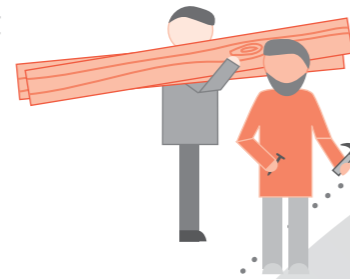


# International Activities Report 2018

The Global Activities of Johanniter-Unfall-Hilfe e.V.



Johanniter enables young people in Syria to be trained as carpenters. The project has reached **30,000 people**.



» Page 18

**55 partner organisations around the world** work with Johanniter in joint projects. One example of this cooperation is the GROWTH project in Southeast Asia.



» Page 6

We assisted more than **12,000 people** after the earthquake and tsunami in Indonesia.



» Page 16

We improved medical care for around **300,000 women and children**. In Kenya, together with our partner organisations, we offer medical services to the local population and to refugees living there.



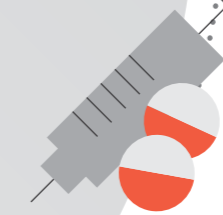
» Page 8

Around **680,000 people** benefited from water, sanitation and hygiene measures put in place by Johanniter International Assistance. In Ecuador, for example, we gave families access to clean drinking water through the construction of new water pipelines.

» Page 14



Around **1.7 million people** benefited from our basic medical care. In Iraq, traumatised refugees receive psychological care with our help.



» Page 10

**Johanniter International Assistance helps more than two million people worldwide.**

Health in South Sudan, the Democratic Republic of the Congo and in Afghanistan pp. 19, 20, 22

Best practice p. 21

Disaster response p. 24

Report of the Federal Board p. 27

Projects in 2018 p. 30

Statistics for 2018 p. 34

Financial Report p. 36

Outlook p. 38

**278 international and local** staff members work for Johanniter International Assistance in Germany and for the country offices.



» Page 12

More than **160,000 people** were able to achieve long-term improvements in their nutritional supplies and livelihoods. In Myanmar, landmine victims organised themselves to form self-help groups with the assistance of Johanniter.



## Countries in which Johanniter International Assistance carried out projects



Photo: Florian Kopp

In Ecuador, we are building irrigation systems for sustainable agriculture together with the communities. This increases income and supports healthy nutrition.



Photo: Johanniter

In Afghanistan, we are working to lower maternal and child mortality. We are training 30 midwives to raise the number of assisted births.



Photo: Lena Mucha

In Mozambique, our Disaster Response Workers stabilised medical care after the cyclone Idai. 850 people received medical treatment. We are now assisting medical care, combating malnutrition and building sanitary facilities.



Photo: Minzayar Oo

Landmines in Myanmar claim victims almost every day. We help those affected, e.g. in self-help groups to aid re-integration and to strengthen communities.



Photo: Axel Fassio

In Kenya, we are handing out supplementary food to mothers with children under the age of six months and to pregnant women. Together with our partner organisations, we are offering medical services to the local population and to refugees living there.



Promoting **health** and treating **illness**.



Promoting improved **hygiene practices** among the population and the provision of adequate **water** and **sanitary facilities**.



We help people to re-establish and stabilise their **livelihoods** and **basic food security**.



Combating **malnutrition** and promoting positive **eating habits**.



Photo: Inga Sommer

### Dear Friends of Johanniter International Assistance,

Trust, joint goals and mutual support are important features of a successful partnership – both between people and between organisations. With a strong team and together with our partner organisations, we were able to provide assistance around the world in 2018 thanks to your help.

In Indonesia, we brought humanitarian relief after an earthquake and a tsunami. We were able to help refugees through nutrition programmes in South Sudan and psychological support in Iraq. In Ecuador, we improved the livelihoods for indigenous highland communities together with local partner organisations. In addition to such long-term measures, which also serve climate and resource protection, we recently demonstrated our professional help after natural disasters. This year, our Disaster Response Team with its volunteers was deployed for the first time in Mozambique, while we simultaneously planned relief projects in parallel with local organisations.

Local and national partner organisations have long since become an important part of our global commitment. Since they are established in the project countries, they are able to implement our relief as needed and in accordance with the local context. Tolerance and mutual respect form the basis of our joint actions. We are committed to this in our international humanitarian relief.

You, dear friends, make this engagement and this development possible in the first place. I would like to thank you on behalf of all Johanniter.

Yours sincerely,

Susanne Wesemann  
Director of Johanniter International Assistance

## Our work helps around two million people around the world each year.

Working with local partners and people for a better future and for the right to live with dignity and health in times of crisis.



Photo: Erika Pirter



Photos: Erika Piferos

Reaching targets together: In Cambodia, Johanniter are carrying out relief projects together with partner organisations.

# Joint Support on Equal Terms

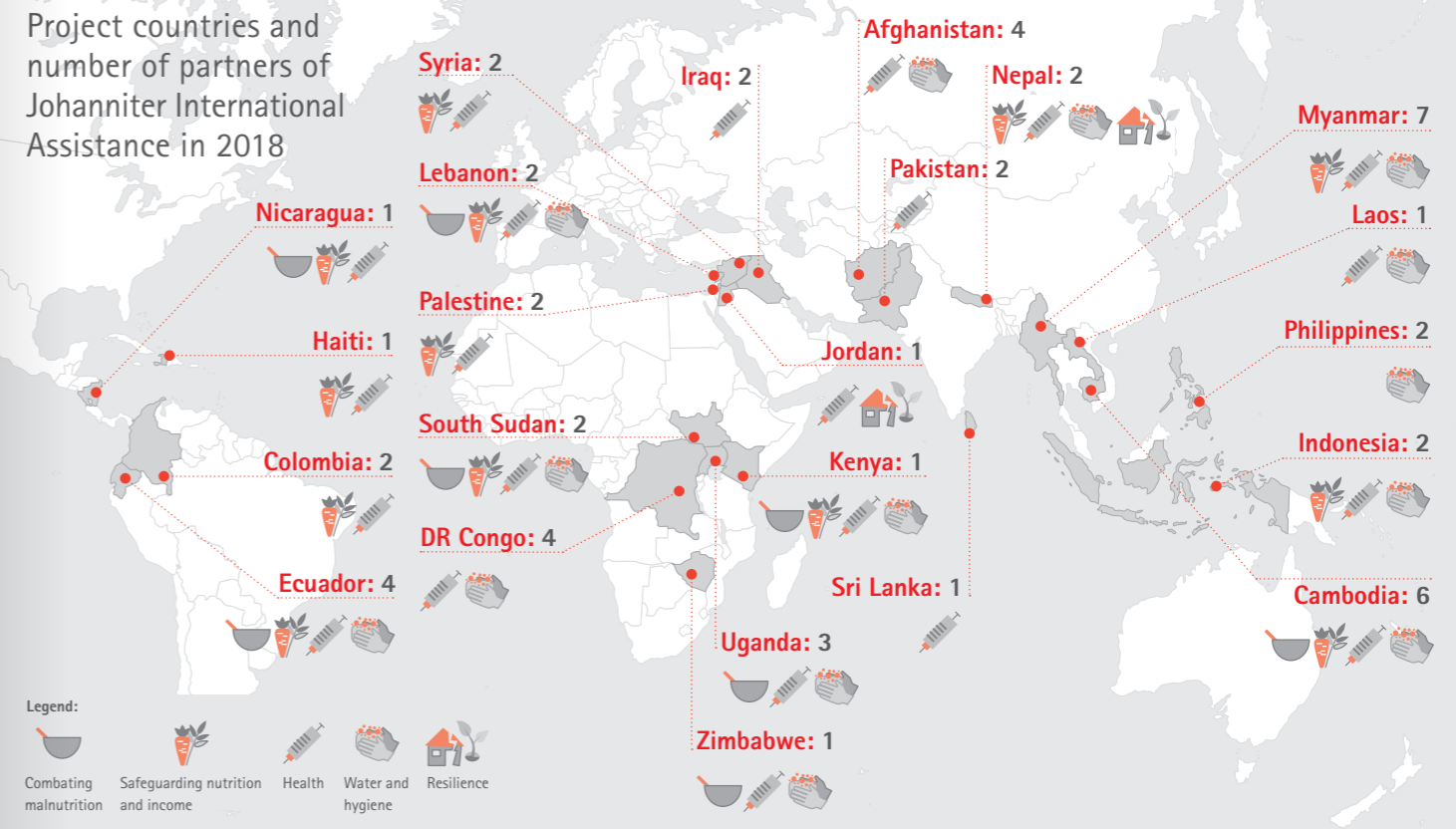
The collaboration with local partner organisations is a strategic priority of Johanniter International Assistance. It strengthens civil society structures and the specific cultural context can be better taken into account in relief measures. This allows us to implement one important commitment of the Charter for Change, to which Johanniter signed up for.

As local as possible, as international as necessary: This was the motto of the World Humanitarian Summit 2016 in Istanbul, which set important impulses for the future of humanitarian relief. Local actors in particular are to take on a more prominent role than before. Depending on regulations in the relevant countries, Johanniter either implement their projects themselves or partner with local organisations. Especially in acute emergencies and after disasters, local actors are often the primary agents of their preparedness, response and recovery and remain on site. And they remain the only emergency relief on site when international organisations leave and, with them, the attention of the media.

Therefore, one important step is to support local actors to take appropriate actions and to strengthen their humanitarian relief. Local actors are key for long-term projects in order to ensure the lasting impact of the measures. They are rooted within their communities and ensure that e.g. infrastructure improvements continue to be available even after a project has ended. They literally speak the same language and understand the needs and resources of the target groups. That is why Johanniter supported the project implementation of 55 partner organisations in 2018.



Project countries and number of partners of Johanniter International Assistance in 2018



Legend:  
 Combating malnutrition (bowl icon)  
 Safeguarding nutrition and income (carrot icon)  
 Health (syringe icon)  
 Water and hygiene (hand with water icon)  
 Resilience (house icon)

## GROWTH: For a civil society capable of taking action

In 2018, the Johanniter started their first transnational project in Southeast Asia. The capacities of five grassroots partner organisations in Myanmar, Cambodia and the Philippines will be strengthened long-term. Johanniter's regional and worldwide experience values informed the process, so that organisations can improve their structures more efficiently and make them more transparent. When grassroots organisations are strengthened, civil society will also grow, which in turn contributes to social change. This is necessary in many places in order to attain inclusion of disadvantaged people or to resolve conflicts of any nature.

### Increased financial scope for action

In many countries, however, civil society actors are not only politically threatened in their scope for action, but also financially. Therefore, the GROWTH project is looking for innovative ways to help small organisations to gain greater financial independence. The Charter for Change, which was launched at the World Humanitarian Summit, specifies as one of its commitments that international relief organisations must pass on at least 20 percent of their own humanitarian funding directly to southern-based NGOs. Johanniter International Assistance clearly meets this objective at 37 percent.

Another important point is mutual exchange among themselves and at the national level. Grassroots organisations should be able to draw on their strengths and experience in other projects in order to multiply their positive impact. Good experience and success stories are worth sharing. That's where GROWTH starts.

### Understanding and internalising complex standards

While international standards are becoming ever more complex, smaller grassroots organisations are often only able to learn about and implement them during short-term project activities. The GROWTH project now enables them to get to know and familiarise themselves with these standards outside relief activities. By 2022, they should have the means to provide professional and local assistance within their countries and to receive direct financial support from donor countries in the medium term.

# Kenya: Coordinated Relief Against Hunger



In Northwest Kenya, our partner organisation is offering medical services to refugees and the host population. This is done at clinics and through health workers in people's homes.



"In the next three days, we will measure the mid-upper arm circumference of 800 women and children. Anyone who suffers from malnutrition receives three packages of supplementary food," explains Marc Lomoru, the manager of Clinic 2 in the refugee settlement Kalobeyei. He is standing in the doorway to the storeroom, where packets containing supplementary food are stacked all the way to the ceiling. It's a delivery from the UN refugee programme UNHCR, which works closely with AICHM (Africa Inland Church Health Ministries), Johanniter's partner organisation.

Distributing supplementary food is only one of the activities of AICHM and it is a good example of how cooperation with other aid organisations can work. For the needs in Kakuma, Kenya, where 150,000 refugees from eight nations are seeking assistance, exceeds the capacities of individual organisations.

