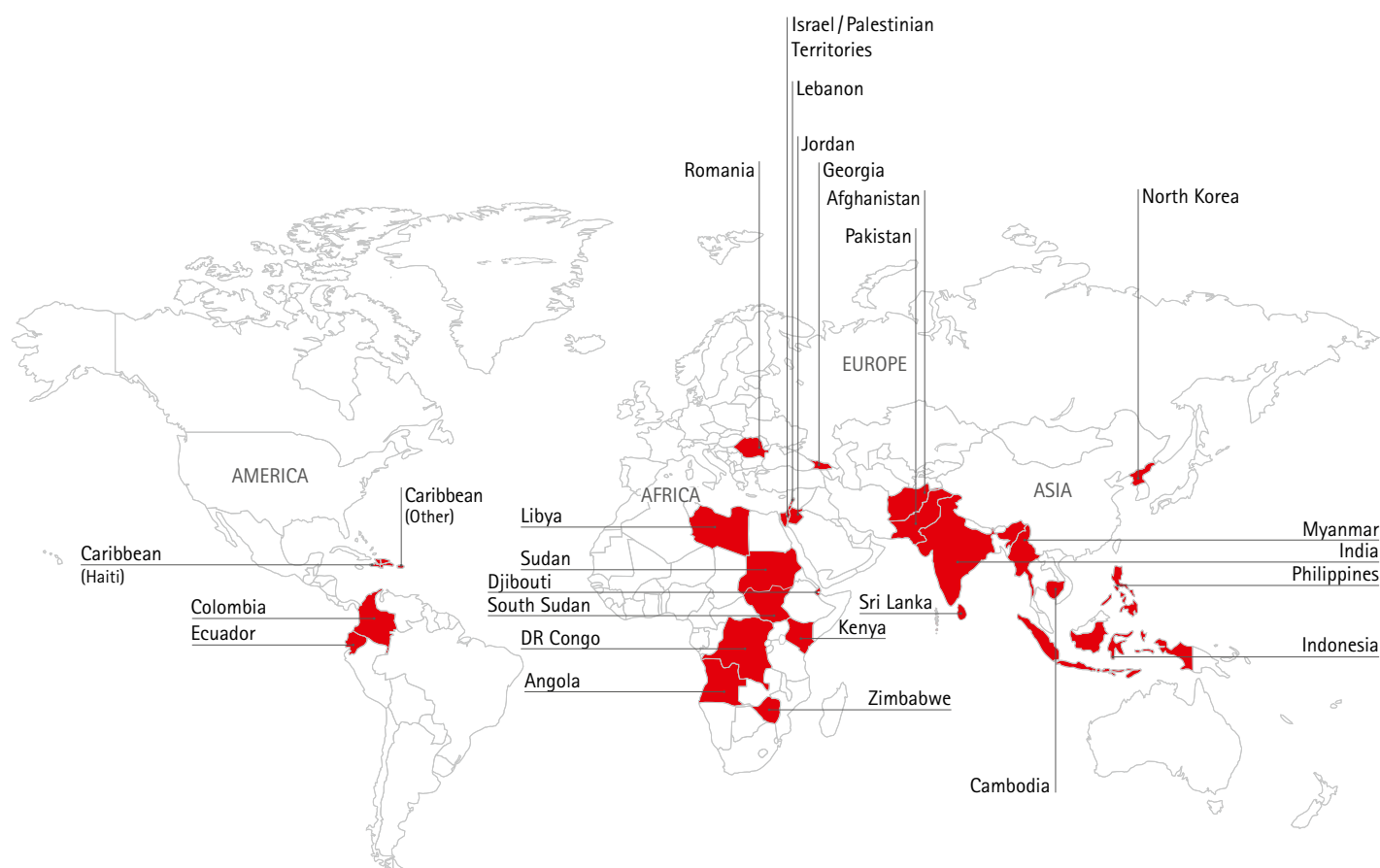


Project Report 2012

International Assistance of Johanniter-Unfall-Hilfe



Johanniter Locations worldwide 2012



Content

| | | | |
|---|----|--|----|
| Interview with the Federal Board of Johanniter-Unfall-Hilfe | 4 | Summary of International Projects | 24 |
| People in need | 6 | Transparency and Quality | 26 |
| Assistance for the sick and injured | 10 | Volunteer assistance worldwide | 28 |
| Persons with Disabilities | 16 | Statistics | 29 |
| Prevention for the vulnerable | 20 | Financial Report for Johanniter-Unfall-Hilfe | 32 |
| | | Structure of Johanniter-Unfall-Hilfe | 34 |

Imprint

Published and produced by:

Johanniter-Unfall-Hilfe e.V., Headquarters
Luetzowstraße 94, 10785 Berlin, Germany
Phone: + 49 30 26997-0, Fax: + 49 30 26997-444
info@johanniter-auslandshilfe.de, www.thejohanniter.de

Responsible for the contents:

Federal Board: Joachim Gengenbach, Wolf-Ingo Kunze, Wolfram Rohleder

Editor: Sandra Lorenz, Wolfgang Brenner

Grafic design: COXORANGE Kreative Gesellschaft

Printed by: gutenberg beuys feindruckerei gmbh

Front-page photo: Studnar

Stand: as at July 2013



Johanniter are member of





Hans-Peter von Kirchbach,
President of Johanniter-
Unfall-Hilfe

Dear Friends of Johanniter,

2012 was overshadowed by violence, poverty and hunger. Johanniter was profoundly moved in particular by the prolonged Syrian crisis and the continuous violent conflict in the Democratic Republic of Congo. The humanitarian misery is immense – but attracts very little public attention. As Johanniter, we don't turn a blind eye but try to alleviate human suffering with all resources available.

However, we do try to support people every day to meet their needs, whether through access to medical assistance and drinking water or in their struggle for the wish to live independently. Above all we have people with disabilities and women in mind. Provision of mobility aids is an important precondition for persons with disabilities to participate in social and economic life. In addition, by means of our inclusive approach, we try to ensure equal access for persons with disabilities to all our services.

Johanniter has been providing worldwide assistance for 40 years and so far has spared millions of people from hunger and misery – through the transport of relief goods to Eastern Europe, by rapid response to natural disasters and by building hospitals and villages. In recent years, I was personally convinced of this during several trips, where I have seen Johanniter working closely with people to meet their needs and standing up for their well-being. I would like to express my heartfelt thanks to all volunteers and full-time employees for such dedication.

The constant support of our donors and public contributors also fills me with great pride. It is great to see how trust in Johanniter has increased over the years and sometimes turned into a partnership. For this, I am most deeply grateful.

This report is an expression of my appreciation: page by page we report on Johanniter's worldwide support. I invite you to obtain your own impression of our work and hope you will continue your involvement, in keeping with our motto – for love of life.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'H. P. von Kirchbach', written in a cursive style.

Hans-Peter von Kirchbach
Berlin, July 2013

Interview with the Federal Board of Johanniter-Unfall-Hilfe



Photo: Jacob

The Federal Board of Johanniter-Unfall-Hilfe (from left to right): Joachim Gengenbach, Wolfram Rohleder and Dr. Arnold von Rümker

As far as Johanniter International Assistance is concerned, 2012 was characterised less by unexpected disaster response missions in disaster prone regions than by scheduled work in longer-term projects. During the discussion, members of the Federal Board of Johanniter-Unfall-Hilfe offer an insight into Johanniter's global commitment to improved health care.

If you were to conduct a review of 2012, what would your conclusion be?

Dr. Arnold von Rümker: We look back on an eventful year, which demonstrated once again that not only extraordinary natural disasters trigger crises causing suffering and misery. For example we monitored the impacts of the Syrian crisis and movements of refugees into neighbouring countries with great consternation and became involved in October. This will no doubt continue to keep us busy and we set up an office in the region at the start of 2013 to improve coordination of additional relief operations.

Otherwise, our numerous additional projects demanded our full attention. After the hunger crisis in East Africa in 2011 for example we tried – in follow-up projects – to create better livelihoods for the semi-nomadic local population.

How has international assistance changed in this period?

Joachim Gengenbach: More employees, more project expenditures, and new country offices: our international assistance department grew significantly in 2012. This could be seen in our annual joint exercise for disaster response workers, the "field camp". With more than 200 participants from several countries this was the biggest event of its type so far. The scope and complexity of our projects and the diversity of contributors have also increased. Naturally, we have to be prudent in our support for this through our internal structures.

What are the greatest challenges for the next few years?

Dr. Arnold von Rümker: Our environment has become increasingly complex. This statement is also relevant for the project work abroad. As a result, one of our greatest challenges for the future is meeting the needs of people who have been placed in an emergency through war, forced displacement or natural disasters. Of course this requires professionally qualified personnel at home and abroad – which is not always easily achieved. Also the institutional donors, with whose support we implement projects, are placing greater requirements on the quality of our work. Competition for calls for proposals from international donors also demands greater efforts on our part.

In addition to all these administrative requirements, there is something happening in a area to which we can only react: we have noticed that climate change implies shorter intervals between disasters and their impacts are becoming more devastating. This constitutes a genuine challenge for our work.

In your view, how should Johanniter International Assistance respond to these challenges?

Dr. Arnold von Rümker: A few years ago we identified the issue of disaster preparedness as one of the main pillars of our work. The fact that a lot can be achieved at comparatively low expense naturally encourages our involvement in this area. In structural terms, apart from necessary human resources development and promotion of our employees, we can't see any way past developing a long-term strategy for our operational area. We want to be in a position to respond flexibly to any type of crisis as a modern and highly-efficient relief organisation. This will shape our international assistance in the next few years.

What role does volunteering play here?

Wolfram Rohleder: With regard to our work in Germany, volunteers form the backbone of Johanniter. In recent years, many volunteers have stepped up to meet specific challenges as international relief workers and have obtained additional necessary qualifications through further training at home and abroad.

We are investing a lot in personnel training and equipment, in order to maintain a high level of operational readiness. Previous ground-breaking operations, most recently in

Jordan and Lebanon, would hardly have been feasible without this level of readiness and enormous commitment from our volunteers. We will therefore continue to rely on the expertise and availability of our motivated volunteer staff in future and view their professional qualifications as a very rewarding investment.

What other plans do you have for 2013/2014?

Dr. Arnold von Rümker: With professional support we have initiated an organisational development process to take account of changing challenges. Furthermore, we are pursuing multi-year country and regional strategies. However, we should always be ready for exceptional events with a short response time.

One important result of our strategy process in recent years is that we include persons with disabilities in all our projects. This is one important issue – others will follow. And I am already looking forward to August, when we will carry on working on particularly important strategic issues at our biennial meeting with international staff from country offices.

Joachim Gengenbach is responsible for Finance and Accounting as well as Controlling.

Wolfram Rohleder is responsible for Johanniter-Unfall-Hilfe specialist services, as well as Johanniter Youth, Human Resources and Marketing.

Dr. Arnold von Rümker left the Federal Board at the end of April 2013 to provide advice and support to Johanniter-Unfall-Hilfe at another location in future. He was responsible for Johanniter International Assistance and Volunteering.

People in need



Photo: AP/Musadeq Sadeq

Johanniter supported **112,000** people in emergency situations in 2012. They were given medical care and equipped with essential relief goods, such as clothing, heating materials, plastic sheets, blankets, mattresses and hygiene products.

