partnerships as the basis for long-term commitment

The partnership between Malteser Cologne and South Sudan will be followed by Malteser Germany in the archdiocese of Paderborn. This partnership will include exchange with and funding for the Malteser International nutrition unit in the hospital in Ma-

racha/Uganda. Malteser International has been supporting the hospital in Maracha in the fight against under- and malnutrition of children since 1996. The partnership will provide continued support of the project in Uganda and secure a more sustainable long-term perspective.

Malteser International welcomes these new partnerships as an important contribution to securing a long-term basis for projects worldwide, and hopes that many associations of the Order of Malta and Malteser groups all over the world will follow the example of Malteser Germany in Cologne and Paderborn and assume the responsibility for one of the Malteser International projects in Africa, Asia or Latin America.

#### Start a partnership with Malteser International!

If you are interested in a partnership with one of the projects of Malteser International all over the world, please contact Kathrin Meier at Malteser International Headquarters (phone: +49 221 98 22 665, eMail: Kathrin.Meier@malteser-international.org)





# South Sudan – Combating sleeping sickness, leprosy and tuberculosis

In September 2009 a delegation of Malteser volunteers from the archdiocese of Cologne (Germany) visited the projects of Malteser International in Southern Sudan. This was the first trip within their sponsorship for the programme in Sudan.



Dr. Andreas Archut

## Extracts of the travel diary of Dr. Andreas Archut (Malteser Germany, Cologne):

“...the Diocesan Board of Malteser in the Archdiocese of Cologne has recently decided to support Malteser International with an annual mite. Together with the Secretary Gen-

eral of Malteser International, Ingo Radtke, the Cologne Malteser branch have agreed that the projects in Southern Sudan will be the “godchild” of the diocese. Malteser International is active in this region in many different ways: in Southern Sudan the focus lies on the cities of Rumbek, Maridi, Yei as well as the capital Juba. Furthermore Malteser International is also working in the crisis-ridden region of Darfur. In addition it runs offices and projects in the neighbour countries DR Congo, Uganda and Kenya

### Being a „mzungu“ in the Sudan

A “mzungu” is a foreigner with white skin colour. In the villages of Southern Sudan such “wazungu” (plural form of ‘mzungu’) are not really common sights. No wonder that small children stop on the road with open eyes and mouths when seeing us. Our delegation consists of three “wazungu” from the German Rhineland. And none of us has ever set his white foot on African soil before.

Our visit in the Sudan is a game with changing rules: introduced as “observers” we

quickly change to become those who are observed. The local employees probably wonder what these strange pale figures from the faraway Germany want here. Five international and 100 local staff members work for Malteser International in Yei. They welcome us warmly with a mixture of respect and cautious curiosity.

Ingo Radtke explains that we are three volunteers from the Malteser Archdiocese of Cologne, representing all the members of the Malteser in Cologne who want to support the projects in the Sudan: Good godparents are interested in their godchildren. The fact that not “officials”, but “little helpers” went on the long journey, astonish our partners over and over again.

However, the mutual recognition increases with the growing understanding of our mission. In the end, the staff members in Yei are not less impressed than their visitors. They thank us for the energy that our visit had given them. And all of a sudden we all feel as a part of a large, global Malteser family.

### The difficult combat against tropical diseases

Right after our arrival we get a first impression of the work of Malteser International: On a tour we visit the St. Bakhita Health Centre of Yei. It arose out of different projects of Malteser International to combat tropical diseases and HIV/AIDS and was named after Josephine Bakhita (1869 – 1947), the first Catholic saint of the Sudan.

Until today the health centre is not only the last, but the only chance for hundreds of thousands of people living in the region in case they contract an infection such as tuberculosis, sleeping sickness or leprosy. For leprosy, the St. Bakhita health centre has a special building. Leprosy is an infectious disease caused by a bacterium and known since the ancient world. Today it can be treated well by the combination of several antibiotics, but these drugs are often not available in developing countries. When the patient can not hide the infection anymore, mutilations and



Visit to the health centre in Yei providing diagnosis and treatment for people infected with tuberculosis, sleeping sickness or leprosy: “It is good and important to be active here.”

amputations are often already inevitable. Just as with Maria, an old woman from the surroundings of Yei. Her right foot has to be removed soon. We ask her what will come next. The old woman looks at us sadly and then thoughtfully says a few words in the language of their tribe. The nurse translates with an expressionless face: “She thanks Malteser International for all what they will do for her.” The words resonate in us for a long time, even after we have said goodbye. Our help is important, but we cannot solve all

problems. Perhaps one can get used to misery but to give up is a totally different case. The encounter with the poor and sick in the “St. Bakhita Health Centre” is definitely very touching. And that brings up in us the conviction that it is good and important to be active here.