This makes early detection and prevention of illnesses or malnutrition, which is mainly carried out by community health workers, all the more important. "We go to people's homes and inform them about our services. If they suffer from specific health conditions, we refer them to the right contact persons," says Beth Mburu. These community health workers are the first step of the health system, which starts with Level 1 support and ends with Level 5, consisting of specialised hospitals, surgical theatres and air-conditioned wards. Only good cooperation makes it possible to give people a dignified life.



Photo: Thomas Rommel

**Beth Mburu**, Medical Expert of AICHM: "Coordination is essential. We depend on each other to be able to offer people effective relief."

Over several hours, young mothers come and go and receive supplementary food containing flour supplemented with vitamins and minerals. All mothers with children under the age of six months as well as all pregnant women receive these packages once a month. Those diagnosed with malnutrition receive them every two weeks until their body has recovered.

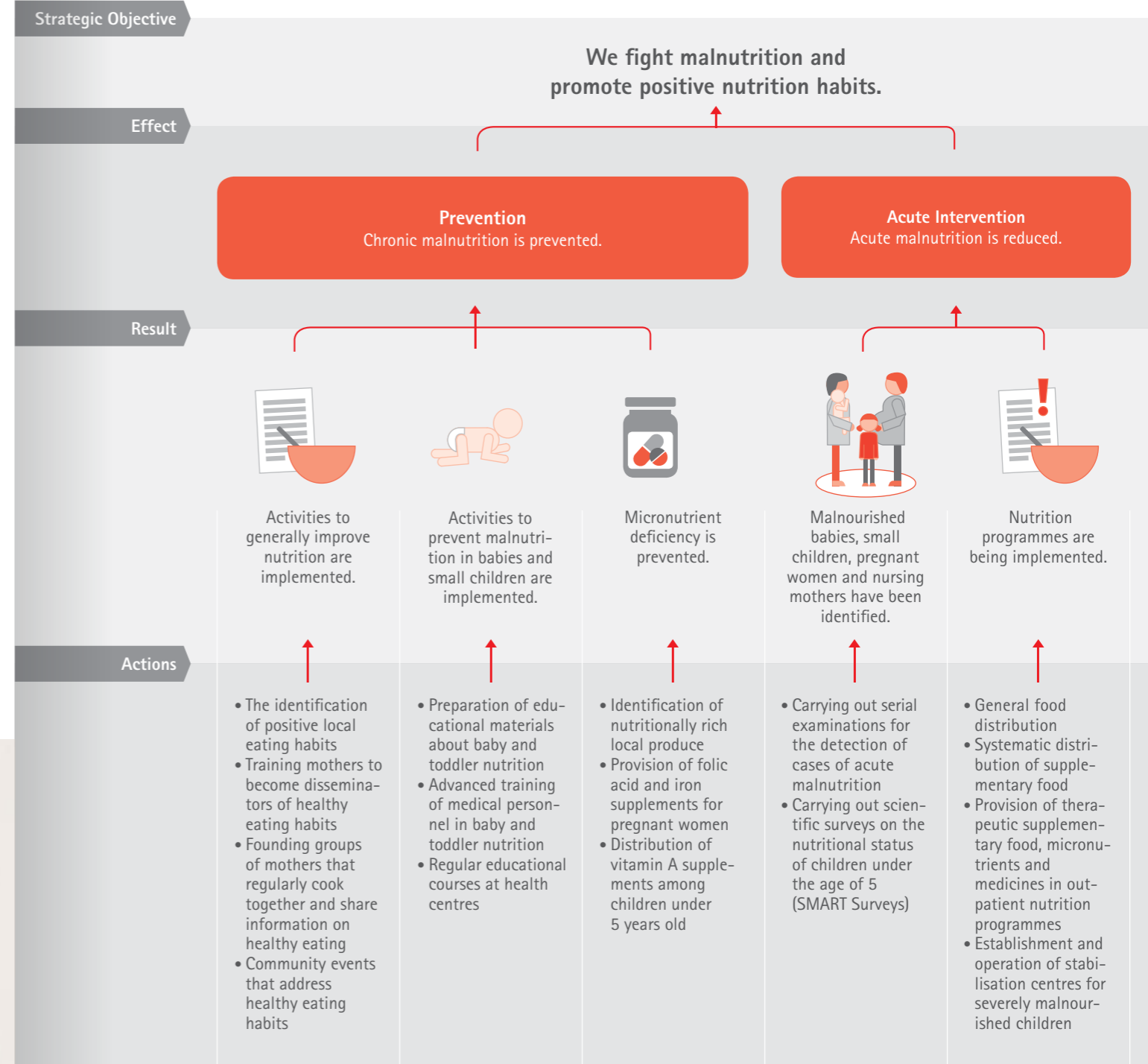
Young mothers receive supplementary food provided by UNHCR. Johanniter support AICHM, especially in its work with volunteers.



Photo: Magdalena Kiliwing

## Rationale of Nutrition Projects

Our Johanniter International Assistance healthcare projects include activities for the prevention of malnutrition. In addition to initiating positive nutrition behaviour change, the goal is to prevent acute malnutrition. Of particular importance is the phase from early pregnancy until the child's fifth year of life. A comprehensive malnutrition prevention programme requires that activities affecting nutrition, health, long-term income and food security as well as water, sanitation and hygiene complement each other. In crisis situations, especially young children, pregnant and lactating women, and survivors of disasters benefit from programmes that are carried out in primary health care units and at the community level.





A Jiyan employee speaks to a patient about mental illness.

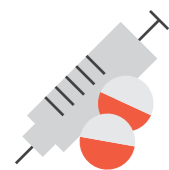
Photo: Jiyan Foundation



Photo: Leif Hinrichsen

**Salah Ahmad**, Director of the Jiyan Foundation: "We enjoy the trust of all groups in this varied region because people notice that we do not treat anyone differently."

During the regime of Islamic State (IS), the Iraqi city of Alquosh has taken in many traumatised refugees. Our partner organisation Jiyan Foundation for Human Rights is offering psychological support for those affected and is striving to reduce tensions.



## Iraq: Open Wounds After the Reign of IS

"In ten years, all Assyrians will have left this country," one Assyrian doctor predicts. "People are leaving because they feel that they are not welcome, and because it is only a question of time until Islamic State is back." When IS was pushed out of Nineveh Province in 2017, it not only left many dead but also many wounded souls, deep mistrust and fears of further tensions.

Nineveh Province is home to Sunni and Shiite Muslims, Kurds, Yazidis and Assyrian Christians. Especially non-Sunni inhabitants were tortured, raped or enslaved.

The Jiyan Foundation looks after the traumatised victims. "Jiyan is currently the only actor on site to be able to offer psychological treatment in line with Western standards," Johanniter project coordinator Andreas Hagen explains. The downside: Its primary healthcare centres are filled to breaking point, its

waiting lists for patients needing urgent treatment are long. For this reason, the expansion of a health station was commenced in October 2018.

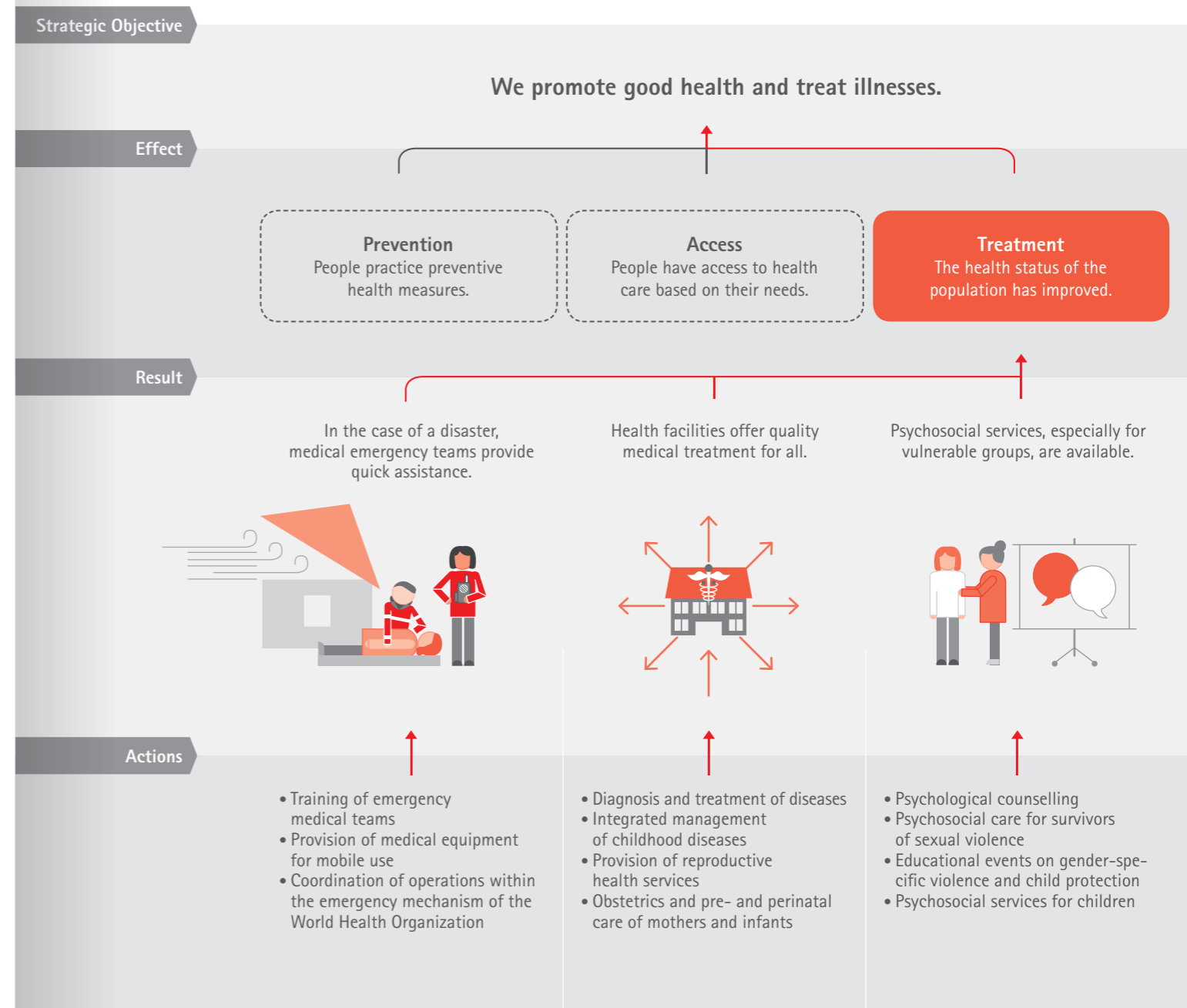
The population is offered basic medical care, during which doctors also discuss mental health with the patients. In a further step, Jiyan offers opportunities for diagnosis and psychological treatment.

In mobile teams, specialised employees offer additional weekly primary care to refugees, carry out instant diagnoses and refer patients to suitable locations. Jiyan makes no distinction based on ethnic or religious affiliation and instead supports a dialogue between the different groups in order to reduce long-term conflict potential. This is because Alquosh is situated on a constantly changing border between Kurdistan and Central Iraq which has seen tensions for a long time.

### Rationale of Health Projects

The project activities implemented by Johanniter International Assistance increase the resilience of healthcare systems in regions hit by crises in order to facilitate access to high quality healthcare based on the needs of the affected people. This includes strengthening the infrastructure of primary healthcare facilities and basic and advanced training for medical staff. Following disasters, Johanniter will help to ensure immediate survival by dispatching internationally certified emergency medical teams.

Preventive measures such as health and hygiene promotion as well as mother and child preventive healthcare form the core of our work, with the aim of reducing morbidity and mortality rates in the short, medium and long term. We integrate health supporting measures such as access to safe water, adequate sanitation facilities, and education awareness on the importance of nutrition.





Landmines claim victims in Myanmar almost daily. A Johanniter project in the East Bago region helps those affected to cope with life after tragedy.



# Myanmar: Inclusion of Landmine Victims

Ma Kyi Aye's accident happened in 2008, when she was out in the forest harvesting bamboo shoots and she stepped on a landmine. Severely wounded, the 49-year-old farmer only reached a hospital hours later and along detours. At the hospital her leg was amputated. "I begged the doctors to give me a lethal injection," Ma Kyi relates. She was overwhelmed by the fear that she might not be able to care for and raise her four children.