When a rapid response is essential

Johanniter offers support through immediate disaster response – after earthquakes, floods that threaten homes and land, and when the lives of refugees are being endangered by wars.

Unforeseeable emergencies – whether as a result of natural disasters or created by human hand – require rapid and decisive action. Particularly in the first few days after a catastrophe, well-equipped and qualified emergency responders are the best means we can provide for the survival of as many victims as possible.

Johanniter have been deployed abroad since 1956, whenever a quick medical response was required. Mission teams assess needs on-site immediately after an incident. Trained medical specialists provide first aid and distribute urgent relief goods. Our emergency responders comply with internationally accepted "Sphere Standards", which are based on the fundamental conviction that all those affected are entitled to assistance and everything possible should be done to alleviate human suffering following a disaster or during a conflict.

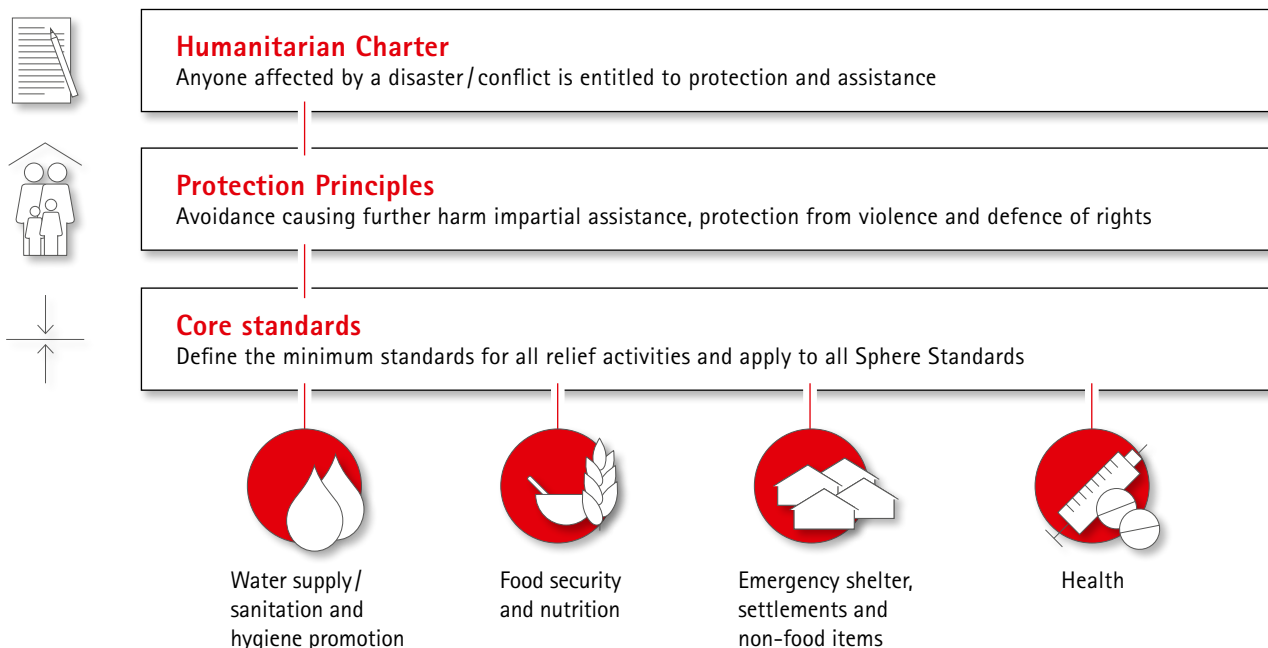
In addition to swift assistance after natural disasters, such as the devastating tsunami in South-East Asia in 2004, or the earthquake on Haiti in 2010, Johanniter also monitors humanitarian disasters which develop slowly but may be no less devastating. Johanniter has been present for years in many crisis-torn countries, trying to save the lives of displaced and starving people in the short and medium-term. Johanniter supported more than 100,000 people in 2012, for example in the Democratic Republic of Congo, and countries bordering Syria.

Immediate response ensures people's survival shortly after an emergency arises. **Disaster relief** for people in a humanitarian emergency goes beyond initial emergency care.

PROJECT COUNTRIES 2012

Afghanistan
Democratic Republic
of Congo
Jordan
Lebanon
North Korea
Pakistan
Philippines

SPHERE STANDARDS – THE RIGHT TO ASSISTANCE



Middle East – Assistance for Syrian refugees

The Civil War in Syria is driving hundreds of thousands of people to flee to Jordan and Lebanon. As a result Johanniter reinforced their Middle East activities in 2012.

Men carry injured relatives for kilometres to the Green Line, families hide away on the loading areas of trucks. Women and children have to walk along stony stretches of land to one of the neighbouring countries without shoes, while constantly at risk of being discovered by snipers. However, Syrian refugees are not welcomed with open arms anywhere following such hardships – neighbouring countries can barely cope with the never-ending flow of refugees. Vital resources, such as housing, water or electricity, are scarce commodities.

Relief goods for the poorest

"Along with our project partners, we look after people who are unable to find accommodation in one of the camps. A lot of people have to hide away in towns and villages", claims Vera Voss, director of the newly installed Johanniter country office in Jordan since the start of 2013. "Without official documents, they can't get registered anywhere and are therefore cut off from disaster relief. Parents can't work and children don't go to school. Often they don't dare go outside for fear of being discovered", says Voss.

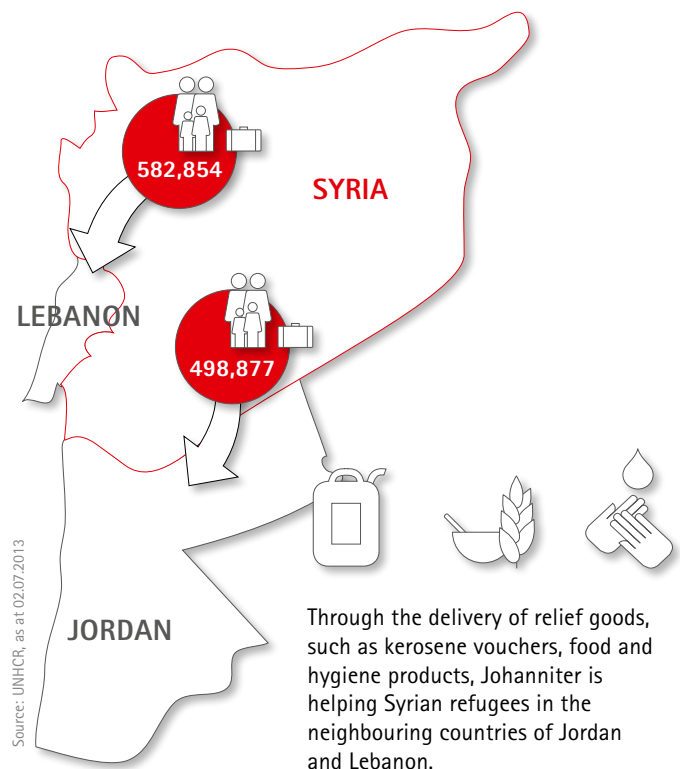


Distribution of relief goods is monitored by registering lists of those affected.

In cooperation with local relief organisations, Johanniter therefore distributed blankets, bed sheets, hygiene products, clothing and means of heating between October and December 2012. "We consider it important for beneficiaries to remain as independent as possible", the 29-year old explains. In Jordan for example, instead of handing out canisters filled with kerosene, "e-fuel cards" are issued with a value of 100 dinar, allowing refugees to buy fuel at filling stations as required.

13 March 2013 was the second anniversary of the outbreak of Civil War in Syria – and there is still no end in sight. Even if the fighting will soon be over, no quick improvement is expected in the situation because large parts of Syrian infrastructure have been destroyed and the opposition is also fragmented. As a result Johanniter is focussing on those projects which are possible, despite the difficult situation on site: at the start of 2013 they began additional distributions of relief goods and commenced the repair and maintenance of water supply systems in 500 emergency shelters. Additional relief activities to improve conditions for Syrian refugees are at the planning stage.

ASSISTANCE IN NEIGHBOURING COUNTRIES





Over 100,000 people already fled to camp Mugunga III due to fights in North Kivu. They all are hoping for a quick return to their homeland.

Primary health care units for displaced persons in Congo

By virtue of vast mineral resources, the North Kivu region in the Democratic Republic of Congo is one of the richest areas of land on the African continent. However poverty is omnipresent. Johanniter ensures medical and sanitary care in camps for displaced persons.

The Mugunga III camp is located 14 kilometres outside the provincial capital of Goma, in the east of the Democratic Republic of Congo, where a lot of people sought refuge before the prolonged fight between rebel groups and the Army. They are waiting for an end of the violence in three camps around the city on Lake Kivu.

One inhabitant of Mugunga III camp is Muhima Ajaksa Yusuf. Along with his wife and three children he fled to Goma back in September 2010. Their home since then has been a small tent, separated into two rooms with fabric panels. "Life in the camp is not easy. But at least my children go to school here", says the 30-year old.

The number of refugees is rapidly increasing

Johanniter, having been implementing regional projects from Goma for five years, began supporting displaced persons at the start of 2012. "Initially there were around 10,000 people in the camps, but the number of displaced

persons has increased to over 100,000 since July 2012", claims Christiane Moreira, Johanniter's Medical Coordinator in Congo.

In cooperation with the German Federal Foreign Office, Johanniter has built latrines in all three camps around Goma and assured medical care by setting up primary healthcare units. Johanniter is involved seven days a week. A five-man team of doctors and nurses treats more than 50 people a day with respiratory tract infections, diarrhoea or malaria. Transport to the next hospital is organised in case of complications. "Johanniter took me to hospital by ambulance for the birth of my daughter, who is now two years' old", says Muhima Ajaksa Yusuf's wife gratefully.

Nobody knows how much longer displaced persons will have to endure the camps. But victims like Muhima are willing to return home as soon as possible: "We still have our fields, even if they have been plundered. When we're there, we can cultivate them and earn our living again without any external assistance." But until then they rely on the support of the international community.

Assistance for the sick and injured



Photo: Studnar

1,000 children daily could be protected worldwide from the fatal consequences of diarrhoea if they had clean water and soap.

Using knowledge and medicine

Health is the most precious asset for people all over the world. Through its work, Johanniter helps to create conditions to allow people to stay healthy. Sharing knowledge is often the key to fundamental change.

Education, nutrition, personal hygiene and access to water: these are priorities of the World Health Organisation's "primary health care" concept being followed by Johanniter's many projects in that area. By sharing knowledge about general health matters and hygiene issues, Johanniter – when training local facilitators – enable the dissemination of such knowledge in families and communities. Support in the areas of nutrition and water is always including capacity building.

Preventive measures and treatment of diseases at primary health care units also play a key role here. Johanniter builds these units, renovates existing facilities and equips them with the required consumables. Johanniter thereby ensures medical care for 100,000 people in Africa, Asia and Latin America.