### An international Malteser family

For the three of us from the Rhineland the visit in Africa – our first one – is a week full of new impressions and intense experiences.

And then it is time to say goodbye. We came as strangers and leave Yei with the feeling that we belong to the same family somehow. At our farewell we all hug each other for the last time with the strong feeling that we are all a part of a big Malteser family. Even if we don't see each other all the time we know that we can rely on each other. The first step has been made...”

*Dr. Andreas Archut,  
Malteser Germany/Cologne*



The German “wazungu” came as strangers and left as part of a big international “Malteser family”.

# Malteser International and the global network of the Sovereign Order of Malta

## History and mission of the Sovereign Order of Malta



The purpose of the Sovereign Order of Malta is “the promotion of ... the Christian virtues of charity and brotherhood. The Order carries out its charitable works for the sick, the needy and refugees without distinction of religion, race, origin or age. The Order fulfils its institutional tasks especially by carrying out hospitaller works, including health and social assistance, as well as aiding victims of exceptional disasters and war ...” (Extracts from Article 2 of the Constitutional Charter)

The birth of the Order dates back to around 1048 in Jerusalem. It is a sovereign subject of international law and the oldest Order of knights of the Catholic Church. Made a religious Order by a bull issued by Pope Pascal II on 15 February 1113, the Order had to defend the sick and the Christian territories. All the knights were religious, bound by the three monastic vows of poverty, chastity and obedience. As time went on, the Order adopted the white eight-pointed cross that is still its symbol today. After losing its military role in 1798, the mission of the Order became exclusively humanitarian.

Following its historic mission to help the sick, the needy and the most disadvantaged in society, the Order of Malta continues its work today. Its programmes include medical and social assistance, disaster relief in the case of armed conflicts and natural catastrophes, emergency services and first aid corps, help for the elderly, the handicapped and children in need and the provision of first aid training, as well as support for refugees and internally displaced persons regardless of race, origin or religion.

With its 12,500 members, around 80,000 specially trained voluntary helpers and 13,000 employees, the Order of Malta provides help and assistance for people in need.

### Diplomacy – Linking into humanitarian activity

Today the Order has representatives in more than 50 countries, diplomatic relations with 104 countries and permanent observer status at the United Nations, the European Union and numerous international organisations, providing a unique diplomatic humanitarian network which is both a demonstration of its sovereignty and an operational instrument for its humanitarian activities.

Diplomatic relations also mean unparalleled access, at the political level, to national governments and international organisations. There is an important operational link between the Order’s diplomatic network and its humanitarian activity as it frequently enables the Order to react rapidly to emerging needs, and to speed the delivery of aid. The Order’s embassies in different parts of the world are tasked with



His Most Eminent Highness the Prince and Grand Master Fra' Matthew Festing

“As we face a world where economic distress is a fact of life, the plight of those who suffer – the poor, the sick, the homeless, internally displaced persons, refugees, the disabled, the elderly – becomes ever more acute. We, members of a religious lay Order with a 900-year old tradition of caring for the poor and the sick, are crucially aware of the need to look to our fellow man. This has always been our mission, and it remains our mission and our focus today.

From our founding in Jerusalem, the Order has concentrated on helping those who suffer. And in the twenty-first century, every hour of every day in over 120 countries, Order members, staff and volunteers work in our hospitals, hospices, day care centres and schools. It is a work that never ends and a vocation that we are proud to carry out...”

*Fra' Matthew Festing  
79th Grand Master of the Sovereign Order of Malta*

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supporting the medical and humanitarian activities of its national Associations and of its worldwide relief service, Malteser International.

In the international political field, the Order of Malta is neutral, impartial and non-political. Due to these characteristics, the Order can act as a mediator.