Many victims suffer from depression and alcoholism after their accidents. At the end of 2014, together with the local organisation Karen Development Network (KDN) Johanniter started to teach residents like Ma Kyi about the risks of landmines and to distribute relief goods like school uniforms and kitchen utensils. Self-help groups were founded, especially in order to overcome mental crises together.

More than 350 victims of landmines have formed groups since 2018. Ma Kyi joined a group with 20 members. "I was no longer alone, that made me happy," Ma Kyi explains.

After a number of training sessions, she started working as an accountant for her group. She learnt how to manufacture soap and how to keep domestic animals. Income-generating projects were started within the group as a community of solidarity. The common seed capital made the cultivation of nuts and beans possible. Crises can now be overcome more safely. Thanks to the networked work on site, local employees and KDN's continual presence in the region, the project-based approach is effective and today the people have a perspective in life again.



The project enabled Ma Kyi to improve the situation of her family and of her community. Its togetherness made her feel happy again.



"What I have lost remains lost. I must move on," Ma Kyi Aye says.

## Rationale of Food Security and Income Generation Projects

Johanniter International Assistance implements sustainable income and food security programmes that increase the resilience of disadvantaged people before, during and after crises and natural disasters.

In this context, Johanniter International Assistance seeks to promote and ensure the permanent availability of appropriate food as well as better access to markets and arable and grazing land either for home-based food production or alternative income opportunities. Projects also promote the healthy utilisation of foodstuffs through the provision of appropriate storage, clean water, sanitation and health facilities as well as the adoption of good hygiene practices. There is a direct link between the protection of natural resources, such as land, water and forests, and the sustainable production of and access to food, which is why Johanniter International Assistance is committed to addressing these topics through awareness-raising approaches, training courses and educational materials.

Strategic Objective

We support people in restoring and stabilising their income and food resources.

Effect

People everywhere have permanent access to a secure and balanced food supply.

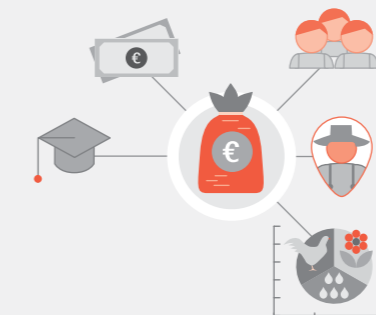
The vulnerable people improve their income long-term and organize their life in a self-reliant way.

Result

People improve their income.

Affected people receive financial support and/or material goods to ensure their survival after disasters or in protracted crises.

Actions



- Vocational education and training measures
- Allocation of seed capital and equipment for small entrepreneurs
- Establishment of savings and credit groups
- Trainings for the improvement of agricultural and livestock management methods
- Support for access to local marketing opportunities
- Development of agricultural and productive cooperatives



- Distribution of relief supplies such as building materials, tools, blankets, water canisters, warm clothing, etc.
- Selection of beneficiaries for cash transfers and distribution of vouchers



Connections to water supply keep people healthy, give them more time and protect the sensitive highlands.



# Ecuador: Local Solutions for Global Problems



Climate change and the development of previously untouched areas for agriculture have had lasting changes on the Andes in Ecuador. In addition to eroded hillsides, the highlands are at risk as an important reservoir of drinking water. Since 2013, Johanniter have worked together with the local partner organisation IEDECA to improve the living conditions for indigenous highland communities while protecting resources.

Humberto Tutillo lives in the village of Otón near the volcano Cayambe. He was trained as a water technician by IEDECA and participated in building a water supply system in his community in the last two years. By the end of 2018, nearly 2,000 families had been given access to clean drinking water, which reaches the houses of the community via new pipelines. Now Humberto is responsible for ensuring that the pipelines continue to work. For this, he is given regular on-site training by IEDECA, an organisation which has expanded their expertise over the last 25 years. Humberto passes on his knowledge to the members of his community.

"I am thankful to my community that we have built the water system together," Humberto says. Close co-operation between all the members of the community – from the decision to planning to implementing joint projects – forms the basis of long-term success. Much has also changed with regard to health: the drinking water is no longer contaminated and the diet has become healthier. "Having access to clean drinking water not only means fewer diseases. We can now also grow our own grass for our cows and milk them. We did not use to have milk yield," Humberto says. Instead of developing new land, existing fields are used in a more efficient way. This is possible thanks to new irrigation techniques and the application of new knowledge. "We can now generate additional income which keeps our families together," Humberto says.

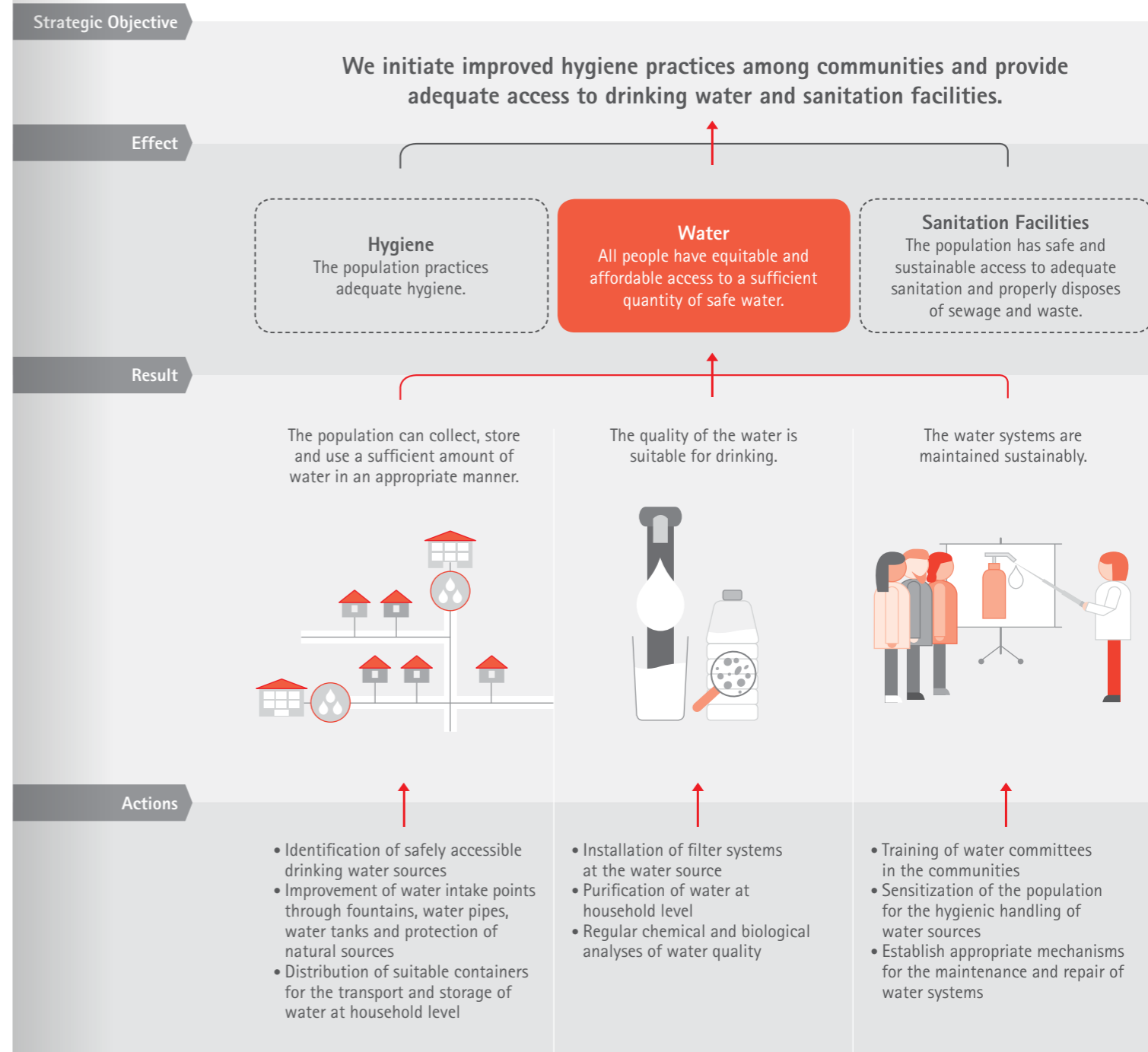


Photos: Erika Piñeros

"Having access to clean drinking water not only means fewer diseases. We can now also grow our own grass for our cows and milk them. We did not use to have milk yield," says **Humberto Tutillo**, who has been trained as a water technician.

## Rationale of Water, Sanitation and Hygiene Projects

Johanniter International Assistance facilitates access to safe drinking water, adequate sanitation facilities and hygiene awareness to maintain health and prevent disease, and has integrated preventative hygiene measures in all healthcare projects. By 2025, Johanniter will have integrated preventive hygiene measures into all health projects in a standardised manner. Among other things, this includes such measures as promoting hand washing at critical periods, menstrual hygiene and the distribution of hygiene products. When required, Johanniter International Assistance provides support for the construction, maintenance of and access to appropriate WASH infrastructure, whereby the hygienic disposal of waste and sewage is also taken into consideration.





# Indonesia: Relieve Distress, Reduce Risks



On 28 September 2018, the Indonesian island of Sulawesi was hit by a severe earthquake. The earthquake mixed soil and groundwater near the city of Palu and thus turned the subsoil liquid. Many buildings and people disappeared within seconds. What remained was terror, fear, and the loss of homes. Johanniter helped via local partners.



Photo: Sybille Auer

Immediately after the earthquake, Indonesia committed the international community to implement aid through national organisations. Johanniter were quickly able to access a network of former partner organisations and employees established over the preceding years. Until 2015, Johanniter had maintained a country office. At the time, Henry Pirade led disaster response training workshops and then joined the local organisation INANTA (Yayasan Inovasi Ketahanan Komunitas).

Together with INANTA, it was possible to quickly formulate and implement relief measures in Central Sulawesi after the earthquake. 1,000 affected families received emergency packages containing kitchen utensils, buckets, mattresses, tarpaulins and sanitary articles. 2,000 school children were given writing materials, exercise books and backpacks to be able to go back to school. Employees of INANTA implemented hygiene measures and restored the drinking water supply. They repaired damaged wells and pipelines for 578 households in the cities of Palu and Sigi.



As part of the relief measures, tank lorries supplied people with clean drinking water.



Photos: Egidia Kaloenssi

In order to make it easier for people to recover from the emergency, these measures have been followed by implementations to reduce disaster risk in 2019. The aim is to make people more resilient at the local level. Early warning systems or disaster response plans are important elements that INANTA already has today, and which it is strengthening through training workshops in close cooperation with Johanniter. "Localised support should always be more than just allocating

financial resources to local partners. Crisis management can be fundamentally changed, existing partnerships can be optimised and the voice of the affected population can be strengthened," Pirade says.



Photo: Mike Auerbach

**Campaign #nichtvergesser: More than 136,000 votes against forgetting.**

The awareness campaign #nichtvergesser, a collaboration of 16 relief organisations and the German Federal Foreign Office coordinated by Johanniter International Assistance, was completed successfully. The goal we have set ourselves of achieving a total of 100,000 votes against the forgetting of people from forgotten humanitarian crises, has exceeded the target with 136,000 by far. Under its motto "Forgetting crises means forgetting people", the campaign encouraged young people to familiarise themselves with humanitarian crises. Since the start of the campaign in summer 2016, the participating organisations have carried out a number of events, workshops and a press series on the range of topics.



Photo: EPDC



Old master carpenters are passing on their knowledge to young people. This promotes rebuilding in Syria.

The right to live with dignity applies to all people in the same way. In the city of Arbin, we assisted the Syrian inhabitants in rebuilding their bombed-out city.

## Syria: Young People Training to Become Carpenters

2018 was a decisive year for the Syrian city of Arbin in the East-Ghuta region. After its people had had to endure a five-year siege, fighting escalated at the start of 2018. The city in the East-Ghuta region became the target of numerous bombs, and at the end of April, the Syrian army finally gained control. Johanniter International Assistance assisted the inhabitants during rebuilding by offering income-generating measures for making a new start.

This was based on a tradition. Before the war, Arbin had been famous for producing filigree mother-of-pearl furniture. Trade knowledge and potential existed locally, but manufacturing structures were absent. As a result, in November 2018, an initial pilot project was launched together with the partner organisation St. Ephrem Patri-

archal Development Committee (EPDC), in which 25 young people started professional training at a carpenters' workshop. The workshop first needed to be repaired and equipped due to bomb damage. Afterwards, the young people and the experienced carpenters manufactured urgently needed wooden products like doors, windows and furniture. Later they will have a respectable source of income while contributing to the rebuilding of the city at the same time.