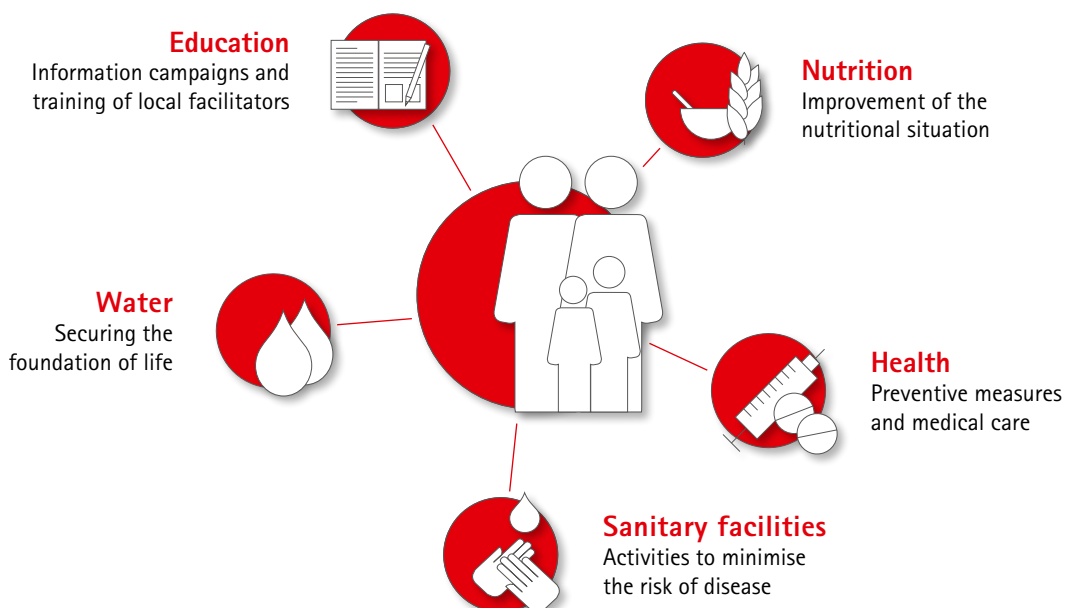
The health of women and children is particularly important here. Johanniter is aware of the key role of women in developing countries. Many Johanniter projects are geared to their special role as facilitators and providers, in order to improve the situation of particularly disadvantaged target groups.

By assuring fundamental principles in the area of **primary health care**, Johanniter makes sure people can stay – or get – healthy. The improvement of food, water supply and hygiene is also important to achieve health.

PROJECT COUNTRIES 2012

Afghanistan
Angola
Cambodia
Colombia
Democratic Republic of Congo
Djibouti
Ecuador
Haiti
Indonesia
Kenya
Myanmar
Pakistan
Palestinian Territories
South Sudan
Sudan
Zimbabwe

PRIORITIES FOR HEALTH PROMOTION



More health for Cambodia

Hardly anyone in Cambodia knows about visits to the doctor. Many people die of curable diseases because hospitals are too far away and rural facilities too poorly equipped. Johanniter is therefore improving healthcare in six rural provinces.

The country is a long way from having comprehensive, nationwide healthcare. There is a shortage of doctors, medicines and knowledge. Three decades of war and the Khmer Rouge terror in the 70s claimed two million lives and almost completely destroyed the country's infrastructure. 25% of the population, including civil servants, teachers and doctors, were killed. The consequences can still be seen today: 13% of the population are illiterate and more than one third have no access to medical care.

In cooperation with the local partner organization, "Cambodian Health Education Development" (CHED), Johanniter launched a project in October 2012, in which 120 women from remote villages were trained as health trainers. They attended courses in hygiene, first aid, nutrition as well as maternal and child health. They can then pass this knowledge onto their village community. Around 600,000

people in the provinces of Otdar Meanchey, Preah Vihear, Banteay Meanchey, Mondulhiri, Ratanakiri and Kampong Speu benefit from this knowledge.

All these provinces are undersupplied in the health services sector. "Even if people are sick, they avoid the long road to the next health centre. They are afraid of high costs and medical care has been poor until now", Project Coordinator Kathrin Treichel explains.

Cooperation for sustainability

In order to improve access to health care for those concerned, Johanniter's relief activities do not end with teaching health trainers: 84 primary health care centres are being renovated and furnished with medicine, equipment and beds. "We work closely with local health authorities, who also provide personnel. This guarantees the long-term operation of units", Treichel continues.

The project actively includes local people – for example through participation in the renovation of primary health care units. And where possible, communities provide the necessary construction materials or get involved in transportation.



Women are trained as health trainers in one Johanniter project – to the benefit of the entire population.

Fresh water for Ecuador

Clean drinking water is vital. Within the framework of Johanniter projects, priority is always given to improving access to safe water and hygiene standards. One example from Ecuador shows how this works.

The rural population in the Andean region of Ecuador leads a simple life: people largely live from what they grow and the few animals they own. Water supply is a big problem at altitudes of around 4,000 metres. "We never used to have water to wash our hands in the dry season", says Dioselina Cumbal, a villager from the province of Pichincha. Outdated supply systems, with broken pipes and cracked hoses, were to blame.

Unsafe water did spread diseases

In order to meet their needs, women and children sometimes marched for hours to collect water from open irrigation ditches. However, these are also used as cattle troughs and for laundry. "This frequently resulted in diarrhoea and worm infections", explains Dr. Oliver Hoffmann, Medical Advisor at Johanniter International Assistance.

In 2012, in order to remedy this deficiency, Johanniter built and extended safe water supply systems in seven communities in the province of Pichincha, in the Andean Highlands, in cooperation with the local partner organisation IEDECA. More than 1,100 families now have clean water. Water pipes with a total length of 45 kilometres were installed and fitted with the necessary pressure tanks and valves to prevent pipes from being damaged by the huge altitude differences. Villagers carried out the digging and filling of ditches and the laying of pipes. "We pick up on this traditional form of community work, the 'Minga', allowing people to grow together in remote areas through communal work", explains IEDECA Director Ivan Cisneros.

A tap and water meter have been installed at every house. "There is enough water for everyone now – even in the dry season", says Dioselina Cumbal happily, "and there is someone taking care of the system maintenance." The new pipes were inaugurated with a large community celebration in November 2012. Since then fresh water has been available whenever required. And this is not just much more convenient, but completely safe from a health perspective.



Pipes are laid in traditional community work – known as "Minga".



Improve health in future: drinking water is now safe for people in Pichincha province.

Malnutrition in Pakistan

Around 101 million children under the age of five suffer from malnutrition around the world. Each year more than 350,000 women die during pregnancy or child birth, most of them in developing countries. Given that many lives could have been saved, Johanniter pays special attention to women and children, for example in Pakistan.

Constantly-rising inflation and high food prices, poverty and lack of knowledge – these are just some of the indicators of the growing number of malnourished people in Pakistan. "Prices for foodstuffs such as wheat, rice and sugar have increased by up to 200% in the last 11 years", explains Jens Schwalb, who has responsibility for Pakistan at Johanniter International Assistance.

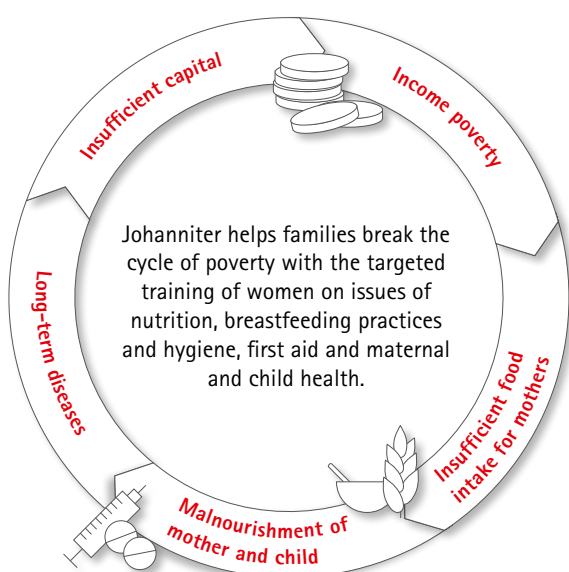
Overall 30–40% of all Pakistani children under the age of five are malnourished. Many of them live in the southern province of Sindh, where one office of the Johanniter is located. "Since 2008 our teams have been going into villages directly and examining women and children", the 39-year old describes the programme. "If young children or their mothers are malnourished, they are given supple-

mentary nutritional supplies at one of ten Johanniter treatment units or directly on site. We refer severe cases to stabilization centres in hospitals, where vital support is assured."

In cooperation with the United Nations Children's Fund (UNICEF) and the United Nations World Food Programme, Johanniter have set up treatment units for women and severely undernourished children at ten primary health care centres, where patients are examined and given medical care and advice. Moreover, they are given supplementary nutritional supplies as a form of treatment. Mothers and their family members learn more about healthy diets and hygiene issues on courses. 547,316 women and children benefitted from this assistance in Sindh province in 2012.

Moreover, in cooperation with the Health Ministry, Johanniter is training 55 health and nutrition workers and 60 community health workers. The programme includes nutrition, breastfeeding practices, hygiene, first aid and maternal and child health issues. "Our courses make sure employees can really help malnourished patients", says Jens Schwalb.

CAUSE AND RESULTS OF MALNOURISHMENT



Children are given medical care and supplementary nutrition supplies at primary health care centres if required.



Whether in Djibouti, Ecuador or the Democratic Republic of Congo: Johanniter know that women and their children are usually victims of poverty. They receive specific contributions in special programmes.

Johanniter as an advocate for women

Women play a key role, particularly in developing countries. However they are often denied the simplest rights. Physical violence is also on the agenda – Johanniter advocate women's rights in many countries and helps them to live independently.

In favour of social change

93% of women in **Djibouti** have suffered genital mutilation. The objective of this ancient practice is to exercise control over female sexuality. Johanniter is performing awareness-related work to support social change. Concerned parties go into their home towns as community health workers and carry out home visits. They provide information on the frequently painful procedure and trauma. "It is extremely difficult to counteract such a deeply-entrenched custom", Hildi Schätti, Johanniter Project Coordinator in Djibouti, explains the challenge of this project.

In addition to awareness of the consequences of female circumcision, this includes issues such as family planning, human rights for women and children, education and reproductive health. In order to anchor these measures more deeply, the village chief and a young man are also integrated into community-based groups. Moreover, literacy courses and income-generating activities help to reduce discrimination against women.

Violence forms part of everyday married life in many families in the border region of **Ecuador** and **Colombia**. In cooperation with the "Federación de Mujeres de Sucumbios", an umbrella association for 110 nationwide member organisations, Johanniter supports various facilities, such as the "Casa Amiga" women's home in Lago Agrio, where up to 26 women and their children find a safe place from domestic violence. Many come from Colombia, just a few kilometres away. They are given a room, hygiene products, food and support from a psychologist at the facility. A nursery school allows mothers to go to work or to take vocational training on a later stage. Employees also provide assistance in dealing with authorities.

Help for victims

Sexual violence is systematically used as a weapon in the war-torn **Democratic Republic of Congo**. According to estimates, more than 1,100 women and girls are victims of rape in the country every day. Johanniter looks after the victims of these assaults, treats injuries and offers HIV and pregnancy tests at eight primary health care units in eastern Congo. Furthermore, local community health workers raise people's awareness of sexual violence and provide information about Johanniter's medical services.

