

Project Report 2015

International Assistance of Johanniter-Unfall-Hilfe



**THE
JOHANNITER**

International Assistance



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PROJECT COUNTRIES OF JOHANNITER INTERNATIONAL ASSISTANCE



COVER IMAGE: EDUCATION ON MATERNAL AND CHILD HEALTH, SOUTH SUDAN

This photo was taken in the village of Gette, Western Bahr el Ghazal province. Johanniter volunteer Mary (left) offers educational courses for mothers in the region to teach them about nutrition for babies and toddlers. Johanniter is carrying out a local programme to fight malnutrition and ensure long-term food security. An important aspect of the programme is education on breast-feeding practices, healthy nutrition, hygiene and health issues.

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Johanniter is member of



Johanniter International Assistance: 2015 in Figures



Johanniter International Assistance is active in **25** project countries.

It is represented by **444** international and local staff members in **15** national and regional offices.



32,346 people with disabilities gained access to rehabilitation and mobility aids.

Johanniter provided wheelchairs, orthoses and prosthetic devices.



135,758 people benefited from water, sanitation and hygiene measures undertaken by Johanniter.

By tapping water sources, installing pipes or building water storage systems, Johanniter ensured access to safe drinking water. The provision of sanitation facilities and trainings in hygiene complement Johanniter's WASH-related activities.



452,000 people were prepared for possible natural disasters through preventive measures.

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.

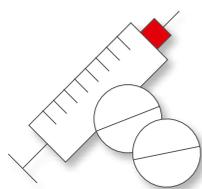
Our interactions are characterised by **mutual esteem and respect**.

OUR



A life in
and d

GOAL



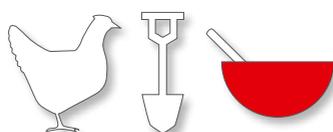
More than **1.4 million** people benefited from basic medical services.

This was achieved through preventive measures and basic healthcare.



513,000 refugees and internally displaced people were supported by Johanniter.

They received relief goods, food, psychosocial support and medical care.



232,652 were able to improve their nutrition and livelihoods in a sustainable way.

Johanniter treated malnutrition with vitamins and ready-to-use therapeutic food. We also supported people with seeds, livestock and agricultural tools and trained them on how to cultivate gardens and fields.



58,512 people were supported in climate change adaptation.

This was achieved through measures to protect resources and by training farmers in agricultural practices that are adapted to climate change.

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.

It is our goal to enable people to survive in dignity and reduce their vulnerability and that of their communities – throughout humanitarian crises and immediately after a disaster. To strengthen people's resilience, we place an emphasis on providing healthcare, improving water, sanitation and hygiene, combating malnutrition and securing livelihoods.

We set ourselves realistic objectives against which our activities can be measured and we use our resources with foresight. We pay equal attention to the social, economic and environmental consequences of our work.

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.

Report by the Executive Board of Directors

In the last year, three major crises have underlined the diverse challenges faced by humanitarian aid organisations: Devastating earthquakes, in April and May 2015, caused widespread destruction in Nepal; the Ebola epidemic continued to spread in West Africa; and a number of conflicts and crises forced millions of people to flee their homes.

According to the United Nations Refugee Agency (UNHCR), over 65 million people globally were fleeing wars, conflict and persecution in 2015 – more than ever before. Brutal violence, and destruction, failed states, the collapse of healthcare systems and the lack of employment or prospects for the future are the main factors forcing countless people to flee.

Johanniter International Assistance supports refugees and displaced people in many regions, for example in the Middle East. In this region we help people in refugee camps as well as host families and communities that take in refugees. We offer vaccination campaigns, healthcare information and education programmes, as well as providing support in the form of assets and cash or offering help to traumatised people. Moreover, Johanniter associations are active in Germany and the transit countries in order to improve the living situation of refugees. Presently, Johanniter runs around 150 refugee shelters in Germany and offers integration and language courses in addition to accommodation.



In 2015, Johanniter provided medical care for hundreds of thousands of refugees and internally displaced – in this case in Afghanistan.