"The carpenters' workshop contributed to reinvigorating the city's local market and the neighbourhood. Many owners of local shops have started restoring and reopening their businesses. The carpenters' workshop is closing an important gap in the supply," explains Luisa Rueda, office manager of the Johanniter in Jordan.

The project, which benefits around 30,000 people in the surrounding part of the city, is financially supported by the fundraising alliance "Aktion Deutschland Hilft (ADH)".

In future, Johanniter International Assistance in Syria will assist with creating the foundations for generating income. "Giving prospects to young people after the turmoil of war, and enabling them to support their families, reduces much of their suffering. It prevents radicalisation, and people are able to support themselves. This is extremely important for them to gain strength. We are also successfully applying similar approaches in neighbouring countries affected by the consequences of this long conflict," says Jens Schwalb.

## South Sudan: Giving a Chance to New Life



Mothers help mothers by teaching better breastfeeding behaviour and important hygiene rules. This helps to prevent diseases and the causes of malnutrition.



Photos: Lambert Coleman

Hardly any other country sees more mothers and newborns die during birth than South Sudan. A Johanniter obstetrics ward offers expectant mothers assistance during the birth as well as extensive pre- and perinatal care.

We would like to thank the charitable foundations! Many of our projects in South Sudan were only made possible by the commitment of charitable foundations. In addition to the obstetrics ward in Kangi, we are running a medical centre to treat malnourished children using foundation funds. Since the end of 2018, the Else Kröner-Fresenius Foundation has assisted us with a new women's health project, while the Conrad Foundation is helping us in the area of hygiene projects.

Doctors or midwives who could help with complications during births are often far away in South Sudan. This used to be the situation in the small town of Kangi. While the around 60,000 inhabitants had access to a health ward, midwives only worked there sporadically. Why? They neither earned a regular income, nor was there enough space for pregnant women. With the financial assistance of the fund of the Swiss chapter of Johanniter Order, an obstetrics ward with 20 beds was set up, which started its work in February 2018.

Four midwives work there to assist pregnant women daily. They identify risks together with the mothers and talk about diseases that can occur before the birth. After the birth, they teach mothers how to breastfeed or give family planning advice. During the first nine months, 112 children were safely delivered on the ward. 51 women received assistance during their pregnancies. 67 women

received care after the birth, and 77 small children were vaccinated. The foundation is paying the midwives a supplementary income until 2020 to enable them to safeguard their existence and ensure that they stay on.

Nevertheless, there is a lot of work to be done, explains Charles Okidi, who manages Johanniter projects in South Sudan. "There are around 2,400 pregnant women in the catchment area of the health ward, of whom only a fraction visit our ward for the birth. Many still give birth to their children at home or with neighbours." That's why specialised volunteer health workers are raising awareness of the new ward in the villages and households. The offer has also been expanded: Since December, the obstetrics ward also offers help to victims of sexual violence.



Women in particular are victims of sexual violence. Many actions remain unpunished.

# DR Congo: Help for Survivors of Sexual Violence



Sexual violence is a brutal weapon during conflicts. It stokes fear and is fuelled by impunity. In the Democratic Republic of Congo, Johanniter supports survivors of sexual violence and helps them to take legal action.

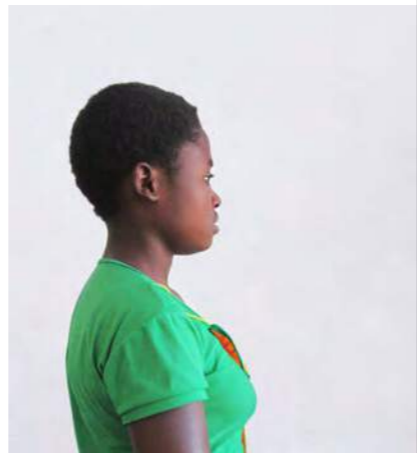
UN figures about the spread of sexual violence in the Democratic Republic of Congo are alarming. In 2017, 26,418 patients were registered in the regions affected by the humanitarian crisis. Almost one third are from the North Kivu Province in the east of the country. However, only around 25 per cent of these cases are documented.

Johanniter supports people who have suffered rapes or other forms of sexual violence with medical and psychological support. Our local partner organisation UFEPROV assists the long-lasting recovery process and the difficult path back into the community with the financial assistance of the Foreign Office. "The perpetrators come from the ranks of

armed groups as well as from the population. Often they are children or young people living on the streets, or drunk men," Dunia Bosco from UFEPROV explains.

Victims experience exclusion, and the communities are often not sufficiently aware of the effects on health. That's why health workers are providing information about risks, such as HIV or on how to act in the event of sexual attacks. The long-term legal prosecution is also supported in collaboration with other organisations, such as the American Bar Association (ABA). The victims should be given justice, and the perpetrators must know that sexual violence does not go unpunished.

Photo: Johanniter



"I am 14 years old and I live in Bihambwe village. I was coming back from field work when a man approached me. He threw me on the ground and raped me. I felt very bad afterwards and ran to the nearest health ward. They gave me medical treatment

## Contributed to New Edition of the Sphere Manual

The Sphere Manual has been the standard work for humanitarian workers globally for many years. In 2018, a new edition of the revised version was published. It combines the Sphere principles and standards with the Core Humanitarian Standard in a single document for the first time. Johanniter actively supported the preparation of the chapters in word and deed. Dr. Oliver Hoffmann, Public Health Advisor of Johanniter International Assistance, added new findings and approaches in the areas of WASH and nutrition.

In addition, Hoffmann has been the Sphere Focal Point for Germany since 2018. Together with two further representatives from other organisations and associations, he promotes the distribution and use of the manual. Its core targets have not changed in the new edition. Every person affected by crises and disasters has the right to humanitarian relief and the right to a life of dignity. After 25 employees of

the Foreign Office were trained in Berlin, the technical Sphere standards and indicators will now also be incorporated into the Ministry's new humanitarian relief strategy. They are to ensure the quality and effective implementation of projects.



Foreign Office employees are given Sphere training, in which Dr. Oliver Hoffmann (sixth from the right) was involved.

Photo: Federal Foreign Office

## Code of Conduct Against Sexual Harassment and Exploitation

In early 2018, a scandal gained publicity which shook trust in non-governmental organisations. Employees of one NGO had held sex parties and made emergency relief for affected parties dependent on sexual services. This was followed by further accusations of sexual harassment in the workplace, which demonstrated that in spite of all humanitarian and human rights ideas, even non-governmental organisations are not immune to such incidents. As a result, Johanniter International Assistance took preventative measures.

It reviewed its own guidelines and control instruments and sensitised its employees. Two workshops were held

in Berlin, which presented different scenarios of sexual harassment and the perceptions of those involved. In 2018, Claudia Zehl began drawing up a binding code of conduct for all employees working for International Assistance. This took effect in 2019 and obligates all employees of International Assistance to report incidents of sexual harassment. In addition to effective complaint mechanisms, Claudia Zehl also states that it is key to establish an organisational culture in which such topics are discussed. "Employees must be aware of the hierarchy of power in the deployment areas and ensure ongoing self-reflection. Guidelines alone are not a solution," Zehl says.



# Afghanistan: Midwives for Village Communities

Since 2012, Johanniter International Assistance has supported a training programme for midwives. It aims to contribute to reducing the high rates of maternal and infant in the country. In early 2018, the third training cycle commenced for 30 young women in Tachar Province. Shafiqā is one of them.

Shafiqā comes from the remote village Hazrat Bustan near the border to Tadjikistan. She is a mother herself but is suffering from anaemia, and her child is malnourished because there is not enough money for food. Her parents-in-law are also dependent on her husband's income. It had been a long-time dream of Shafiqā's to complete the training, but it had not been possible in the past due to her poverty. This made her all the happier when the selection committee gave her the green light.

Since then her life has changed completely. During the lessons, her child is looked after by a nursery school teacher together with other trainees' children. Shafiqā and her child receive regular medical check-ups and are supplied with medication to recover from anaemia and malnutrition. She is now spending most of her time in the city and has made new friends. In the village, her life took place primarily at home.

The professional midwife training is aimed at reducing the high rates of maternal and child mortality in the countryside.



Photo: Elissa Bogos



Photo: Vijay Raghavan/Johanniter

In addition to theoretical lessons, the trainees also practice hands-on tasks to learn how to diagnose and offer help.

In Taloqan, she has the opportunity to swap experiences with other trainees, the trainers and the health workers at the clinic.

During the semester holidays, she returns to her village and spends time with her family. That's where she wants to live again after her training ends, so that she can provide the urgently needed health services for mothers and children.



Photo: Vijay Raghavan/Johanniter

"As soon as people know that I am in the village, all the women come to me and ask me to examine their children. This makes me very happy," **Shafiqā says enthusiastically** about the help that she can provide.



Photo: Joerg Farys

## Demonstrating with other organizations for a free civil society – worldwide.

"In many of our project countries, such as Pakistan, Colombia, Afghanistan and Syria, we or our project partners are subject to restrictions in our day-to-day work. This can range from a lack of access to the population or to the project areas, to threats, attempted murders, or large-scale assaults in conflict situations where humanitarian relief is limited or no longer possible at all."

Berlin, 15 September 2018



Physician Lorena Steinbach on the first day: Many patients have to wait weeks for treatment.

# Disaster Response in Mozambique: "You have shown that you look after people."



In 2018, Disaster Response transitioned its technical and staff requirements to those of an Emergency Medical Team (EMT). New equipment was purchased, and volunteers were trained. In April this year, 23 volunteers travelled to Mozambique for deployment under the EMT logo. Jasmin Vogel was a member of the EMT, which provided disaster response after the devastating hurricane Idai. She reports her impressions onsite.

The sun rises. It is 6:30 AM in the morning in Grudja. Time to get up in our medical basecamp. All volunteers meet for breakfast in the kitchen tent. It smells of coffee and of the heated up grassy ground of the savannah. In the distance, a local resident can be seen who is running towards our basecamp. A boy of about three years old is dangling listlessly from his arms. One of our medics instantly jumps up, points to our treatment area and is at the centre of the action.

The child shows symptoms of malaria. "Let's do the instant test," says Adrian Roth, GP from Mittenwald. Thanks to the malaria kits that we have brought along, we are well-equipped and can treat the child appropriately. The family comes back again a few days later for aftercare. Their son is visibly feeling better.



Volunteer Christian Gatniejewski during the deployment in Grudja.

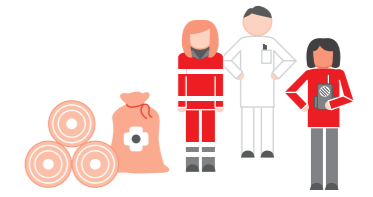
When we arrived a few days earlier, we went to the Primary Health Care Unit in Grudja in the Buzi region, which was badly damaged by Idai. It is near the market square, where many people are gathered. This is where news is exchanged regularly – including the news of our arrival. There had been no medical care for weeks. The need for assistance was clear. Our area had been chosen, and we set up our basecamp.

The initial scepticism of the population changed into honest appreciation during the course of a few days.

"The people in Grudja were forgotten for days," our local translator Emilia tells us. "You have shown that you look after people. They trust you." Emilia's story is also a moving one: At 36 years of age, she is a widow and the mother of two children. Her husband died of human immunodeficiency virus, her aunt was killed by cyclone Idai. I ask her why she helps us and is willing to leave her children with her mother during the deployment: "I think it's amazing what you are doing for my people. I am very grateful for it and am happy to be part of your team."

## Interested in disaster response?

Find out more at [www.johanniter.de/mitarbeit-soforthelfer](http://www.johanniter.de/mitarbeit-soforthelfer) and become part of our team!



Between 5 and 23 April 2019, the team, which included physicians, emergency paramedics, emergency medical technicians and logisticians, provided basic medical care for around

**17,000 inhabitants.**



Each day, they treated around **50 patients**, primarily due to malaria, respiratory disorders and diarrhoea.

Johanniter EMT treated **a total of 842 patients.**

Photo: Johanniter



WHO Director General Tedros Ghebreyesus presented the EMT classification certificate in Rome in 2018. From right to left: Jörn Ostertun (Head of the Logistics and Disaster Response Department at Johanniter), Tedros Adhanom Ghebreyesus (Director General of WHO), Dr. Zsuzsanna Jakab (Regional Director, WHO Regional Office for Europe) and Hubertus v. Puttkamer (Member of Johanniter Federal Board).