Persons with Disabilities



800 million people live with a disability in developing countries. They are usually among the poorest of the poor. Johanniter paves the way for them to have a higher quality of life and equal participation in social and economic life.

Mobility and social participation

People with disabilities in developing countries are often caught in a cycle of poverty and disability. They are at particular risk of being excluded from necessary assistance in crises and humanitarian disasters.

In order to counteract the marginalisation of persons with disabilities and their families, Johanniter increasingly includes them in projects in relation to primary health care, disaster preparedness and relief. Health services and sanitary facilities for example are accessibly designed with users' support. Project personnel are made aware of and trained on the issue of disabilities. The needs and skills of persons with disabilities are surveyed in target communities within the scope of disaster prevention and included in training and evacuation plans.

Johanniter's inclusive approach is supplemented by specific projects for persons with physical disability. Only one third of the people who rely on assistive devices have access to the required services. Each year Johanniter improves the mobility of several hundred persons with disabilities. By equipping prosthetics and orthotics workshops and rehabilitation centres with machines and high-quality materials, and training local specialists, they have implemented more than 50 projects in the area of technical rehabilitation in 19 countries over the past 20 years.

In community-based rehabilitation projects Johanniter creates access for persons with disabilities, to rehabilitation and primary health care, including in isolated and less developed areas. Moreover, they are given support in speaking for themselves and equality of participation in life.

By building sustainable structures in the area of **prosthetics and orthotics services and rehabilitation**, Johanniter is contributing to children, women and men leading a better life.

PROJECT COUNTRIES

2012

Djibouti

Haiti

India

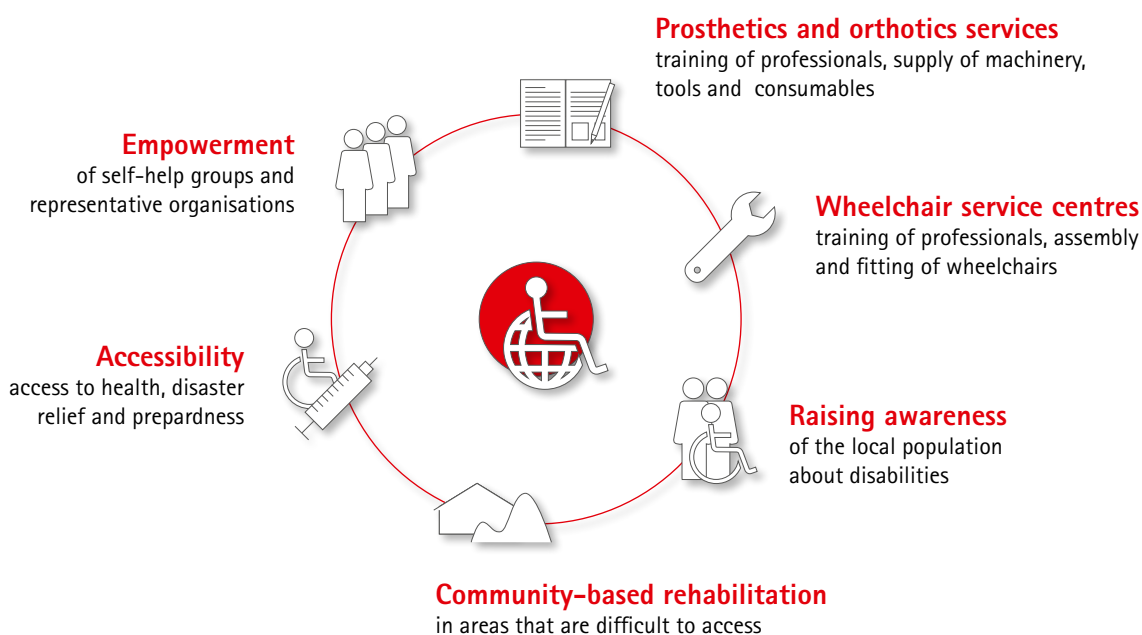
Kenya

Palestinian Territories

Romania

Sri Lanka

FOR AND WITH DISABLED PEOPLE





Jaco du Plessis, manager of the Thernova centre in Oradea, Romania, looks back on 14 years of Johanniter assistance.

Successful handover of prosthetics and orthotics workshops in Romania

Three independently operating prosthetics and orthotics workshops, one school and more than 9,000 people: Johanniter is ending its assistance for the Thernova centre in the Romanian city of Oradea. Director Jaco du Plessis looks back.

Johanniter came to Romania to work in prosthetics and orthotics services in 2001. Do you still remember the early days?

Jaco du Plessis: Very clearly. I had set up a prosthetics and orthotics workshop in my garage at the time. I built the first prostheses and orthotic devices with two friends there. We soon needed more space because of the great demand and Johanniter offered support.

How has this support developed over the years?

The key to success was training. Johanniter has continually trained our technicians for years and even deployed them in operations such as in Iraq or Haiti. Moreover, Johanniter supported us from the outset in representing the interests of persons with disabilities among the highest government circles in the country. We made sure that our care is now accepted by health insurance.

What makes supply with mobility aids so important in Romania?

Especially in the poorer regions of Romania, all members of the family have to lend a hand. Persons with disabilities constitute a great burden there, but, using professionally made prosthetic devices, these people are able to contribute in the field and generate income for the family. In recent years we have improved life significantly for more than 9,000 families.

How will things continue after Johanniter leaves Romania?

In the past 11 years we received financial support from three sources – most important was support from Johanniter, with 750,000 euros in donations from Germany alone. This meant we could give prostheses to people who would not otherwise have been able to afford them. Moreover, we received cost refunds through health insurance or from patients who could afford to pay. In addition we are continuing to work on the Romanian Government providing greater financial support than before.

- 1999**
Setting up a garage workshop
- 2001**
Employment of three technicians, start of training in USA
- 2002**
Opening of prosthetics and orthotics centre in Thernova
- 2004**
Contract with Romanian health insurance
- 2006**
1,000 patients treated
- 2007**
Opening of workshops in Baia Mare and Cluj
- 2008**
Romania increases the health budget for the prosthetics and orthotics services area by 30 %
- 2009**
Start of European project setting up a mobile workshop container
- 2010**
Romanian prosthetists and orthotists help to treat persons with disabilities at the Johanniter workshop in Haiti
- 2012**
Opening of a mobile workshop container in Bucharest



Technicians in the "Thernova" prosthetics and orthotics centre have treated more than 9,000 persons with disabilities.

Photos: Thernova

Djibouti – Health for all

Persons with disabilities have a hard time in many countries. They are excluded from society and are not given the support they need. In Djibouti Johanniter creates access for persons with disabilities to primary health care and rehabilitation in order to sustainably improve their living conditions.

There is a large amount of poverty in Balbala, a slum area of the capital Djibouti City. A majority of the roughly 250,000 people live without access to clean water and electricity. Persons with disabilities are particularly affected by poverty. "Women and children with disabilities live a particularly shadowy existence and seem to be resigned to their fate. Hardly anyone with a disability thinks they are in a position to break the cycle of poverty and disability", reports Johanniter Project Coordinator Judith Kammerer.

Removal of barriers

Johanniter supports persons with disabilities in Balbala in gaining access to primary health care, allowing basic health problems to be treated and secondary conditions avoided. Community health workers, staff from five primary health care units and hospital employees are made aware of reasonable communications and trained in the rights and skills of persons with disabilities. Prevention of disability is also included in the training programme.

Moreover, primary health care units are made accessible: ramps, accessible toilets and clear signage remove barriers for persons with disabilities.

In addition Johanniter is building a rehabilitation centre of the premises of the Balbala hospital, which should start operations in 2014. The complex consists of a physiotherapy and prosthetics and orthotics workshop. People with physical disabilities will in future be given high-quality prosthetic and orthotic devices as well as wheelchairs, adjusted to conditions in Djibouti. In order to secure the centre's long-term operation, local specialists are now being trained in physiotherapy, prosthetics and orthotics services, and in the management of such a facility.

Assistance for self-help

"For persons with disabilities, health care, rehabilitation and devices are preconditions for taking responsibility for their lives", says Anne Ernst, Advisor for Disability and Rehabilitation at Johanniter International Assistance. Similarly, it is important to empower them and their families so they can actively participate in society. Setting up self-help groups and comprehensive awareness measures therefore form an important component of the project.

Persons with disabilities face a large number of barriers in Djibouti. Johanniter improve access to primary health care and rehabilitation



Prevention for the vulnerable



Photo: Smeets

87,000 people around the world know what to do in an emergency after attending Johanniter disaster preparedness and first aid courses.

Prepared for Emergencies

Climate change and associated extreme weather hit developing countries particularly hard. Unforeseeable natural events claim a disproportionate number of lives in places where nationally coordinated disaster relief is less-developed and people are often left to their own devices. Johanniter are therefore involved in training disaster preparedness and first aid in regions which are particularly susceptible to earthquakes and regularly threatened by droughts or floods, in order to prepare people better for future events.

In order to disseminate knowledge locally and sustainably, Johanniter teaches national trainers and facilitators in first aid and disaster preparedness at the start of each project. They then convey their knowledge to communities on courses. Course contents include different types of disaster, their characteristics and causes, basic knowledge of first aid, how to compile a family emergency plan and what is included in a 72-hour emergency package.

In practical exercises, as well as application of first-aid skills, participants learn more about the risks and weaknesses of their region, allowing them to adapt better. For example they identify their own villages and locations at particular risk in case of disaster by drawing maps, and design sensible evacuation routes. In cooperation with local authorities, Johanniter also carries out disaster relief exercises in villages.

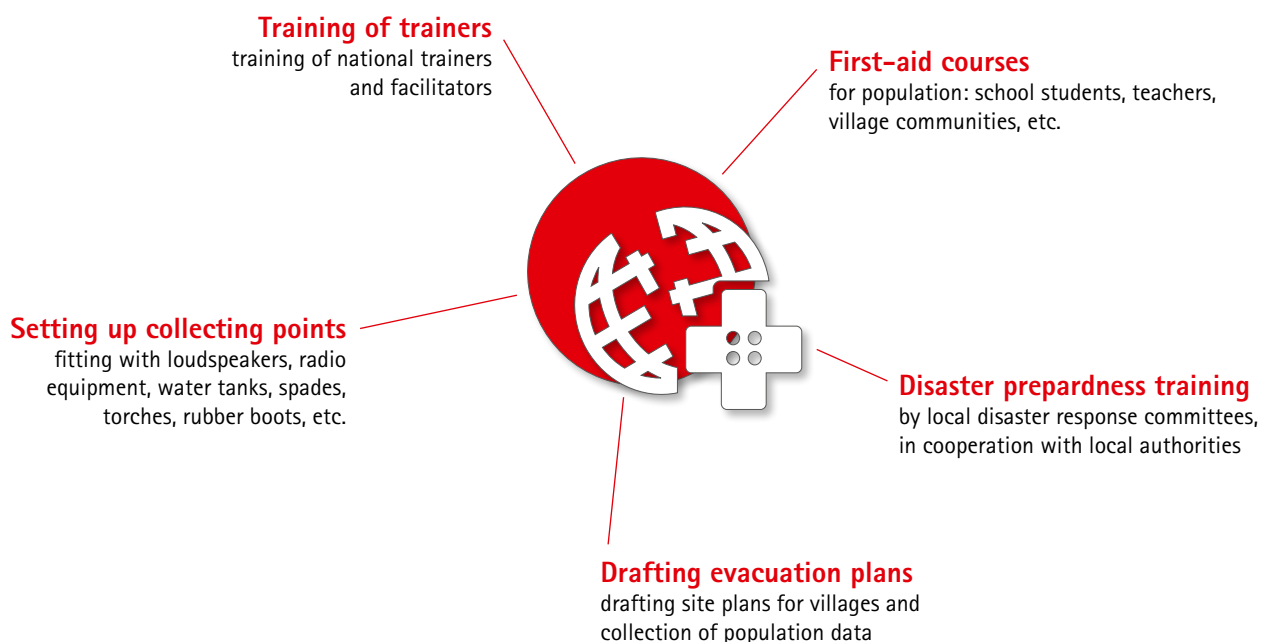
Where possible, Johanniter also tries to build preventive structures in close cooperation with official authorities, and rationally integrate them into national disaster protection – in order to turn potential victims into strong players, who are well-prepared for emergencies and better able to help themselves and others.