After the earthquake in Nepal, Johanniter secured the provision of medical care for the affected people in the Sindhupalchok region.

Disaster Relief, Crisis Prevention

After the Nepal earthquakes in April and Mai 2015, Johanniter International Assistance teams were able to quickly and efficiently treat many injured people on site. In addition, they distributed tarpaulins, food and other relief goods and thus eased the suffering of many of the victims. Since there remained an enormous need for help in Nepal even after the emergency aid was provided, Johanniter decided to establish a long-term presence in the country. We are concentrating on improving healthcare provision, strengthening livelihoods and caring for people with disabilities. We also aim to be active in disaster prevention.

In view of the many crises and conflicts around the world, the Ebola epidemic in West Africa is barely gaining attention today. However, the World Health Organization (WHO) only lifted the international health emergency status in the region in March 2016. The WHO is predicting that further new infections will occur, though these will not pose a risk to the region as a whole. In Liberia, Johanniter and its partners from the German relief coalition "Aktion Deutschland Hilft" have undertaken preventive measures to protect the population and have also provided support to affected families in the form of relief goods.

In the Democratic Republic of Congo and in South Sudan, educational courses were given and the local health authorities were supported in order to effectively prevent new infections and to avoid the spread of the disease.

Economic Development

In 2015, Johanniter International Assistance implemented over 90 projects in 24 different countries with a total financial volume of 16,771,515 Euros. In terms of the entire organisation, this marked a 4 percent decline in revenue compared to the 2014 financial year, in which the expenditure was 17,436,409 Euros.

At the end of 2015, project expenditure was made up of 9,365,966 Euros from institutional donors and 7,405,548 Euros of Johanniter's own funds. Compared to 2014, this marked an increase of institutional funding of 10 percent and a reduction of spending from Johanniter's own funds of 14 percent.

Despite the slight decrease in expenditure on projects, Johanniter International Assistance sees a very positive development overall. As in previous years, the German Federal Foreign Office (with 3,708,059 Euros) and the Federal Ministry for Economic Cooperation and Development (with 2,920,087 Euros) were our most important institutional donors. In addition, various UN institutions supported our work in 2015 with a total volume of 1,245,874 Euros. Johanniter considers the trust shown by these diverse institutional donors as a sign that its work is considered important and necessary.

A New Strategy

In 2015, Johanniter International Assistance began to revise and overhaul the strategic approach of its work. This new strategy defines key competencies and inter-

vention stages and gives form to its partnership approach; it will remain valid until 2025. In addition, the new strategy expands the profile of Johanniter International Assistance beyond its core competence of health care. Its activities will in future be geared towards two main goals: Firstly, Johanniter aims to ensure the survival of people following disasters and during ongoing crises. Secondly, it aims to strengthen the resilience of people in high-risk countries. By undertaking projects in the areas of basic healthcare, water supply, sanitation and hygiene, as well as combating malnutrition and ensuring food supply and livelihoods, Johanniter will in future pursue these two main goals.

In the year 2015, Johanniter International Assistance further improved its processes and procedures. In the context of quality management and organisational development, for example, it established a complex set of regulations for the engagement of national employees. These regulations are currently being adapted to each respective project country. Johanniter is increasingly standardising its guidelines on the application and realisation of projects, thus allowing for greater efficiency in its procedures.

Johanniter International Assistance considers itself a "learning organisation". As such, it welcomes external recommendations and demands and implements them in its activities and organisational changes. For example, new accounting software allows us to meet donors' increasing demands pertaining to the administration of funds. Moreover, with the support of its internal audit team, Johanniter was able to identify weaknesses in the procedures of its national offices and then structurally resolve these in a common effort.

'STRATEGY 2025' OF JOHANNITER INTERNATIONAL ASSISTANCE





Outlook

In 2016, Johanniter International Assistance will finalise its 'Strategy 2025' and begin implementing the first measures. The inclusion of country and regional offices in Johanniter's quality management system will also be one of the main goals in the coming year. In the area of disaster response, Johanniter is aiming to obtain WHO classification for its emergency medical teams in 2016.