# Pakistan: Office Closes After 14 Years

At the end of 2018, Johanniter International Assistance closed its country office in Islamabad. Years of struggling against the Pakistani authorities to obtain a registration did not lead to a positive result. For a long time, Pakistan was one of our largest project countries in the world and a pioneer for many of our other projects and deployments.



Photo: Birgit Betzelt

First aid courses were a key component of the relief measures in Pakistan.

The engagement of Johanniter in Pakistan began after a severe earthquake in 2005. Disaster response workers from different associations provided medical care and among other things constructed a field hospital. A once-in-a-century flood followed in 2010. Seven million people were dependent on humanitarian relief at the time, 1.7 million houses were damaged. In 2012, around 350 employees were working for Johanniter in several field offices in the areas of disaster preparedness, combating malnutrition and improving maternal and child health.

The rise in political tensions in Pakistan had a negative effect on humanitarian organisations. From 2015 onwards, international relief organisations were asked to undergo a complicated registration process which in

many cases never succeeded. The same happened to International Assistance: For example, our employees from Berlin were never issued a visa to visit the office and the national employees. This meant that project financing via third-party funding providers became more and more difficult. A situation which ultimately became untenable.

While most former employees had to find a new job, others, like Abdul Awan, are working abroad. The former Pakistani translator of a field office has progressed from an assistant job to become a financial coordinator in Jordan. He now works for Johanniter in the Middle East. To all employees in Pakistan: Many thanks for the years of our cooperation and for your help!

## Report by the Executive Board of Directors

The geographic focus of Johanniter International Assistance changed in 2018. For instance, we stopped our many years of work in Djibouti and Zimbabwe in order to help Uganda cope with the refugees arriving from its neighbouring countries. In Pakistan, we were forced to realise that the conditions on site did not allow us to continue our work, so we closed our office after 14 years.

2018 saw several changes in staff at management level of Johanniter International Assistance. For example, Susanne Wesemann took over the leadership of International Assistance in December 2018. We see this moment particularly as an opportunity for new perspectives, experiences and competences in the International Assistance Department. These are necessary in order to continue the positive development of the last few years. In spite of the challenging change in staff, day-to-day work continued without issues thanks to our professional employees and their support.

### Economic Development

In 2018, Johanniter International Assistance managed 79 ongoing projects in 25 countries with a total project budget of 16,540,369 euros. Viewed across the organisation as a whole, this represents a turnover decrease of eight percent compared with the 2017 fiscal year: At the time, expenditure was 18,026,117 euros.

At the end of 2018, the total project spend was made up of 9,810,830 euros of third-party funds and 6,729,539 euros from our own capital resources. Compared with 2017, this meant a 10 percent decrease in third-party expenditure and a 5 percent decrease in own funds expenditure.

In spite of the reduction in project spending, International Assistance is building on the positive development of the last years. As in 2017, the German Federal Foreign Office and the Federal Ministry of Economic Cooperation and Development were our most significant providers of third-party funding at 3,179,308 and 4,633,029 euros respectively. Yet we also received funding for our work totalling 1,542,055 euros from various United Nations institutions as well as from the EU in 2018. We regard the confidence placed in Johanniter International Assistance by the various third-party donors as a sign of their appreciation for the work we do.

### Working with partners

In its 2025 strategy, the International Assistance Department decided to expand its work with local partner organisations quantitatively and qualitatively. Several years ago, Johanniter already signed the **Charter for Change**, in which major international non-governmental organisations confirmed their commitment to a localisation of humanitarian relief. This report shows that this process is in full swing. Today, we are increasingly working with and funding local partners in a fair and respectful collaboration. In many places, decisions relevant to the project are reached together. The aim is to create "genuine" partnerships which are more effective and more sustainable than subcontracting local partners with individual project components. The presence of potential project partners has long been an important criterion for decisions when projects are planned in a new country. Therefore, the growing number of active partner organisations is a positive development. In places where these do not exist, or barely exist, while there is a high demand for relief, we identify civil society organisations in order to give them targeted support and build them up so that they can become project partners at a later point in time.

Each year, we check whether the eight voluntary commitments are being implemented. Johanniter did well in the Charter for Change in 2018. Progress was achieved in many areas, particularly through improved presentation of the work involving partners on our website. The work of the partners is increasingly finding a platform in internal and external communication.

One important indicator for localisation is the degree of direct, or as direct as possible, financing of local or national actors in crisis regions. A list of priorities issued by the German Foreign Office, which was completed in 2018, takes up this point explicitly. The priorities were developed in the "Localisation" working group of the Humanitarian Relief Coordination Committee, to which International Assistance actively contributed.

## Quality and Accountability

The **Sphere standards** provide important requirements for the technical implementation of projects in our core sectors of Health, Malnutrition and Undernourishment, WASH and Food Security. These standards were updated in 2018 to include the requirements of the **Core Humanitarian Standard (CHS)**. CHS primarily focuses on our accountability towards the people and communities we support.

International Assistance is committed to both standards as part of its strategy and it actively applies them. We carried out a self-assessment in 2017 based on the CHS requirements. We visited country offices and held meetings with many internal and external stakeholders. As a result, we have now drawn up a plan to close any gaps that we identified. Overall, we are already implementing numerous CHS requirements. The International Assistance Department did particularly well in the area of employee safety. We introduced new safety regulations and continuously ensured their implementation. The good coverage of international employees through extensive insurance cover also has a positive effect. The greatest potential for improvement in relation to CHS is in direct communication with the affected people and communities.



In **quality management**, it is worth noting as a positive development that after an external audit, Federal Headquarters were awarded the DIN EN ISO 9001 certification for another year in 2018.

In recent years, Johanniter **Internal Audit Department** has visited and audited all Johanniter International Assistance country offices at least once. This is important in order to monitor compliance with internal and external guidelines on site and continuously encourage improvements. Johanniter International Assistance has comprehensively evaluated all findings and derived specific improvement proposals for the various country offices. Internal Audit Department will also monitor their implementation this year in order to initiate any necessary further steps.

## Transparency

As a member of the **Association of German Development Non-Governmental Organisations (VENRO)**, Johanniter International Assistance is committed to compliance with the VENRO Code of Conduct on Transparency, Organisational Management and Monitoring within Germany. This includes guidelines for organisational and operational management as well as for communications and impact monitoring.

These commitments are augmented by our membership in the **Transparent Civil Society Initiative (Initiative Transparente Zivilgesellschaft)**, a consortium of numerous actors from civil society and the sciences within Germany. They have defined ten basic areas to which every civil society organisation should provide open public access, including their charter and/or statutes, personnel structure, the names of the main decision-makers as well as the source of funding and how it is used. International Assistance publishes this information on its website and has been participating in the initiative since 2012.

In addition, Johanniter-Unfall-Hilfe e.V. has held the German Institute for Social Affairs Donation Seal since 2004 (DZI). Again in 2018, the DZI certified that Johanniter-Unfall-Hilfe e.V. uses the donations entrusted to them in a frugal manner and in compliance with their articles of association – an essential prerequisite for receiving the seal.

### Our Network



## Improvement of the Humanitarian System

Last year, many employees of Johanniter International Assistance again showed their commitment as part of international networks, umbrella associations and initiatives. Through this strategic participation we would like to support national and international processes in order to improve the humanitarian system. For example, the promises of better financing and other framework conditions, which were made at the 2016 Humanitarian World Summit, must be met. At the same time, we are seeking communication with the German governmental donors together with other organisations in order to simplify the funding conditions, particularly in light of the closer collaboration with local partner organisations.

## Outlook

In its 2025 strategy, Johanniter International Assistance made many decisions for the future focus of International Assistance. Nevertheless, a humanitarian organisation working in volatile contexts must continually adapt to current events and developments. Therefore, under new leadership in 2019, the **organisational structure** is being reviewed and adapted to current requirements. The topic of **programme financing** as a separate department is also being considered. This is to enable a better, broader cooperation with third-party funding providers and help identify and secure new sources of funding.

In the area of employee safety, it was already decided for 2019 that a full-time position of **Safety Coordinator** would be set up, who would revise all basic sets of rules and support the country offices during implementation. They must take all necessary steps in order to minimise the security risks for all employees as much as possible.

Preparations for a **Global Support Unit (GSU)** have been under way since the second half of 2018. The establishment of this unit is to meet the ever greater requirements of institutional donors. The GSU, which is being launched in Uganda, will initially support our country offices around the world in the areas of Finances and Logistics. Initial personnel resources to manage these tasks have already been set up. In 2019, under new leadership, the distribution of tasks between the country offices, federal headquarters and the GSU will be defined. The unit will then hold training sessions at the country offices and thus play an important role in building new capacities in partner organisations.

The topic of Prevention of Sexual Exploitation and Abuse (PSEA) gained further importance in 2018 due to a scandal in the humanitarian sector, prompting us to draw up an extensive Code of Conduct. In 2019, specific minimum standards for the project offices will be agreed upon with the international employees in order to protect the people affected by crises and our own employees against sexual assault.



The Federal Board of Johanniter-Unfall-Hilfe e.V.:  
Thomas Mähnert, Hubertus v. Puttkamer and Jörg Lüsse

### Together We Are Strong!

In order to achieve even more, Johanniter international Assistance participates in various national and international networks. In collaboration with our partners, we implement numerous social projects around the world and support people in emergency situations. Our global relief operations would not be possible without the support of sponsors, members, donors, charitable foundations, corporate and public contributors.

We would like to offer them our sincerest thanks!