In particularly vulnerable regions Johanniter show school students and adults how they can better protect themselves and others. The courses enhance personal responsibility, improve responsiveness and support structures in **disaster preparedness**.

PROJECT COUNTRIES 2012

Afghanistan
Haiti
Indonesia
Pakistan

PRIORITIES IN THE AREA OF DISASTER PREPAREDNESS





Along with villagers, Johanniter collect data on the population and compile maps. This allows them to identify weaknesses and jointly resolve such weak points with the population.

Haiti – First aid for an emergency

Disaster response units, evacuation plans or guidelines for emergency actions – none of these existed when Haiti was struck by an earthquake in January 2010. Working with the Government, international organisations such as Johanniter have now started setting up disaster response units.

Ten village representatives are waiting for the Johanniter team in Duplessis, a small village in the Haitian hinterland. One team member is Verne Mackenson, who is responsible for the Johanniter disaster preparedness programme in Haiti. He has been involved in joint risk analyses since 2012, collects data on the population and compiles maps: "This is how we identify weaknesses in the event of a natural disaster", explains Mackenson.

These three-day workshops are just a part of the package of disaster preparedness measures in Haiti. Johanniter had already instructed 25 trainers on first aid and disaster preparedness courses. They passed their knowledge on to volunteers and more than 30,000 people in twelve regions of Léogâne District have already benefitted from such courses. At the same time a disaster response committee has been formed in all twelve regions and equipped with devices for use in case of disaster.

"After formation and training of the disaster response committees we are now focussing on villages and communities. In an emergency we only have the chance of a functioning rescue chain, if we bring the knowledge beforehand", Mackenson continues.

Identifying weaknesses and searching for solutions

Three days later, the Johanniter team returns with a lot of information about Duplessis. "We know how many people live there, where the weak points are and which projects have to be addressed locally to protect the population from natural disasters", the 29-year-old summarizes. The discussions revealed that Duplessis is particularly prone to soil erosion. A lot of inhabitants have placed their gardens on mountainsides. When it rains there is a threat of landslides and residential housing being buried. "In order to protect the population from mudslides in future, we now advise them on the implementation of suitable projects and help them in the search for potential donors", the Haitian explains.

The Johanniter team enters all collected data in a central database. As a result a comprehensive picture of all villages in Léogâne District is gradually produced, helping to ensure a quick response in case of any future disaster.



Photos: Bogos

Johanniter conducts first aid and disaster preparedness courses at 40 schools in northern Afghanistan.



Yalqom is one of 6,000 students who have already completed a course.

Afghanistan – A model programme for all

Johanniter has been providing disaster preparedness programmes in northern Afghanistan since 2010. As a result of climate change the risk of natural disasters, such as flooding, periods of drought and storms, is growing. Johanniter has already trained 6,000 school students and 800 teachers. Ashutosh Dey, responsible coordinator in Afghanistan, reports on the project in an interview.

What do you do to give people in Afghanistan the best possible preparation?

Ashutosh Dey: Our six local trainers currently perform one-week disaster preparedness courses at 40 schools in 15 districts in northern Afghanistan. This serves as a model for all players in the region.

Why do you concentrate on schools?

We implement the project in cooperation with the Afghan Education Ministry and are able to make family members, neighbours and friends of children familiar with course contents through teachers and school students. In this way we reach many more people than just those who attend our courses.

What do teachers and students learn on the courses?

All courses include risk identification, risk analysis and compilation of contingency, operation and escape plans. Moreover, all participants learn about different types of disasters and their consequences. First aid, search and rescue techniques are also taught.

What happens with particularly vulnerable population groups?

We keep an eye on persons with disabilities in particular who face disproportionate risks in disasters. As a result it is important to actively include them in all activities before, during and after disasters. This is why we jointly design plans in compliance with the particular needs of this target group, for example using special warning systems for people with different disabilities. We also make sure collecting points are accessible for everyone.

How is the disaster preparedness programme received?

Communities are delighted about the programme. A lot of organisations get involved when disaster strikes, but Johanniter is the only ones operating in the north of the country to enhance the capacity of communities to help themselves. Local authorities and the United Nations have already asked us to extend our disaster preparedness programme to reach even more people.

Summary of International Projects

CONTINENT COUNTRY

NUMBER OF PROJECTS

PROJECT CONTENT / FOCUS OF OPERATIONS

AFRICA

| | | |
|------------------------------|---|---|
| Angola | 2 | Primary health care |
| Democratic Republic of Congo | 7 | Primary health care provision, WASH, disaster relief |
| Djibouti | 4 | Nutrition, human rights, prosthetics and orthotics services and rehabilitation |
| Kenya | 8 | Primary health care, prosthetics and orthotics services and rehabilitation, WASH, nutrition |
| Sudan | 2 | Nutrition, primary health care |
| South Sudan | 2 | WASH, primary health care, NFI distribution |
| Zimbabwe | 3 | WASH, primary health care |

ASIA

| | | |
|------------------------------------|----|--|
| Afghanistan | 4 | Maternal and child health, disaster preparedness, disaster relief |
| Cambodia | 1 | Primary health care |
| India | 2 | Prosthetics and orthotics services and rehabilitation |
| Indonesia | 7 | Primary health care, human rights, disaster preparedness |
| Israel/ Palestinian Territories | 2 | Prosthetics and orthotics services and rehabilitation, primary health care |
| Jordan | 2 | Disaster relief for Syrian refugees, rehabilitation activities for injured Syrian refugees |
| Lebanon | 1 | Disaster relief for Syrian refugees |
| Myanmar | 3 | Nutrition, primary health care |
| North Korea | 1 | Supervised food delivery |
| Pakistan | 15 | Maternal and child health, primary health care, nutrition, WASH, disaster preparedness |
| Philippines | 2 | Disaster relief to victims of Typhoon Bopha and floods in Cagayan de Oro |
| Sri Lanka | 5 | Prosthetics and orthotics services and rehabilitation, human rights |

EUROPE

| | | |
|---------|---|--|
| Georgia | 2 | Disaster preparedness, youth work |
| Romania | 2 | Prosthetics and orthotics services, youth work |

LATIN AMERICA

| | | |
|----------|---|--|
| Colombia | 2 | Building of a day-care centre for childrens of internally displaced persons (IDPs), psychosocial support and primary health care for IDPs |
| Ecuador | 3 | Human rights, sexual and reproductive health, WASH |
| Haiti | 6 | Disaster preparedness, primary health care, prosthetics and orthotics services and rehabilitation, installation of a rescue service in Haiti |

| FUNDING BY | TOTAL BUDGET FOR ALL PROJECTS, EUROS | OF WHICH PROJECTS WITH PARTNER ORGANISATION |
|---|--------------------------------------|---|
| JUH | 239,567.00 | |
| AA, BMZ-ENÜH, BMZ-ESÜH, ECHO, JUH | 2,504,057.00 | 2 |
| AA, BMZ-PT, JUH, WFP | 1,732,523.00 | 1 |
| ADH, AWO*, BMZ-ENÜH, JUH, KWS | 2,268,132.00 | 3 |
| BMZ-ENÜH, CHF, CERF | 1,015,373.00 | 0 |
| ADH, JUH, USAID | 157,581.00 | 0 |
| ECHO, JUH, UNICEF | 859,020.00 | 3 |
| AA, BMZ | 1,875,537.26 | 2 |
| BMZ-PT, CHED*, JUH | 465,560.00 | 1 |
| JUH | 281,591.00 | 2 |
| AA, ADH, EuropeAid, JUH | 1,038,643.00 | 7 |
| BASR*, Islamic Development Bank, JUH, St. John* | 200,003.00 | 2 |
| AA, ADH, JUH | 145,877.00 | 2 |
| AA | 62,750.00 | 1 |
| ADRA*, BMZ, JUH | 1,016,468.00 | 3 |
| JUH | 70,000.00 | 1 |
| "Diakonie Katastrophenhilfe", JUH, JUH Austria, UNICEF, WFP | 3,764,549.87 | 1 |
| AA, JUH | 209,945.00 | 2 |
| AA, JUH | 264,079.00 | 5 |
| JUH | 159,998.00 | 2 |
| JUH | 138,700.00 | 2 |
| BMZ-ENÜH, BMZ-PT, FLG*, JUH | 853,492.00 | 2 |
| BMZ-PT, Europe-Aid, FAC*, IEDECA*, JUH | 1,470,955.90 | 3 |
| AA, ADH, BMZ-ENÜH, Deutsche Bank Foundation, JUH Otto Bock Foundation | 2,696,868.56 | 0 |
| | 23,491,270.99 | |

* A share of project costs is assumed by international and local project partners.

AA: German Federal Foreign Office, **ADH:** Germany's Relief Coalition, **AWO:** Workers' Welfare Association, **BASR:** Bethlehem Arab Society for Rehabilitation, **BMZ:** German Federal Ministry for Economic Cooperation and Development, **BMZ-ENÜH:** Development-Focussed Disaster and Transitional Relief of the German Federal Ministry for Economic Cooperation and Development, **CERF:** Central Emergency Response Fund, **CHF:** Common Humanitarian Fund, **CHED:** Cambodian Health Education Development, **ECHO:** European Community Humanitarian Office, **FLG:** Fundación Las Golondrinas, **JUH:** Johanniter-Unfall-Hilfe, **KWS:** Katharina Witt Foundation, **NFI:** Non-Food Items, **WASH:** Water, Sanitation and Hygiene, **WFP:** World Food Programme

Transparency and Quality

Needs-based project management

Johanniter International Association is committed to high-quality operations. Compliance with quality criteria is therefore ensured in all project work. The crucial element here is the focus on needs and sustainable planning and implementation.