### Malteser International –the Order of Malta’s worldwide relief service for humanitarian aid

With its work and mandate, Malteser International has taken up the historic mission of the Order of Malta. Evolved from Malteser Germany, thus set up in accordance with German Law, and launched on 4 March 2005 in Rome as the worldwide organisation of the Sovereign Order of Malta for emergency relief and rehabilitation, Malteser International took the place of the former ECOM (Emergency Corps Order of Malta) which had long-standing experience in international relief activities. It connects the existing humanitarian strengths and expertise within the Order’s institutions and helps to reinforce the global network of 46 National Associations and Grand Priorities with the aim of pooling the resources of all partners in a worldwide serv-

ice to people in need. At present, Malteser International has two branches: “Malteser International” ([www.malteser-international.org](http://www.malteser-international.org)) in Europe (Cologne/Germany) and “Order of Malta Worldwide Relief – Malteser International Americas” ([www.maltarelief.org](http://www.maltarelief.org)) in the USA (Washington DC).

Wherever aid is needed, Malteser International is ready to provide it – with care, with compassion, and with a commitment to help with sustainable rehabilitation once the immediate need is over. Malteser International’s work stretches from north to south and across the world, based on and supported by the worldwide network of the Order. Around 1,000 employees carry out missions in about 20 countries. 90 to 100 international experts are currently working in the world’s emergency and crisis regions in close cooperation with about 900 local staff members. They provide first aid and first aid training, basic health care, vaccination programmes, care for people suffering from leprosy, HIV/AIDS and other diseases, as well as alleviation from hunger and homelessness. Thus Malteser International and its staff truly fulfil the mission of the Order of Malta: to care for those in need. This is as important today as it was 900 years ago.



Around 1,000 employees carry out missions in about 20 countries, supported by the staff in the headquarters in Cologne (Germany).

## Members of Malteser International (June 2010)

**Australia**  
[www.smom.org.au](http://www.smom.org.au)

**Austria**  
[www.malteserorden.at](http://www.malteserorden.at)

**Belgium**  
[www.ordredemaltebelgique.org](http://www.ordredemaltebelgique.org)

**Canada**  
[www.orderofmalta-canada.org](http://www.orderofmalta-canada.org)

**Cuba**  
[www.ordendemaltacuba.com](http://www.ordendemaltacuba.com)

**France**  
[www.ordredemaltefrance.org](http://www.ordredemaltefrance.org)

**Germany**  
[www.malteser.de](http://www.malteser.de)

**Great Britain**  
[www.orderofmalta.org.uk](http://www.orderofmalta.org.uk)

**Hungary**  
[www.orderofmalta.org](http://www.orderofmalta.org)

**Ireland**  
[www.orderofmalta.ie](http://www.orderofmalta.ie)

**Italy**  
[www.ordinedimaltaitalia.org](http://www.ordinedimaltaitalia.org)

**Malta**  
[www.orderofmalta-malta.org](http://www.orderofmalta-malta.org)

**Mexico**  
[www.ordendemaltamexico.org](http://www.ordendemaltamexico.org)

**Netherlands**  
[www.maltezerorde.nl](http://www.maltezerorde.nl)

**Poland**  
[www.zakonmaltanski.pl](http://www.zakonmaltanski.pl)

**Portugal**  
[www.orderofmalta.org](http://www.orderofmalta.org)

**Scandinavia**  
[www.malteserorden.se](http://www.malteserorden.se)

**Singapore**  
[www.orderofmaltasingapore.org](http://www.orderofmaltasingapore.org)

**Switzerland**  
[www.malteserorden.ch](http://www.malteserorden.ch)

**United States of America**  
[www.maltausa.org](http://www.maltausa.org)  
[www.orderofmalta-federal.org](http://www.orderofmalta-federal.org)  
[www.orderofmaltausawestern.org](http://www.orderofmaltausawestern.org)

[www.orderofmalta.org](http://www.orderofmalta.org)  
[www.malteser-international.org](http://www.malteser-international.org)  
[www.maltarelief.org](http://www.maltarelief.org)

# Structures and committees of Malteser International

## President



Nicolas de Cock de Rameyen  
(Belgium)

## Vice-Presidents



Comte Thierry de Beaumont-Beynac  
(France)



Geoffrey Gamble  
(USA)