# Projects in 2018

Africa	Priorities	Project	Total Budget in €	Partners	Primary Target Group	Period	Donors	
Djibouti		Primary healthcare provisions and community-based rehabilitation of disabled people	250,000.00	Balbala Hospital	540 Orthopaedic patients	01.02.17–31.01.19	BMZ-PT	
		Educational and information work in Djibouti, aimed at eliminating female genital mutilation	221,299.03	Ministry of Foreign Affairs and International Cooperation in Djibouti	4,049 Women, girls, men, boys; main target group households with pregnant women	01.01.17–31.06.18	Else Kröner-Fresenius Foundation	
DR Congo		Improvement of the health services and public health in Masisi and Mweso	2,444,428.00	German Ministry of Health	209,000 Health zone residents	01.12.17–30.06.20	BMZ-ÜH	
		Improvements in primary healthcare provision in the Masisi and Katoyi health zones	104,559.76	Johanniter	65,299 People in the 4 health zones of Bihambwe, Lwibo, Lukweti and Kibabi	01.11.18–28.02.19	ADH	
		Improvements in primary healthcare provision in the Masisi and Mweso health zones	2,025,833.41	German Ministry of Health	206,628	Health zone residents	01.04.17–30.04.19	AA, JUH
		Improvement of primary healthcare provision and drinking water supply in the Masisi health zone	2,608,557.60		161,313			
Kenya		ADH Nasinyono grain storage	109,273.00	AICHM	900 Households	01.07.18–31.12.18	ADH	
		Securing school meals, Turkana County	171,522.00		3,850 People	04.09.17–15.07.18	Mathias-Tantau Foundation, ADH	
		Livelihood diversification and sustainable resource management for the rural populace in Turkana West	470,311.54		750 People	01.07.15–30.06.18	BMZ	
		Medical care provision, especially for refugees from South Sudan at the Kakuma refugee camp	570,000.00		185,290	01.09.18–31.08.19	AA	
		Primary healthcare provision for refugees and host communities at risk in Kalobeyei and Kakuma	1,100,766.34		186,205 38,000	Refugees at the Kakuma refugee camp, the Kalobeyei refugee settlement and host community residents	01.01.16–30.08.18	
South Sudan		Improvement of reproductive health and of the safety of women and girls affected by the conflict in Western Bahr el Ghazal	450,000.00	Johanniter	7,000 Women of childbearing age, boys/ men	01.10.18–30.09.19	Else Kröner-Fresenius Foundation, ADH	
		Emergency food programme for undernourished children	181,818.00		13,426 Children under 5 years of age	20.03.18–28.02.19	SSHF	
		Food and nutritional assistance in Jur River	88,193.00		31,446	Children under 5 years of age and their caregivers, women, pregnant women, breastfeeding mothers	01.02.18–31.12.18	World Food Programme
		Food and nutritional assistance in Jur River, Wau and Raga counties	945,484.00		28,032		15.12.16–16.05.18	UNICEF
		Regional transitional relief programme for nutritional and food security	125,000.00		Vets without Borders	1,200 Smallholders and their families	01.12.17–20.06.18	GIZ
		Stabilisation centre for the treatment of acutely undernourished children in Wau PoC	340,378.13		Voluntary implementation	2,500 Children and their caregivers, women, pregnant women, breastfeeding mothers	01.07.17–31.12.18	CONRAD Foundation, PHA, ADH
		Construction of an obstetrics ward and maternal and child health support, Kangi	183,773.00		German Ministry of Health	2,392 Pregnant women, breastfeeding mothers, newborns	01.06.17–30.09.18	Swiss Chapter of the Order of St. John
		Integrated programme for food security in the Wau and Raga regions, Western Bahr el Gazal	2,726,135.16		HARD	22,700 Rural population	01.05.15–31.05.18	BMZ-ESÜH
		Integrated food security programme in Jur River County	1,350,000.00		VSF	31,454 Children, women, vulnerable population	04.09.14–31.03.18	
		Regional programme for nutritional and food security	241,710.00		Ministry of Health (CHD)	1,600 Women of childbearing age	01.12.16–31.10.18	GIZ
		Adaptation of agricultural practices to the changing climate and stabilisation of livelihoods	125,000.00		Vets Without Borders	1,200 Smallholders and their families	01.12.17–30.06.18	
Uganda		Improvement of sanitation and hygiene for Southern Sudanese refugees and host communities in Palorinya	93,261.87	Global Aim	25,148	01.01.18–30.09.18	ADH	
		Improvement of food practices for babies and toddlers in the settlement Palabek Ogili in Zone 5	81,500.00	Pachedo	2,250	01.02.18–31.10.18	BEH	
		Improvement of equal opportunities and integration in the public health system and other social services for the following areas PSN	72,569.00	ACORD	350	Vulnerable refugees (people with disabilities, elderly people, people infected with HIV as well as children in risk situations)	14.05.18–30.04.19	ADH
		Improvement of sanitary facilities and hygiene in South Sudan. Refugees and inhabitants of the host community in Palorinya	75,269.00	Global Aim	46,260	Refugees and inhabitants of the host community	01.12.18–31.05.19	
Zimbabwe		Improved food security in high-risk households in Chipinge District, Manicaland Province	370,726.68	Christian Care	3,000	Especially vulnerable households suffering from severe food insecurity in Chipinge District, Manicaland Province, in Southeast Zimbabwe	01.08.15–31.07.18	BMZ-PT
<b>Asia</b>								
Afghanistan		Winter support in Kabul's settlements	100,000.00	Voluntary implementation	1,330 Households	28.02.18–15.05.18	JUH	
		Improved living conditions for internally displaced persons in informal settlements, Kabul	556,122.00	OHW, DAO, CAID	16,500 Residents of the informal settlements	01.12.18–29.02.20	AA, JUH	
		Treatment of trauma, including security measures in conflict zones in Kunduz	639,691.00	OHPM	10,585 Patients	15.02.18–31.03.19	OCHA	
		Training of community midwives in Takhar Province	479,471.00	AADA	45,000 Children, women, pregnant women, breastfeeding mothers	18.01.18–17.01.21	BMZ, JUH	
		Provision of healthcare, nutritional and psychosocial services for Pakistani refugees and Kuchis, Gulan Camp	563,764.00	ACTD	157,600 Residents of Gulan Camp and the surrounding communities	01.12.17–30.09.19	AA, ADH	
Cambodia		Primary healthcare provision for internal refugees & returnees in informal settlements	640,000.00	OHW	45,710 Residents of the informal settlements	01.10.17–31.07.19		
		Improved resilience of vulnerable farmers through integrated agricultural practices, income-generating activities and sensitisation to the effects of climate change on food security, Kratie and Stung Provinces	1,422,678.00	Save Cambodia's Wildlife	12,135 Smallholders, women, young mothers, schoolchildren and teachers	01.03.16–28.02.20	BMZ-PT, JUH	
		Improved ear-related health, Rukhakiri District	50,000.00	All Ears Cambodia – 2017	1,800 Patients with ear conditions	01.03.17–28.02.18	Tereska Foundation	
		Improved nutritional supply and health in Northeast Cambodia	1,625,389.48	H&H, ICSO	24,132 Indigenous and particularly endangered smallholders	01.01.17–31.12.20	BMZ-SEWOH, JUH	
		Improved nutritional supply and living standards, Kandal	500,000.00	KCD	8,610 Women, women of childbearing age, children under 5 years of age	01.01.18–31.12.21		
Primary ear health care	105,000.00	All Ears Cambodia	11,500 Children, adults with ear health problems	01.04.18–30.03.20	Tereska Foundation			

## Legend:



AA = German Federal Foreign Office; AADA = Agency for Assistance and Development of Afghanistan; ACORD = Agency for Cooperation and Research in Development; ACTD = Afghanistan Centre for Training and Development; ADH = Aktion Deutschland Hilft; AICHM = African Inland Church Health Ministries; BALAOD = Balay Alternative Legal Advocates for Development in Mandanaw, Inc.; BEH = Bündnis Entwicklung Hilft; BMZ = Federal Ministry of Economic Cooperation and Development; BMZ-ESÜH = Development Promoting and Structural Capacity Building

Transition Assistance at the Federal Ministry of Economic Cooperation and Development; BMZ-PT = Private Institutions at the Federal Ministry of Economic Cooperation and Development; BMZ-SEWOH = Special initiative – "ONEWORLD without hunger" at the Federal Ministry of Economic Cooperation and Development; BMZ-ÜH = Transition Assistance at the Federal Ministry of Economic Cooperation and Development; CAID = Centre for African Israeli Development; CAPNI = Christian Relief Project Nohadra Iraq; CHD = Ministry of Health; CHF = Common Humanitarian Fund;














CIDKP = Committee for Internally Displaced Karen People; DAO = Development and Ability Organization; DG ECHO = General Directorate for the European Commission's Humanitarian Relief; ECHO = European Commission's Humanitarian Relief; EPOC = St. Ephrem Patriarchal Development Committee; FPHC = Frontier Primary Health Care; GIZ = German Society for International Cooperation GmbH; GMPS = Gramin Mahila Srijanshil Pariwar; H&H = Human & Health; HARD = Hope Agency for Relief and Development; HLD0 = Hualngo-Land Development Organization; ICDC = International Catholic Migration

Commission; IEDECA = Instituto de Ecología y Desarrollo de las Comunidades; INANTA = Innovation of Community Resilient -Inovasi Ketahanan Komunitas; ISCO = Indigenous Community Support Organization; JUH = Johanniter-Unfall-Hilfe e.V.; KCD = Khmer Community Development; KDHW = Karen Department of Health and Welfare; KDN = Karen Development Network; KORD = Karen Office of Relief and Development; MAPs = Multi Relief Programs; MM = Meikwe Myanmar; OHPM = Organization for Health Promotion and Management; OHW = Organization for Human Welfare; PERUATI =

Persekutuan Perempuan Berpendidikan Teologi di Indonesia; PHA = Polish Humanitarian Action; SEMA = Syrian Expatriate Medical Association; SHED = Society for Human and Environmental Development; SHL = Schüler Helfen Leben; SSHF = South Sudan Humanitarian Fund; TLMM = The Leprosy Mission Myanmar; UNICEF = United Nations Children's Fund; UN-OCHA = United Nations Office for the Coordination of Humanitarian Affairs; VSF = Vets Without Borders; WPM = Women Peace Makers; BASR = Bethlehem Arab Society for Rehabilitation



# Projects in 2018

Indonesia		Support for the population affected by the earthquake and tsunami in Central Sulawesi	357,627.68	INANTA, PERUATI	12,000 Households affected by earthquakes, pupils	07.10.18–18.05.19	ADH
Iraq		Bashiqa Primary Health Care Unit	100,000.00	CAPNI	12,000 Patients	01.09.18–31.12.18	ADH
		Primary health and mental health as well as dialogue with the community in Alqosh, Nineveh	477,143.90	Jiyan Foundation	16,625 Patients	01.10.18–30.04.20	BMZ, ADH
Jordan		Support for child and youth centres as well as psychosocial support for Syrian refugees, in Northern Jordan	100,000.00	Ameken in Sahel Horan	400 Children and young people	01.08.17–31.12.18	SHL, ADH
		Promoting resilience among especially vulnerable groups of people in Al Ramtha / Jordan	484,763.89		1,310 Women and children	01.09.17–30.04.19	BMZ-PT, Collection (EKiK), ADH
Laos		Improvement of school hygiene	11,500.00	BORDA Lao	179 School children and teachers	01.09.18–31.12.18	German Embassy Laos, ADH
Lebanon		Social and economic participation of young people with and without disabilities in Palestinian refugee camps in Lebanon	502,650.00	Naba'a	120 Young people with and without disabilities	01.01.16–31.03.18	BMZ, ADH
		Boosting resilience among young people with and without disabilities through socioeconomic boosts	1,036,304.00		2,160	15.12.18–31.12.21	BMZ, ADH
		Provision of hygiene sets for Palestinian refugees	54,059.70	376 Households/individuals	15.09.18–15.12.18	ADH	
		Support of the maternal and child Primary Health Care Unit	159,783.50	5,000 Mothers and children	01.09.18–31.12.18		
Myanmar		Social and economic participation of young people with and without disabilities in Palestinian refugee camps in Lebanon	1,036,304.00	Naba'a	2,160 Young people with and without disabilities	15.12.18–31.10.19	BMZ, ADH
		Community-based boosting of resilience in the face of natural and secondary disasters in Central Myanmar	800,000.00	TLMM	22,031 Inhabitants of 15 villages	01.08.16–31.10.19	AA, ADH
		Mobilisation of landmine victims for rehabilitation and social integration	70,023.48	KDN	377 Landmine victims	01.08.18–31.12.18	ADH
		Improvement of water sources and sanitary facilities for internally displaced persons and inhabitants of the host community in Northern Shan	38,500.00	MEIKSWE	1,479 Internally displaced persons	15.01.18–15.07.18	
		Supporting landmine victims in the communities Kyaukkyi and Shwegyin, Eastern Bago	649,740.00	KDN	250 Households of landmine victims	15.02.16–12.02.18	AA, ADH
		Reintegration of returnees and resilience-boosting measures in host communities affected by conflict	1,665,955.00	Arche NoVa, KDN, KDHW, KORD, CIDKP	12,607 Internally displaced persons, returnees	01.09.16–31.08.19	BMZ-ÜH
Nepal		Improved living conditions for marginalised people in Rakhine State	95,857.52	Meikswe Myanmar	3,915 Rohingya	01.04.18–31.03.19	ADH (Rohingya service)
		Improvement of water, sanitary facilities and hygiene in Karthali, Sindhupalchok	316,544.47	GMSP	948 Women, children, people with disabilities	01.07.18–30.06.19	
		Improved safeguarding of nutrition and income	260,280.02		4,815 Girls and boys of school age	01.05.18–15.06.19	ADH
		Reconstruction of healthcare centres, Dolakha District	439,419.88	Nyaya Health Nepal	37,435 Patients	01.11.16–31.12.18	
Pakistan		Improved disaster preparedness facilities and water supply, Sindhupalchok Province	383,227.00	GMSP	28,964 22,424 earthquake victims	01.11.16–30.04.18	
		Provision of integrated protection; health assistance for Afghan refugees	2,430,640.00	ICMC, FPHC	112,129 Women and babies	01.06.17–31.05.18	ECHO
		Protection of integrated security and health services for Afghan refugees in KPK Pakistan	1,244,493.00	FPHC (Partner 1), SSD (Partner 2)	19,510 Afghan refugees	01.01.18–31.12.18	DG ECHO
Palestine		Improved health and living environment for Afghan refugees in Pakistan	100,000.00	SHED	5,372 Pregnant women and children under 5 years of age	15.07.18–31.12.18	ADH
		Improving access to the labour market for people with disabilities and strengthening their economic participation in the West Bank	771,269.99	BASR	300 People with disabilities	20.12.18–31.12.21	BMZ-PT, ADH
Philippines		Operation of a research lab for congenital retinal disease, Jerusalem, West Bank and Gaza Strip	756,543.00	St. John Hospital Palestine	200 Patients and 12 doctors	30.12.15–31.03.19	EuropeAid / St. John
		Resilience boosting in slum communities near the coast, Davao City, Tambayan	711,098.10	Tambayan	2,760 Women, children, people with disabilities, men	15.09.16–31.08.19	AA, ADH
Sri Lanka		Disaster-proof renovation of a primary school in Mandaue / Cebu City	42,265.00	Voluntary implementation	85 Pupils and teachers	01.06.18–31.12.18	Help Et Fly Foundation
		Health, education and social involvement of children with cerebral palsy and other disabilities in Northern Sri Lanka	487,194.00	Motivation Sri Lanka	600 Children with cerebral palsy and other disabilities	01.09.15–31.12.18	BMZ
Syria		Medical care of dialysis patients in the sub-districts of Dara Governorate in Southern Syria	238,304.25	SEMA, Jordan	46 Patients	01.07.17–15.07.18	UN-OCHA
		Restoration of a workshop, professional carpenter training	106,530.97	EPDC	150 25 training participants + 125 family members	01.09.18–31.12.18	ADH
Southeast Asia		GROWTH	1,734,623.00	KCD, WPM, HLDO, MM, BALAOD	1,055 Employees of non-governmental organisations and community-based organisations	01.10.18–30.09.22	BMZ-PT, ADH, JUH
<b>Latin America</b>							
Colombia		Primary healthcare provision, food and psychosocial care for Venezuelan refugees and internally displaced persons	1,115,375.00	Fundación Las Golondrinas	22,470 Internally displaced people and Venezuelan refugees	01.12.17–30.11.20	AA, ADH
		Extensive programme to improve the living conditions of internally displaced persons and of socially disadvantaged and marginalised families in the communities Monteria Et San Pelayo, Departamento Córdoba	655,709.00		1,400 Children, children's relatives	01.11.15–31.08.18	BMZ, JUH
Ecuador		Creation of local capacities for sustainable management of sub-alpine ecosystems as a contribution to climate protection and adaptation of smallholding production systems to the changing climate	1,524,000.00	IEDECA, FHE	32,557 Smallholders/indigenous communities in the highlands of the Andes	01.01.16–31.12.18	BMZ, JUH
		Improvement of women's health and prevention of violence in Sucumbios	653,293.72	Fundación de Mujeres de Sucumbios	32,470 Women and their families	01.12.17–31.12.20	BMZ-PT, JUH
		Permanent supply of drinking water for indigenous highland communities in the Northern Andes of Ecuador	1,726,630.00	IEDECA	1,953 Households in indigenous highland communities	01.01.16–30.06.19	
Haiti		Reconstruction after hurricane "Matthew" in Torbeck, Les Cayes	60,000.00	Ti Colibri Haiti e.V.	800 Minors	01.02.18–30.08.19	ADH
Nicaragua		Programme aimed at the rehabilitation and social reintegration of street children, Managua, Granada and San Marcos	358,634.00	Los Quinchos	450 Street children	01.11.15–31.08.18	BMZ, JUH