With its Strategy 2025, Johanniter has integrated the concept of resilience into its work. In future, it is intended that all project activities increasingly reflect this approach. To this end, Johanniter International Assistance will strengthen its competences and resources in headquarters and in the country and regional offices. Within the framework of its strategy development, Johanniter will review its relations with partner organisations in the project countries. It will also structurally integrate partner guidelines into its work; these guidelines will define how future cooperation will be carried out and evaluated.

In 2016, the DIN EN ISO 9001 standard will be further implemented by Johanniter. Consequently, all country and regional offices will be given access to the central

quality management system of headquarters. All necessary guidelines, templates and processes that staff in the project countries need for their work will be made available. Johanniter International Assistance will draw up a quality policy that corresponds to the requirements of the DIN standard and which is in line with the quality policy of the Johanniter's national headquarters.

Classification as an "Emergency Medical Team"

The World Health Organization (WHO) is currently striving to establish an international classification and standardisation for emergency medical teams in order to better coordinate and improve relief activities following disasters. Johanniter has made an application to have its medical services classified as an "Emergency Medical Team" (EMT). In order to achieve the classification status of an EMT, Johanniter will in 2016 introduce a patient grievance management procedure, improve data collection, and ensure that people with disabilities have unrestricted access to medical treatment.

In addition, Johanniter supports the WHO classification process: Experienced experts supervise the concept working groups and the implementation of classification exercises for other international teams in the framework of European disaster response.

Berlin, June 2016



Wolf-Ingo Kunze
Federal Board



Jörg Lüssem
Federal Board

Strengthening Resilience, Ensuring Survival



2,480 hours

was the amount of time spent by Johanniter volunteers providing assistance after the earthquake in Nepal in 2015. They provided medical care for hundreds of people.

Surviving in Dignity and Safety

The global need for humanitarian aid has increased dramatically in recent years. Worldwide, 83 million people are continuously dependent on humanitarian aid for their survival.

Causes include numerous ongoing armed conflicts in places like Syria, South Sudan, or Afghanistan, the massive increase in the number of civilian victims due to human rights violations in such conflicts, and the effects of climate change. All these factors have led to a continual rise in the number of refugees and internally displaced people. Periods of exile and displacement are getting longer– on worldwide average, it takes 17 years before people are able to return to their homelands. 80 percent of humanitarian aid is currently devoted to providing assistance in long-standing crises. In response, Johanniter has significantly expanded its relief efforts for affected people.

The overriding goal of Johanniter International Assistance is to enable affected people to live in dignity and safety. To this end, Johanniter provides targeted assistance to people in emergency situations or to those who face the risk of finding themselves in acute danger or hardship. We especially aim to facilitate the social and economic integration of refugees and internally displaced people by providing access to health care, education and work.