Charles-Louis de Laguiche  
(Switzerland), Financial Supervisor



Richard Freiherr von Steeb  
(Austria)



Ambassador (ret.) Theodor Wallau  
(Germany)



Michael Khoo  
(Singapore)

## Secretary General



Ingo Radtke  
(Germany)

22 national Associations and Priors of the Order of Malta are currently members of Malteser International. Their representatives together with the Board of Directors, the Secretary General, the Vice-Secretary General and the Chaplain of Malteser International form the General Assembly that is convoked at least once a year. Its main duty is the election and the discharge of the voluntary Board of Directors, the acceptance of the annual accounts as well as the approval of the annual budget.

The Board of Directors of Malteser International consists of the President and up to six Vice-Presidents whereof one holds the position of Financial Supervisor. The President and at least another four members of the Board of Directors have to be members of the Order of Malta. The Board of Directors is in charge of the strategic orientation and bears the overall responsibility within the framework of the arrangements that have been made in written form with Malteser Germany. It meets at least four times per year and works on a purely voluntary basis. After their first quadrennial term of office, all members of the Board of Directors – having declared their preparedness for a further commitment – were re-elected unanimously by the General Assembly on 5 May 2009 for another four years. The position of a sixth Vice-President in 2009 was taken over by a representative from the Asia/Pacific region.

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

## ABBREVIATIONS

- AA Federal Foreign Office (Germany)
- ADH Germany's Relief Coalition (Aktion Deutschland Hilft)
- ADPC Asian Disaster Preparedness Centre, Bangkok for training in Community Based Disaster Risk Management
- AECI Agencia Española de Cooperación Internacional (Spanish Agency for International Cooperation)
- AMREF African Medical and Research Foundation (Kenya)
- AussiCODES Aussi Community Development and Educational Society (Indien)
- BMZ Federal Ministry for Economic Cooperation and Development (Germany)
- CAAFW Cambodian Association for Assistance to Families and Widows
- CDF/AusAID Community Development Fund /Australian Agency for International Development
- CERF Central Emergency Response Fund
- CHF Common Humanitarian Fund
- CHHRA Cambodian Health and Human Rights Alliance
- CIDO Society Integration Development Organisation (Cambodia)
- CISOM Ambulance Corps of the Italian Association of the Order of Malta
- DED Deutscher Entwicklungsdienst (Germany)
- ECHO Humanitarian Aid department of the European Commission (Belgium)
- EDF European Development Fund
- FAO Food and Agricultural Organisation of the United Nations (Italy)
- GLRA German Leprosy and Tuberculosis Relief Association
- GTZ Deutsche Gesellschaft für Technische Zusammenarbeit GmbH (Germany)
- HFTC Help for the Children (Sri Lanka)
- IBC International Blue Crescent (Turkey)
- IRC International Rescue Committee (USA)
- LASOONA Society for Human and Natural Resource Development (Pakistan)
- LRWHF Lanka Rain Water Harvesting Forum (Sri Lanka)
- MAV Employee representation of Malteser Germany
- MHDA Malteser Hospitaldienst Austria
- NCC Nairobi City Council (Kenya)
- NHSD Network for Human and Social Development (Pakistan)
- NIDA National Integrated and Development Association Pakistan
- NWSDB National Water Supply and Drainage Board (Sri Lanka)
- PHF Pakistan Humanitarian Forum
- PMK Die Sternsinger – Päpstliches Missionswerk der Kinder (Germany)
- SDMA State Disaster Management Agency (Pakistan)
- STI Swiss Tropical Institute
- TCCF Turkmeneli Cooperation and Cultural Foundation (Iraq)
- TDDA Trincomalee District Development Association (Sri Lanka)
- UNDP United Nations Development Programme (USA)
- UNFPA United Nations Populations Fund (USA)
- UNHCR Office of the United Nations High Commissioner for Refugees (Switzerland)
- UNICEF United Nations Children's Fund (USA)
- UNOPS United Nations Office for Project Services (Denmark)
- USAID United States Agency for International Development (USA)
- WCFF World Child Future Foundation (Liechtenstein)
- WFP United Nations World Food Programme (Italy)
- WHO World Health Organisation (Switzerland)

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## Support our Efforts: Donate Now

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

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

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