# Statistics for 2018

## Project Spends by Country in euros

### AFRICA

Djibouti	339,471.64
DR Congo	3,192,204.22
Kenya	993,426.14
South Sudan	1,881,192.12
Uganda	331,421.79
Zimbabwe	77,788.96
<b>Total</b>	<b>6,815,504.87</b>

41.21 %

### LATIN AMERICA

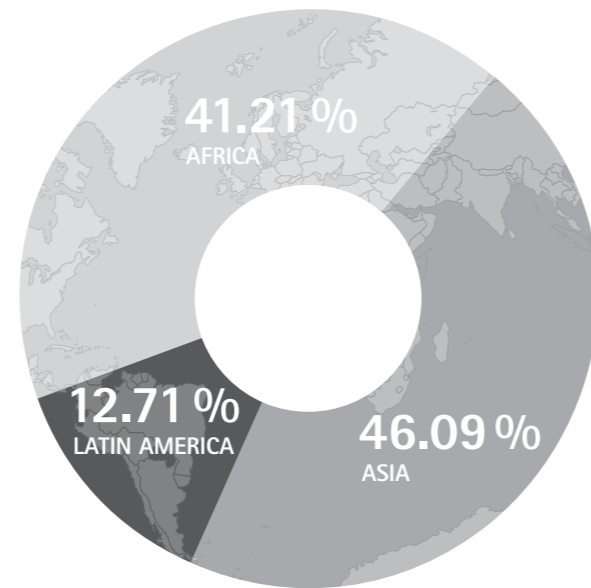
Colombia	348,480.60
Ecuador	1,684,823.20
Haiti	8,235.23
Nicaragua	60,329.88
<b>Total</b>	<b>2,101,868.91</b>

12.71 %

### ASIA

Afghanistan	1,411,104.14
Cambodia	1,022,590.78
Indonesia	14,794.48
Iraq	9,309.40
Jordan	1,062,232.31
Laos	6,152.89
Lebanon	252,851.51
Myanmar	1,310,597.02
Nepal	507,090.27
Pakistan	765,665.44
Palestine	274,667.89
Philippines	495,324.26
Sri Lanka	124,093.51
Syria	366,521.48
<b>Total</b>	<b>7,622,995.38</b>

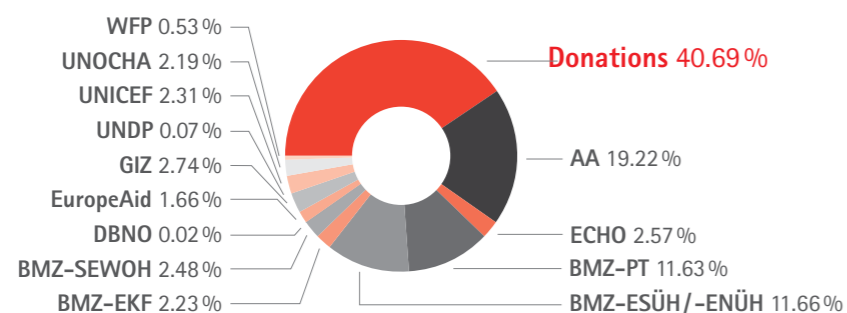
46.09 %



**Overall: 16,540,369.16**

## Origin of funds in euros

Donations	6,729,538.84
German Federal Foreign Office (AA)	3,179,308.56
The European Commission's Humanitarian Aid and Civil Protection Department (ECHO)	424,966.81
Private Institutions at the Federal Ministry of Economic Cooperation and Development (BMZ-PT)	1,924,416.49
Development Promoting and Structural Capacity Building Transition Assistance at the Federal Ministry of Economic Cooperation and Development (BMZ-ESÜH/-ENÜH)	1,928,882.77
Energy and Climate Funds at the Federal Ministry of Economic Cooperation and Development (BMZ-EKF)	368,800.07
Special initiative "ONEWORLD without hunger" at the Federal Ministry of Economic Cooperation and Development (BMZ-SEWOH)	410,930.25
German Middle East Embassy (DBNO)	3,731.64
European Cooperation Office (EuropeAid)	274,627.28
German Corporation for International Cooperation GmbH (GIZ)	452,704.82
United Nations Development Programme (UNDP)	10,780.97
United Nations Children's Fund (UNICEF)	381,982.50
United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)	361,529.96
World Food Programme (WFP)	88,168.20
<b>Total</b>	<b>16,540,369.16</b>



## Our third-party funding providers



## Development Overview of the Utilised Donations and the Third-Party Funds in euros

	DONATIONS	TOTAL	THIRD-PARTY FUNDS
2018	6,729,538.84	16,540,369.16	9,810,830.32
2017	7,081,393.78	18,026,117.53	10,944,723.75
2016	8,173,528.77	17,677,496.67	9,503,967.90
2015	7,405,548.44	16,771,515.16	9,365,966.72
2014	8,954,919.52	17,436,409.85	8,481,490.33
2013	10,843,713.71	19,913,825.74	9,070,112.03

Johanniter Christmas Truckers were also on the road in 2018: Around **140 voluntary and full-time staff** travelled to **Albania, Bosnia-Herzegovina, Romania, Bulgaria** and the **Ukraine** in order to give Christmas presents to those in need. **44 lorries** brought the **56,172 donated relief packages** to the region, where they were handed over to people personally. They received flour, sugar, oil, hygiene products and sweets.



Photo: Tobias Grosser

These funding partners have placed their trust in us:



# Financial Report

On the following pages you will find Johanniter-Unfall-Hilfe e.V.'s income statement and balance sheet for the fiscal year 2018 with details of relevant positions and year-by-year changes.

## General Information

Johanniter-Unfall-Hilfe e.V., Berlin, has compiled its annual accounts, comprising a balance sheet, income statement, appendix and situation report on the 31 December 2018 in compliance with German Commercial Code (HGB) guidelines.

In voluntarily complying with the HGB guidelines for large corporations, the association structures its balance sheet and income statement in accordance with §§ 266 and 275 HGB as a matter of principle. The allocation and classification requirements for the balance sheet and income statement have not changed from the previous fiscal year. The valuation methods changed in the reporting year in that no unplanned depreciation took place for securities where the fall in value was deemed not to be permanent.

## Notes on the Income Statement

### Revenue

**Sales revenue** is generated by emergency services, child day-care centres, nursing care, home medical alert services, ground and air transportation, support and social care services, meals on wheels,

training, other social services, as well as subsidies, grants and other sources of revenue. The increase in revenue compared to the previous year is primarily attributable to growth in emergency services, child day-care centres, home medical alert services as well as nursing care. The main areas of decline are support and social care services primarily due to the reduced number of immediate and longer-term accommodation facilities for refugees.

**Other operational income** includes revenue that is not classified as revenue or financial income under German trade law. This stems primarily from membership fees, donations and bequests, in addition to income generated from the reversal of special reserves and staff expenses as well as profits from asset disposals. Upon receipt of earmarked donations, they are first entered as liabilities until their final settlement in the balance sheet. Other operating income remained nearly constant compared to the previous year.

## Expenditures

Expenditures on **raw materials, supplies, consumables and purchased services** are mainly due to other operating expenses, meals on wheels services, flight services, food purchases, foreign relief project costs, control centre/emergency services costs, tax-exempt payments for the sideline activities of voluntary staff, sanitation materials and medications, clothing, fees and emergency doctors fees. The vast majority of changes compared with the previous year are the result of decreasing services in the context of refugee support.

**Staffing costs** include wages and salaries, social security contributions and pension costs, and expenditure on staff in volunteer services. The main reason for the rise in staffing costs compared to the previous year, aside from pay scale increases, is an increase in full-time staff.

Expenditure on **depreciation and amortisation** was due to the depreciation and amortisation of intangible and tangible fixed assets. This growth was caused by the still high investments in tangible fixed assets.

A range of items are included among the **other operating expenditures**, including vehicles, premises, upkeep and maintenance, membership acquisition and fundraising campaigns, cleaning and cleaning materials, taxes, contributions and insurances, as well as advertising costs. Other expenditures include telephone/data connection, training, general staff expenditure, business travel costs, hospitality, representation as well as legal and consultancy costs. The extraordinary expenditures for risk provisioning for possible reclamations due to the "30/53" pricing regulations have sunk drastically due to declining turnover. Cleaning costs have gone down due to reduced service provision in the refugee relief sector. The higher motor vehicle costs result primarily from the

higher costs of operating materials and the higher costs of telephone/data connections with the introduction of IP home medical alert services and switching service providers for data connections.

Based on allocation criteria set out by the German Central Institute for Social Issues (DZI), the total expenditure for public relations and marketing as well as administration for the reporting year, expressed as a percentage of total expenditure, was 14.2 percent (administration: 10.5 percent; public relations and marketing: 3.7 percent).

On the income side, the **financial result** is primarily based on revenue generated from financial assets and, on the expenditure side, on interest payments on long-term investment loans. In addition, securities were written down in the year under review due to a temporary decline in stock market prices and the carrying amount of the investment in a subsidiary.

## Balance Sheet Result

The income statement shows an annual surplus of €13.7 million. This will be set aside as reserve funds to safeguard the charity's future viability.