Three-year strategies

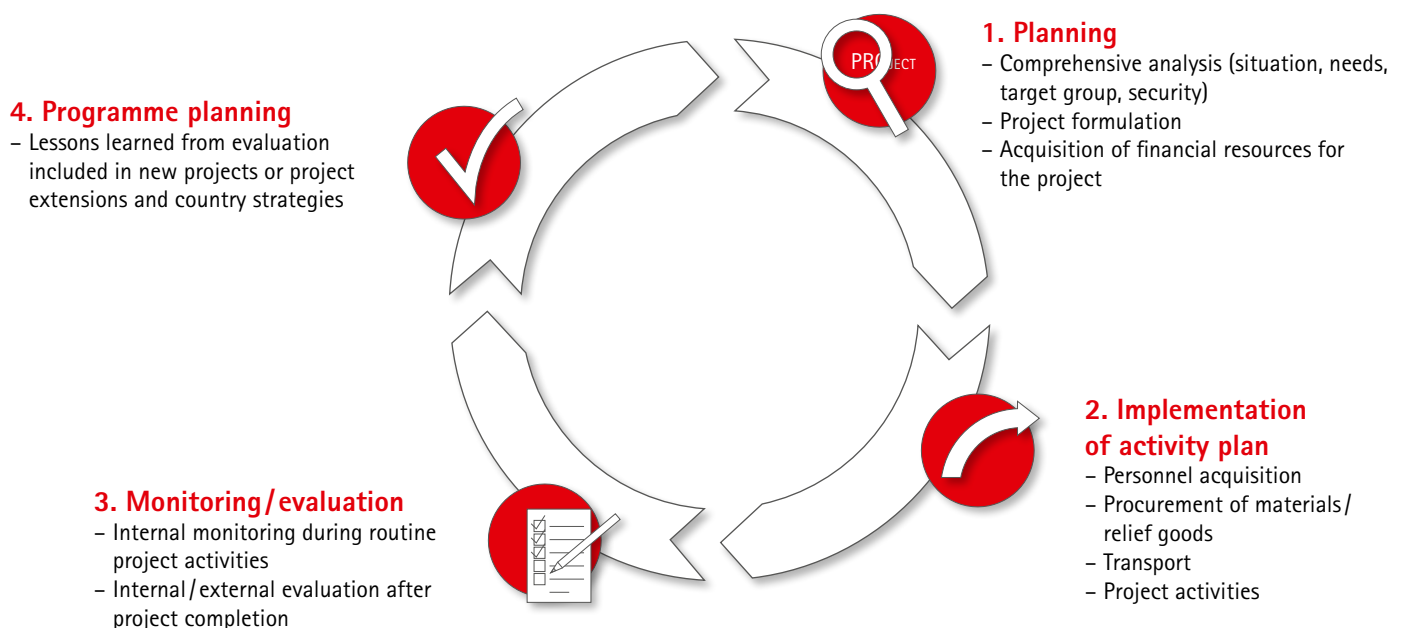
Johanniter International Assistance operates with three-year strategies for project planning, which are compiled for each country, revised, and adjusted every six months, in cooperation with financial planning. Country and regional strategies include analyses of changing needs in project countries and formulate approaches for Johanniter to attempt to meet such needs. This ensures that interventions in countries in which Johanniter have longer-term involvement are carried out accordingly. Longer-term planning also allows Johanniter to plan the transition from disaster relief to rehabilitation or development cooperation. LRRD – linking relief, rehabilitation and development – is an important component of strategic planning for international assistance. This also ensures that Johanniter is capable of again implementing projects within the scope of disaster relief at any time – in all countries in which they are active.

Projects frequently come about after a natural disaster like the earthquake in Haiti, or through an emerging refugee crisis, for example in the Syrian conflict. In this case the International Assistance department is able to dispatch highly-qualified teams, which collect data and information on site, allowing for a decision to be taken on whether relief is provided in the affected country, and whether this remains short-term or a permanent presence to meet people's needs.

Mandatory standards

Johanniter country offices and partner organisations worldwide are assigned with the implementation of planned projects. Country offices and partners comply with internal and external standards, which Johanniter has accepted as binding. This includes project cycle management, which makes provision for experiences from previous projects being integrated into project planning. Monitoring – observation of project implementation, in which key figures and qualitative data are regularly analysed to check on whether implemented project activities achieve the correct results – constitutes an important instrument within project cycle management. The opportunity arises to take controlling action in project implementation as required.

PROJECT CYCLE AT JOHANNITER INTERNATIONAL ASSISTANCE



The International Assistance department attaches special importance to internationally accepted principles of project work in humanitarian assistance. These include "Sphere Standards for Humanitarian Assistance", the German Federal Foreign Office's basic rules for humanitarian assistance and the Code of Conduct from the Red Cross. In addition to specified external requirements, Johanniter International Assistance developed its own guidelines for procurement and finance. Compliance with those in country offices and partner organisations is controlled by the responsible divisions in Johanniter Headquarters.

Quality management system

Johanniter takes the corruption-prevention guideline – signed by all employees and intended to prevent any opportunity for corrupt behaviour – very seriously. All Johanniter standards within the scope of project planning, implementation and evaluation also form part of the Johanniter quality management system, as implemented by international assistance pursuant to DIN EN ISO 9001:2008. Looking towards the future, the system should provide access for employees in Berlin to important documents and guidelines at any time and work can be performed uniformly around the world, based on the same standards and guidelines.

OBJECTIVES 2013

Membership in "People in Aid"

Drafting standards in staff development, in order to be an attractive employer for specialists

Develop needs assessment guidelines

Implementation of action plan on inclusion of persons with disabilities

OUR PARTNERS AND NETWORKS

Our partners: German Federal Foreign Office, German Federal Ministry for Economic Cooperation and Development, German Federal Agency for Technical Relief (THW), European Community Humanitarian Office, United Nations.

Our networks and their member organisations: Germany's Relief Coalition ,Behinderung und Entwicklungszusammenarbeit e.V.' (bezev), European Interagency Security Forum (EISF), European Network for Humanitarian Assistance (VOICE), Together for Africa, Johanniter International (JOIN), Order of St. John, Association of German Development Non-Governmental Organisations (VENRO), WASH network

Transparency

Johanniter uses donations efficiently and effectively and operates transparently.

This was certified for the seventh time in succession by the German Central Institute for Social Issues (DZI) in 2012. The benchmark for such an evaluation includes a reasonable proportion of marketing and administrative costs within total expenditure.

The relief organisation regularly achieves a positive result in the Transparency Award of audit company PricewaterhouseCoopers AG (PwC).

Furthermore, Johanniter takes part in the Transparent Civil Society Initiative of Transparency Deutschland e.V.

Through membership in the Association of German Development Non-Governmental Organisations (VENRO), Johanniter has also committed to the VENRO code of conduct on transparency, organisational performance and control.



Volunteer assistance worldwide



Photo: JUH / Beschle



Photo: JUH / Markowski

Volunteer Johanniter emergency responders regularly undergo training in realistic conditions for deployment abroad.

As a strong relief organisation in Germany, Johanniter is particularly well-known for the emergency medical service and their appearance at large events. Volunteer workers form the backbone of Johanniter International Assistance.

Following international disasters in structurally weak areas of the world, there is often a local shortage of various skills which are urgently required to overcome the crisis. In addition to emergency medical services, these include logistical and technical skills, tracing missing persons with rescue dogs, or psychological support. Volunteer Johanniter workers in the German emergency medical service are given training in these areas and employ their skills in a quick and efficient response, including in international environments.

In recent years all Johanniter International Assistance mission teams in natural disasters – from Asia to America – predominantly consisted of volunteer workers who have obtained their specialist skills with Johanniter and can be called upon at short notice as required. Many people offer their leisure time for mission preparation and passing on experience when training colleagues. As a welcome additional effect, skills and knowledge acquired by responders are returned to the knowledge pool of the whole organisation.

Important procedures are practised during training courses and simulations held in Germany and neighbouring countries in Europe and intercultural skills – essential for relief operations abroad – are transferred. Knowledge about the coordination of national and intergovernmental actors also plays an important role, as does the ability to improvise in the light of scarce relief goods and specific security situations.

Networks enhance efficiency

Keeping such personnel available, maintenance and updating works on operational equipment and communications technology constitute a significant cost factor. However, volunteer operations and partial financing and subsidy from the European Commission for selected training, and equipment help to keep such costs low. Moreover, Johanniter's active involvement in international disaster relief, in addition to technical skills, means personal networks are produced and nurtured – an important precondition for efficient operations and necessary coordination with other organisations in case of emergencies.

Activities of associations

In addition to volunteer activity after disasters, volunteers have regular involvement within the framework of Johanniter-Unfall-Hilfe national associations, by transporting donated relief goods from German communities, citizens and companies to partners in Eastern Europe and Africa.

Statistics

PROJECT EXPENDITURE BY SECTOR

in euros, as at July 2013



2.79 %

DISASTER RELIEF

| | |
|--------------|-------------------|
| Afghanistan | 72,694.83 |
| Jordan | 137,399.57 |
| Lebanon | 64,239.09 |
| Libya | 18,161.97 |
| Pakistan | 103,640.02 |
| Total | 396,135.48 |



68.97 %

PRIMARY HEALTH CARE

| | |
|-------------------|---------------------|
| Afghanistan | 291,012.82 |
| Angola | 346,464.94 |
| Cambodia | 53,845.86 |
| Caribbean – Haiti | 345,076.52 |
| DR Congo | 1,117,712.96 |
| Djibouti | 910,328.46 |
| Georgia | 57,472.19 |
| India | 8,314.02 |
| Kenya | 809,330.32 |
| Myanmar | 98,969.53 |
| North Korea | 49,546.12 |
| Pakistan | 3,153,303.44 |
| South Sudan | 655,211.51 |
| Sudan | 1,354,467.84 |
| Zimbabwe | 558,662.98 |
| Total | 9,809,719.51 |



14.09 %

DISASTER PREPAREDNESS

| | |
|--------------------|---------------------|
| Afghanistan | 299,824.56 |
| Caribbean – Haiti | 708,130.03 |
| Caribbean – others | 11,897.00 |
| Georgia | 68,853.97 |
| Indonesia | 435,264.41 |
| Total | 1,523,969.97 |



14.57 %

PROSTHETICS AND ORTHOTICS SERVICES AND REHABILITATION OF PERSONS WITH DISABILITIES

| | |
|-------------------|---------------------|
| Caribbean – Haiti | 1,397,644.28 |
| Djibouti | 15,536.24 |
| India | 21,879.76 |
| Israel | 119,455.07 |
| Kenya | 252,602.85 |
| Romania | 75,368.12 |
| Sri Lanka | 190,379.02 |
| Total | 2,072,865.34 |

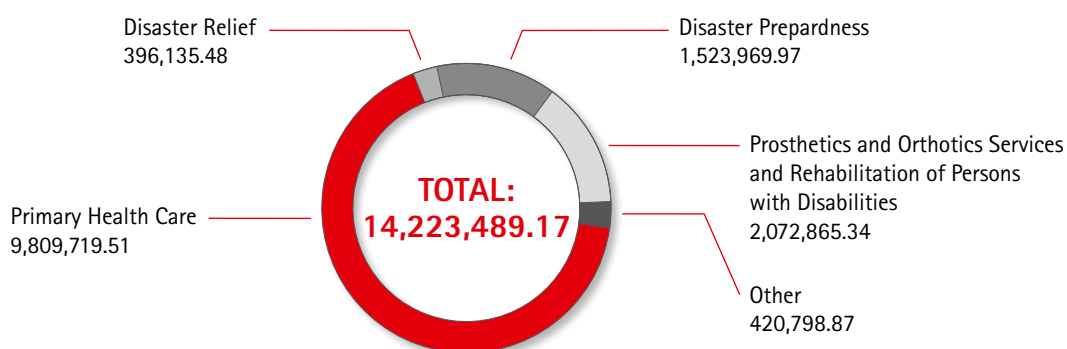


2.96 %

OTHER

| | |
|--------------|-------------------|
| Colombia | 228,676.20 |
| Ecuador | 192,122.67 |
| Total | 420,798.87 |

Total: 14,223,489.17



PROJECT EXPENDITURE BY COUNTRY

in euros, as at July 2013

42.45 %

| AFRICA | |
|---------------------|--------------|
| Angola | 346,464.94 |
| DR Congo | 1,117,712.96 |
| Djibouti | 925,864.70 |
| Kenya | 1,061,933.17 |
| Libya | 18,161.97 |
| South Sudan | 655,211.51 |
| Sudan | 1,354,467.84 |
| Zimbabwe | 558,662.98 |
| 6,038,480.07 | |

35.85 %

| ASIA | |
|---------------------|--------------|
| Afghanistan | 663,532.21 |
| Cambodia | 53,845.86 |
| India | 30,193.78 |
| Indonesia | 435,264.41 |
| Israel | 119,455.07 |
| Jordan | 137,399.57 |
| Lebanon | 64,239.09 |
| Myanmar | 98,969.53 |
| North Korea | 49,546.12 |
| Pakistan | 3,256,943.46 |
| Sri Lanka | 190,379.02 |
| 5,099,768.12 | |

20.27 %

| LATIN AMERICA | |
|---------------------|--------------|
| Caribbean | 11,897.00 |
| Colombia | 228,676.20 |
| Ecuador | 192,122.67 |
| Haiti | 2,450,850.83 |
| 2,883,546.70 | |

1.42 %

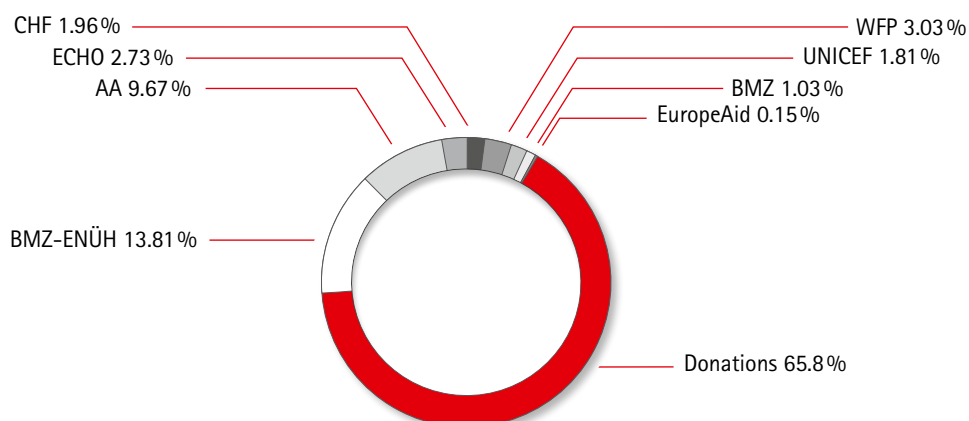
| EUROPA | |
|-------------------|------------|
| Georgia | 126,326.16 |
| Romania | 75,368.12 |
| 201,694.28 | |

Total
14,223,489.17

SOURCES OF FUNDS

in euros, as at July 2013

| | |
|---|--------------|
| Donations | 9,359,514.76 |
| Development-focussed disaster and transitional relief of BMZ (BMZ-ENÜH) | 1,963,957.40 |
| German Federal Foreign Office (AA) | 1,376,090.54 |
| World Food Programme (WFP) | 431,142.99 |
| European Community Humanitarian Office (ECHO) | 388,542.13 |
| Common Humanitarian Fund (CHF) | 279,198.09 |
| United Nations Children's Fund (UNICEF) | 257,864.61 |
| German Federal Ministry for Economic Cooperation (BMZ) | 146,309.66 |
| EuropeAid | 20,868.99 |
| 14,223,489.17 | |



SUMMARY OF DEVELOPMENT IN DONATIONS AND THIRD-PARTY FUNDS

in euros, as at July 2013

| | | Donations | Total | Third-party funds | |
|------|--------------|-----------|---------------|-------------------|--------------|
| 2012 | 9,359,514.76 | | 14,223,489.17 | | 4,863,974.41 |
| 2011 | 6,798,521.10 | | 12,261,745.59 | | 5,463,224.49 |
| 2010 | 6,611,870.98 | | 11,586,554.99 | | 4,974,684.01 |
| 2009 | 3,956,609.95 | | 7,010,796.55 | | 3,054,186.60 |
| 2008 | 5,371,893.62 | | 8,883,659.81 | | 3,511,766.19 |
| 2007 | 5,943,772.00 | | 8,221,915.26 | | 2,278,143.26 |
| 2006 | 6,176,467.22 | | 8,144,536.51 | | 1,968,069.29 |
| 2005 | 9,172,764.44 | | 10,310,781.04 | | 1,138,016.60 |
| 2004 | 4,357,347.81 | | 5,125,152.26 | | 767,804.45 |
| 2003 | 2,988,760.00 | | 4,642,760.00 | | 1,654,000.00 |

Reproduction of auditor's opinion for Johanniter-Unfall-Hilfe e.V., Berlin, and final remark

Pursuant to the conclusion of our duly commissioned audit, we have furnished the annual financial statement at 31 December 2012 and the management report for Johanniter-Unfall-Hilfe e.V., Berlin, with the following unqualified opinion:

"Auditor's opinion

To Johanniter-Unfall-Hilfe e.V., Berlin:

We have audited the annual financial statement – consisting of balance sheet, income statement and notes – including accounting and management report for Johanniter-Unfall-Hilfe e.V., Berlin, for the financial year from 1 January to 31 December 2012. Accounting and compilation of the annual financial statement and management report, pursuant to German commercial law regulations, are the responsibility of the association's legal representatives. Our task is to provide an assessment, based on our audit, of the annual financial statement, including accounting, and of the management report.

We conducted our audit of the annual financial statement based on Article 317 of the German Commercial Code ("HGB"), in compliance with generally accepted auditing principles in Germany, as established by the Institute of Public Auditors in Germany (IDW). Pursuant hereto, the audit shall be planned and implemented in such a way that any inaccuracies and contraventions, which have a significant impact on the picture of net assets, financial position and results of operations – conveyed by the annual financial statement in compliance with generally accepted accounting principles and by the management report –, are identified with a sufficient degree of certainty. When defining audit procedures, consideration is given to knowledge of business operations and the association's economic and legal environment, and to expectations of potential errors. Within the scope of audit an assessment is made – predominantly on the basis of random samples – of the effectiveness of the internal control system for financial accounting and evidence of data in accounts, the annual financial statement and management report. The audit includes an assessment of employed accounting principles and significant estimates of legal representatives, and an appraisal of the overview of the annual financial statement and management report. We believe that our audit forms a sufficiently secure basis for our assessment.

Our audit did not produce any objections.

In our assessment, by virtue of the findings made during the audit, the annual financial statement complies with statutory regulations and conveys a true and accurate picture, in compliance with generally accepted accounting principles, of the net assets, financial position and results of operations for Johanniter-Unfall-Hilfe e.V., Berlin. The management report conforms to the annual financial statement, conveys an appropriate overall picture of the situation of the association and presents risks and opportunities for future development."

Final remark

We have compiled the above audit report, including reproduction of the auditor's opinion, in accordance with statutory regulations and the audit standard on generally accepted reporting principles for audits of financial statements (IDW PS 450). Reference is made to Article 328 of HGB.

Düsseldorf, 13 May 2013

CURACON GmbH
Audit Company
Düsseldorf branch

Grzyszczyk
auditor

Grabow
auditor



Financial Report for Johanniter-Unfall-Hilfe

The 2012 income statement annual balance sheet for Johanniter-Unfall-Hilfe with explanatory notes of relevant items and changes in annual comparison, are shown on the next two pages.

General data

Johanniter-Unfall-Hilfe e.V., Berlin, compiled the annual financial statement, consisting of balance sheet, income statement, Notes and management report at 31 December 2012, pursuant to the provisions of the German Commercial Code (HGB).

Johanniter-Unfall-Hilfe structures its balance sheet and income statement in voluntary application of the provisions of the German Commercial Code (HGB) for large companies, in accordance with Articles 266 and 275 of HGB. Classification and allocation regulations for the balance sheet and income statement and valuation methods were not changed from the previous year. Comparability with the previous year's financial statement is assured. The use of valuation methods does not affect the insight into net assets, financial position and results of operations.

Explanatory notes on the profit and loss statement

Income

Sales revenues are generated by emergency medical services, day care centres, transport and air services, care services, domestic emergency calls, meal services, training and other social benefits. The increase on the previous year primarily results from growth in the day care centres, care and other transport and flight services.

Other operating income includes revenues that are not to be allocated to revenues or financial incoming according to commercial law. These are primarily membership fees, allocations and subsidies, donations and inheritances, rental income, other economic business operations, income from release of provisions and special items, income for other accounting periods and refunds of personnel expenses. Earmarked donations and subsidies are classified as liabilities upon receipt and are only presented in accounting for appropriate use in income. The increase on the previous year primarily results from donations and membership fees.

Income statement for the period from 01.01. to 31.12.2012

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

| | 2012 thousand € | 2011 thousand € | Difference, thousand € |
|--|-----------------|-----------------|------------------------|
| Sales revenues | 497,035.1 | 466,688.1 | 30,347.0 |
| Other operating income | 147,473.4 | 142,669.7 | 4,803.7 |
| Expenditure on raw materials and supplies and purchased services | -75,174.8 | -75,796.4 | 621.6 |
| Personnel expenditure | -388,271.1 | -354,493.7 | -33,777.4 |
| Depreciation on intangible fixed assets and tangible assets | -38,194.4 | -36,164.3 | -2,030.1 |
| Other operating expenditure | -133,843.1 | -129,895.7 | -3,947.4 |
| Financial result | -449.4 | -2,372.2 | 1,922.8 |
| Result on ordinary business operations | 8,575.7 | 10,635.5 | -2,059.8 |
| Taxes on income and profits and other taxes | -353.2 | -443.3 | 90.1 |
| Annual result | 8,222.5 | 10,192.2 | -1,969.7 |
| Allocation to reserves | -8,222.5 | -10,192.2 | 1,969.7 |
| Balance sheet result | 0.0 | 0.0 | 0.0 |

Expenditure

Expenditure on **raw materials and supplies and purchased services** largely relates to meal services, air services, tax-free payments for part-time jobs of volunteer staff, project and personnel costs for local international assistance employees, other operators' expenditure, fees, emergency service materials and medicines, food purchasing, refunds of personnel expenses and control centre costs/emergency medical service charges. Changes result from a large number of circumstances, e.g. employees from subsidiaries were transferred to the association. Refunds of personnel expenditure therefore fell significantly.