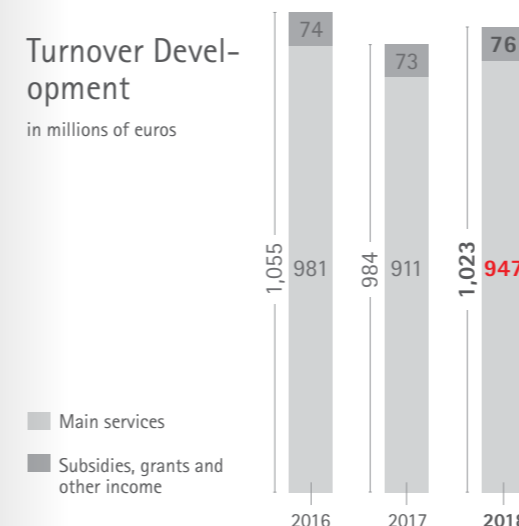
## Income statement for the period (01/01/2018 to 12/31/2018)

The income statement is compiled according to the total cost method (Article 275(2) of HGB)

	2018 T€	2017 T€	Discrepancy T€
Sales revenue	1,022,835.7	984,352.1	38,483.6
Other capitalised, internally produced assets	147.5	0	147.5
Other operational income	136,580.5	136,705.3	-124.8
Expenditure on raw materials, supplies and rendered services	-128,618.4	-14,3254.6	14,636.2
Personnel expenditure	-744,887.6	-698,547.3	-46,340.3
Depreciation on intangible fixed assets and tangible assets	-53,665.4	-52,521.3	-1,144.1
Other operating expenditure	-210,284.6	-208,775.6	-1,509.0
Financial result	-7,838.6	-1,531.5	-6,307.1
Pre-tax result	14,269.1	16,427.1	-2,158.0
Income and other taxes	-575.7	-451.8	-123.9
Annual result	13,693.4	15,975.3	-2,281.9
Allocation to reserves	-13,693.4	-15,975.3	2,281.9
Balance sheet result	0.0	0.0	0.0

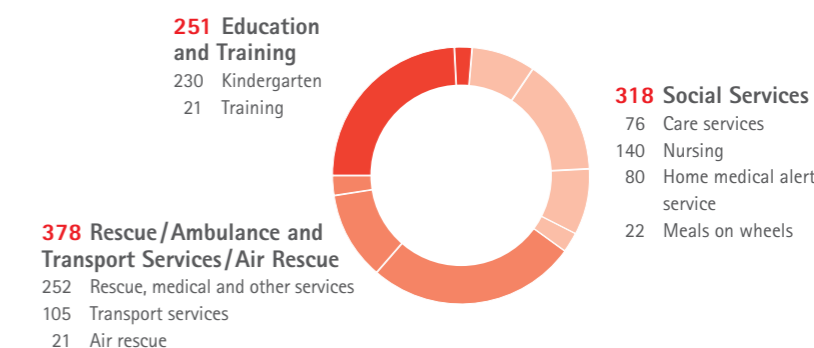
## Turnover Development

in millions of euros



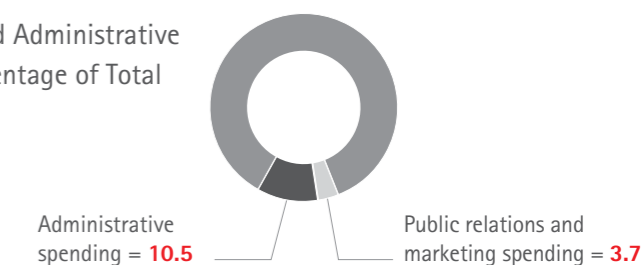
## Breakdown of Main Services

In millions of euros



## Total Marketing and Administrative Spending as a Percentage of Total

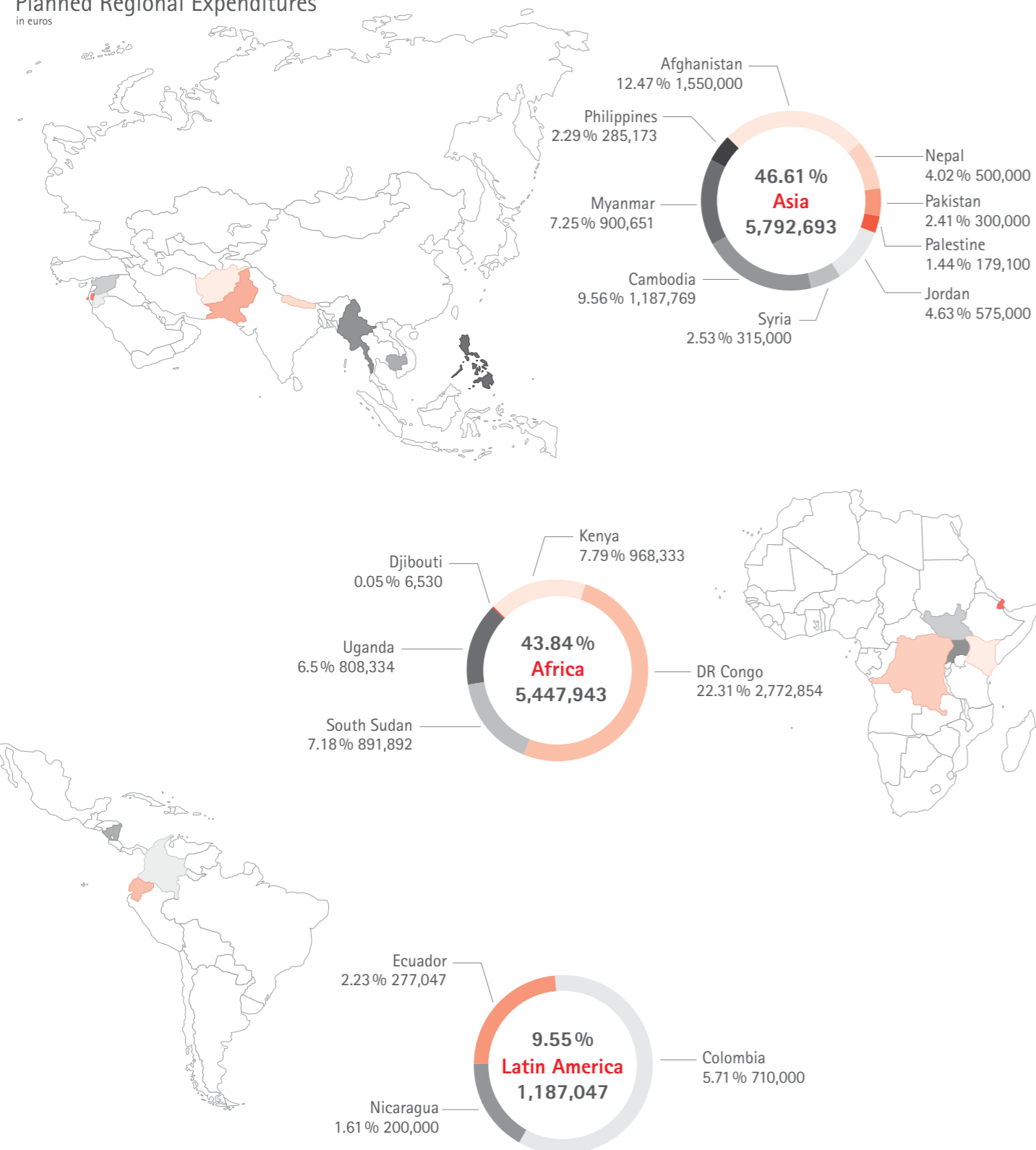
in percent



Johanniter-Unfall-Hilfe e.V.'s entire financial report has been audited by "Curacon GmbH Wirtschaftsprüfungsgesellschaft", Münster, and provided with an unqualified audit opinion.

# Outlook for 2019

## Planned Regional Expenditures in euros



**Total**  
**€12,427,683**

# Johanniter

The origins of Johanniter go back more than 900 years: In 1099, Christian knights joined a lay brotherhood whose members treated sick and poor pilgrims in a hostel in Jerusalem. They named themselves "Johanniter" after their patron saint, John the Baptist. Before long, the modest hostel in Jerusalem became a large hospital.

Upon signing the Treaty of Heimbach in 1382, the Bailiwick of Brandenburg achieved special position within the order, eventually giving rise to the Protestant Order of Saint John, while the Catholic branch became known as the Order of Malta. Today, there are **four European Johanniter Orders**: in Germany, Great Britain, Sweden and the Netherlands – all united under the well-known eight-pointed cross. They are affiliated within the order alliance of the internationally recognised Protestant Order of St. John. They work closely together with the Catholic Order of Malta to provide altruistic, compassionate services.

Today, the internationally active **Order of St. John** comprises a community of Protestant Christians committed to serving the community. The Order of St. John founded the following charitable organisations to heal and care for the sick and support people in need. In addition, the order includes **Youth within the Order** and **Johanniter Foundation**.

**Johanniter-Unfall-Hilfe e.V.** is an organisation within the Protestant Johanniter Order. It was founded in 1952. It is supported by over 23,000 full-time staff and some 40,000 volunteer workers. Around 1.25 million people make regular donations to Johanniter-Unfall-Hilfe e.V.

Johanniter-Unfall-Hilfe is subdivided into nine federal associations and around 300 regional, district and local associations. Its executive bodies include the Delegate Assembly, the Executive Committee and the Federal Board. The Delegate Assembly meets once a year and is the most senior decision-making body within Johanniter-Unfall-Hilfe e.V.

The Executive Committee, which is elected by the Delegate Assembly, is responsible for making fundamental decisions concerning the association's policy, and also monitors the activities of the Federal Board. The Executive Committee is

headed by the President. At the same time, he is the highest representative of Johanniter-Unfall-Hilfe e.V. Johanniter-Unfall-Hilfe e.V. is managed by the Federal Board whose members – three at most – are appointed by the Grand Master of the Order of St. John on the recommendation of the Executive Committee.

**Johanniter International Assistance**  
Johanniter-Unfall-Hilfe e.V. is bound by statute to provide humanitarian relief abroad: Johanniter International Assistance is responsible for implementing this task from its national headquarters in Berlin. This organisational unit reports directly to the Federal Board and is subdivided into project departments, support departments (logistics, finances, public relations, HR), advisors (public health, medical disaster response measures and monitoring) and the management level, which includes staff units dedicated to strategy and quality as well as policy and liaison. In 2018, there were 278 international and local staff working in Berlin and in the country offices.

## Structure of Johanniter-Unfall-Hilfe e.V.

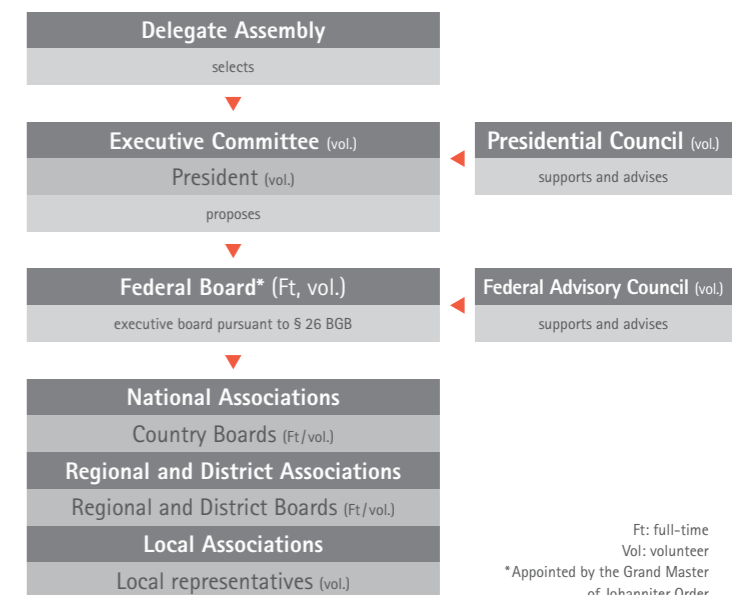




Photo: Minzayar Oo

## We are saying thank you!

Together we have achieved a lot. With your support, we can make a lot of changes. Your contribution is what makes the global engagement of Johanniter International Assistance possible in the first place!

That is why we are saying thanks to all our donors, members, foundations, company donors and partners and all other supporters for their help!

**Every donation makes a difference, as every cent helps us to improve people's lives.**

**Donation Account:**

Reference: International Assistance  
IBAN: DE94 3702 0500 0433 0433 00  
BIC: BFSWDE33XXX

Bank für Sozialwirtschaft  
Account number: 433 0433 00  
Sort Code: 370 205 00

[www.thejohanniter.org](http://www.thejohanniter.org)



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**THE JOHANNITER**  
International Assistance