Personnel expenditure includes wages and salaries, social security contributions, expenditure on retirement benefits, and expenditure on volunteers. The main causes of the increase on the previous year are wage increases, establishing pay rates and transfer of employees.

Expenditure on **depreciation** results from scheduled depreciation on intangible and tangible assets. The increase can be attributed to high investments in recent years.

A large number of items are recorded under **other operating expenditure**. These include vehicle costs, costs of office space, expenditure on member and donor recruitment, service and maintenance costs and taxes, duties and insurance premiums. Furthermore, this includes advertising expenditure, telephone, postage and freight costs, business trips, hospitality, representation and other costs. The share of expenditure on public relations and advertising based on allocation criteria of the German Central Institute for Social Issues (DZI) and administration on major total expenditure amounted to 16.3% (administration 11.4%, public relations and advertising 4.9%) in the reporting year.

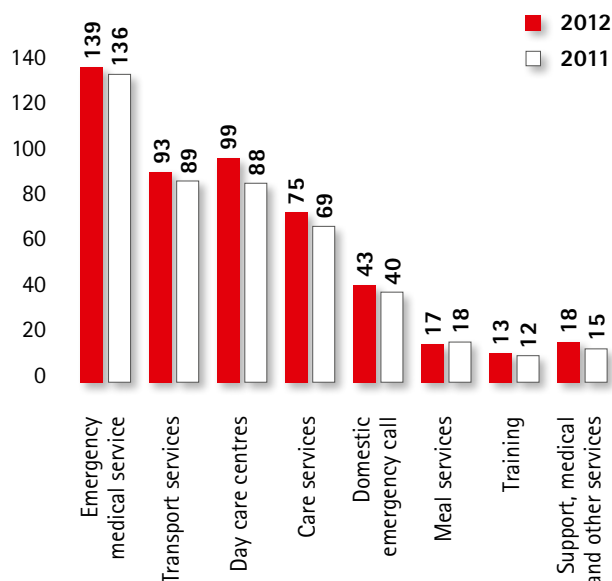
The **financial result** on the income side is essentially based on income from fixed-term deposits and financial assets and, on the expenditure side, on payable interest on long-term investment loans.

Balance sheet result

The income statement shows an annual net profit of 8.2 million euros. This is allocated to reserves in order to secure the associations' performance capacity.

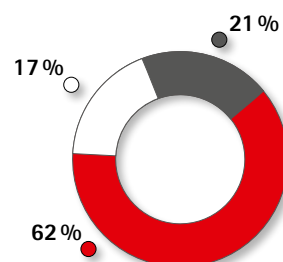
SALES REVENUES FROM MAIN SERVICES

in million euros, as at July 2013



MEMBERSHIP FEES, DONATIONS, ALLOCATIONS

- Membership fees
71 million euros
- Donations/inheritances
24 million euros
- Allocations/subsidies
20 million euros

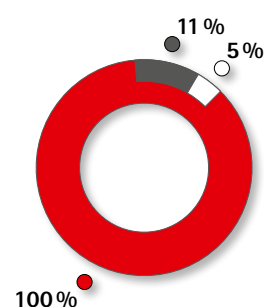


Share of international assistance in euros

| | |
|---|----------------------|
| Subsidies | 4,199,761.20 |
| Earmarked donations | 10,580,302.04 |
| Other operating income | 122,571.00 |
| Income from general donations and fines | 13,253.00 |
| Total | 14,915,886.66 |

SHARE OF ADVERTISING AND ADMINISTRATIVE EXPENDITURE

- Total expenditure
- Expenditure on administration
- Expenditure on public relations/advertising



Structure of Johanniter-Unfall-Hilfe

Johanniter-Unfall-Hilfe is the largest division of the Johanniter Order and was founded in 1952. The organisation employs more than 15,000 full-time staff and around 30,000 volunteers and is supported by almost 1.4 million people.

Johanniter-Unfall-Hilfe is subdivided into nine national associations and around 300 regional, local and district associations. Bodies of the association are the Delegate Assembly, Executive Committee and Federal Board. The latter is an executive board pursuant to Article 26 of the German Civil Code ("BGB").

Delegates selected by the representatives' meeting form the Delegate Assembly. This convenes once a year and is the highest decision-making body of Johanniter-Unfall-Hilfe.

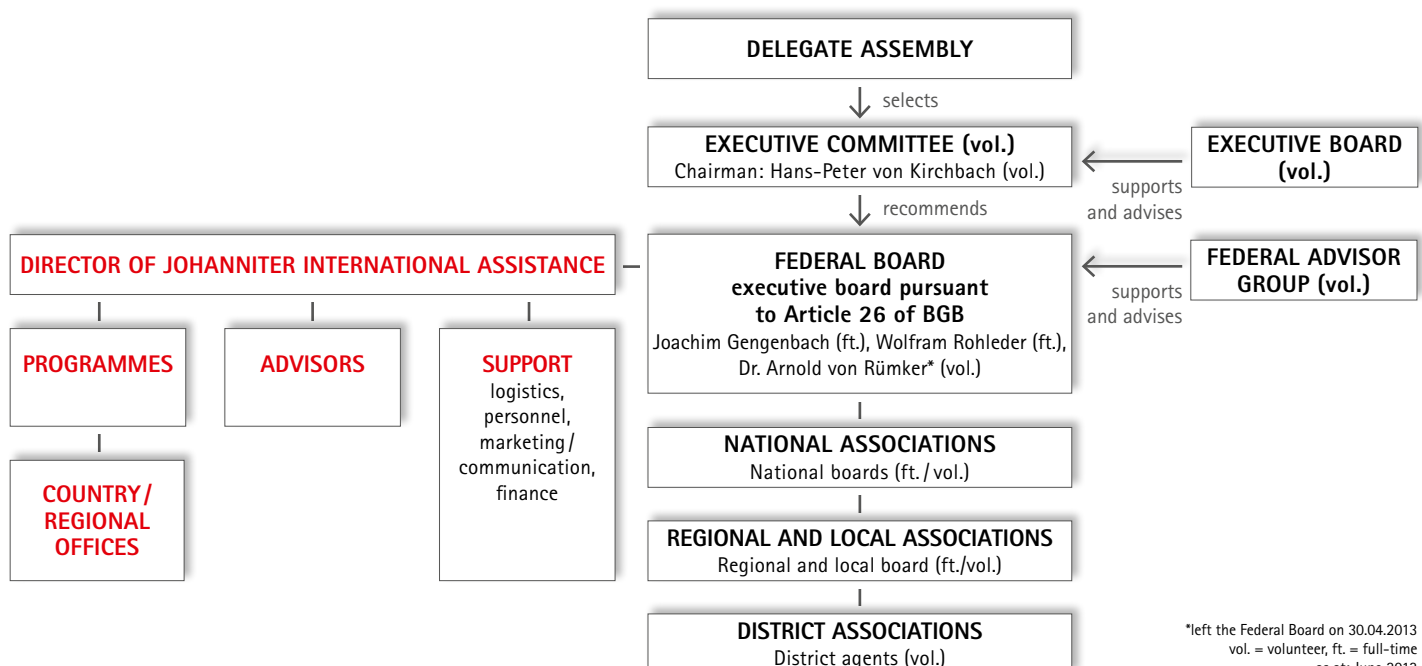
The Executive Committee – selected by the Delegate Assembly – takes fundamental decisions on association policy and controls the management of the Federal Board. All members of the Executive Committee are volunteers and must be active members of Johanniter-Unfall-Hilfe. The Executive Committee is presided over by the Chairman, who must be a member of the Johanniter Order and is appointed by the Grand Master of the Johanniter Order following nomination by the Delegate Assembly. He is also the highest representative of Johanniter-Unfall-Hilfe.

The Federal Board manages Johanniter-Unfall-Hilfe and consists of no more than three members, at least two of whom must be members of the Johanniter Order. Members of the Federal Board are appointed by the Grand Master of the Johanniter Order on the recommendation of the Executive Committee.

Johanniter International Assistance

Humanitarian international assistance is a statutory task of Johanniter-Unfall-Hilfe, to be implemented by Johanniter International Assistance in the national headquarters in Berlin.

The department is directly subordinate to the Federal Board and subdivided into project and support areas (logistics, finance, marketing/communication, personnel) as well as advisors on the subjects of planning and quality, public health, prosthetics and orthotics services and rehabilitation of persons with disabilities. 450 full-time staff worked in Berlin and 12 country offices worldwide in 2012.



*left the Federal Board on 30.04.2013
vol. = volunteer, ft. = full-time
as at: June 2013

Johanniter offices worldwide



Headquarters Germany ①



Regional Office Kenya ②



Country Office DR Congo ③



Country Office Djibouti ④



Country Office Jordan ⑤



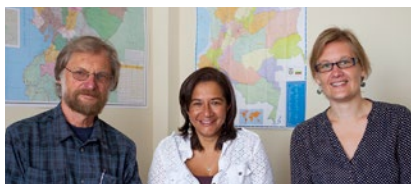
Country Office Zimbabwe ⑥



Country Office Sudan ⑦



Country Office Afghanistan ⑧



Regional Office Ecuador ⑨



Country Office Haiti ⑩



Country Office South Sudan ⑪



Country Office Pakistan ⑫



Regional Office Indonesia ⑬

Johanniter

Mission statement of the Johanniter-Unfall-Hilfe

As Johanniter we are committed to the Christian commandment of "Love thy Neighbour" and regard ourselves as part of Protestant Christianity. In accordance with the tradition of the Johanniter Order, which dates back more than 900 years, we offer our assistance worldwide.

As Johanniter we play our part in shaping the society in which we live and offer a home to those who wish to assist others both as professionals and as volunteers. We promote the development and education of children and adolescents.

We centre our daily activities on those people who are in need of our support regardless of their religion, nationality and culture. This also includes those in mental and spiritual need.



Our services are innovative, sustainable and of the highest quality. We react to developments and upcoming challenges within our society by expanding the scope of our activities. We offer extensive medical, educational and social services.

Cost effectiveness, reliability and a strong commitment to quality form the basis of our work. We manage donations and funds in a responsible manner and set a high value on transparency.

We are a community of volunteers and full-time employees, who work together in a spirit of trust and confidence. Our interactions are characterised by mutual esteem and respect.



Mission Statement of Johanniter International Assistance

As employees of Johanniter International Assistance we are committed to the principles of Johanniter-Unfall-Hilfe. Our assistance is aimed at all people regardless of their religion, nationality and culture and is not governed by any political interests.

In the course of our international humanitarian work, we pledge ourselves to responsible and cooperative action. We stand up for our decisions and endeavour to fulfil our duties to the best of our abilities. Respect and integrity define the cooperative relationship with our public and private donors, employees, and project partners.

We hold different cultures and people in high regard and strive to act primarily in accordance with the needs of those receiving our aid.

We concentrate our efforts on our core competences, which are primary health care, medical disaster relief and prevention and the rehabilitation of people with disabilities. We set ourselves realistic targets by which our work can be evaluated.

Our main concern is to improve the living conditions of people in need in the long run. Therefore we deploy our resources with foresight, taking into account the social, economic and ecological consequences.

We are committed to accountability and transparency towards our donors and partners. Decision-making processes and structures are being constantly reviewed and improved. Uniform quality standards and regular audits ensure our professionalism.



www.thejohanniter.de