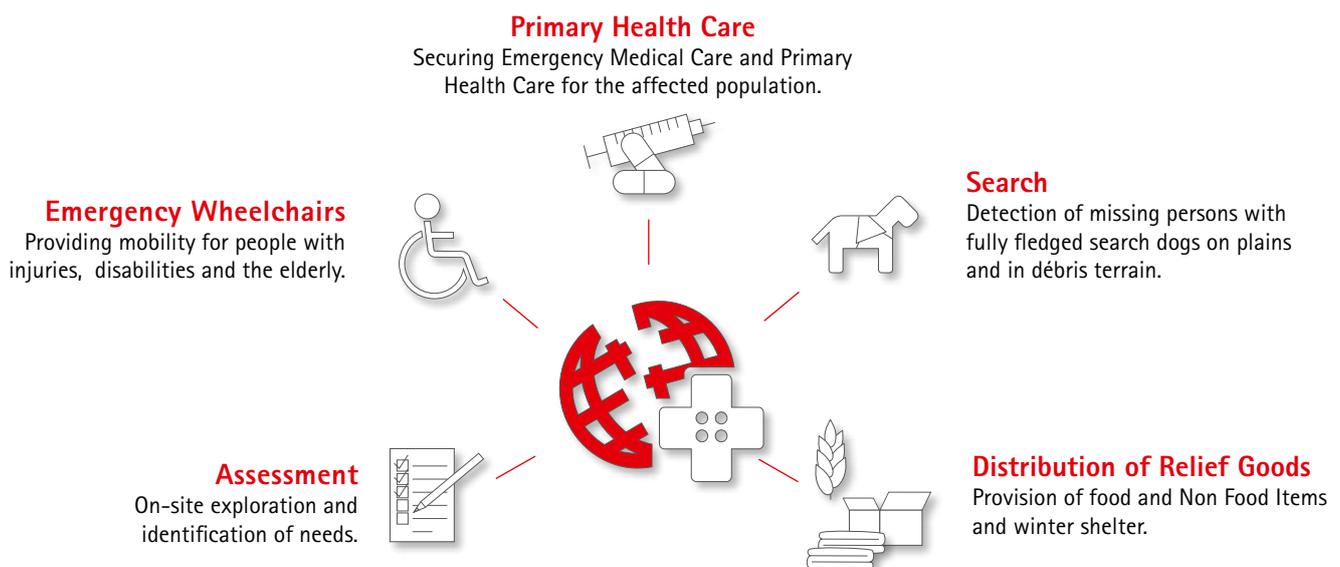
In addition, we provide emergency relief following natural disasters such as earthquakes, tornadoes, or tsunamis. Our voluntary teams include medical and non-medical specialists. They treat injured persons and facilitate the distribution of relief goods such as food, blankets or hygiene kits.

Immediate **disaster response** ensures people's survival after an emergency. **Disaster relief** for humanitarian emergencies goes beyond the initial emergency response.

PROJECT COUNTRIES 2015

Afghanistan
Djibouti
Jordan
Kenya
Lebanon
Myanmar
Nepal
South Sudan

JOHANNITER MEASURES FOR ENSURING SURVIVAL





Victims of the earthquake were provided with medical care by Johanniter disaster response teams.

Relief Following the Earthquakes

“The situation we found when we arrived in the capital Kathmandu was chaotic,” says Jens Uwe Klomfass, team leader of Johanniter assessment team in Nepal. An earthquake with a magnitude of 7.8 on the Richter scale had hit the Himalayan region on 25 April 2015. A second earthquake, with a magnitude of 7.2, followed on 12 May. According to official figures, almost 9,000 people in Nepal were killed, and more than 600,000 houses were destroyed.

Johanniter immediately deployed an assessment team. “Many buildings were destroyed. The few hospitals in the country were completely overwhelmed. Help was urgently needed,” says Klomfass. Johanniter’s team of five disaster response volunteers travelled to the affected region just one day after the first earthquake. They assessed the need for assistance in Kathmandu and north-east of the capital in the hard-hit province of Sindhupalchok. The team also coordinated Johanniter’s relief efforts. Following the team’s situation report, Johanniter in Berlin dispatched an eleven-member emergency medical team for immediate disaster response.

In Sindhupalchok, the medical team set up a temporary health post in Koladawan. “Upon arrival, we immediately started to work and treated 70 patients on the first day,”

says Markus Kristen, head of the team. Overall, Johanniter treated several hundred patients during its 14-day mission – most of them for untreated lacerations that were a result of the earthquake.

The health post served as a focal point in the region, but Johanniter also helped many people in remote mountain villages. “Landslides had resulted in entire neighbourhoods being cut off from the outside world,” says Kristen. Many people in the mountainous regions were also left without access to medical care after the earthquakes, because some villages could only be accessed by foot. Johanniter teams therefore took to the mountains by foot to provide people with medical care.

In addition, Johanniter distributed relief goods to those affected. 2,807 households received basic food items, blankets, mats, kitchen utensils, clothing and hygiene kits. 150 tarpaulins were distributed to set up temporary shelters, schools and health centres.

In order to support the people of Nepal beyond emergency relief and to help them rebuild their country, Johanniter has launched further project activities and opened an office in Kathmandu.

NEPAL
Relief provided
since April 2015



1. **Medical care** for people affected by the earthquake



2. **Distribution of staple foods** to 2,807 severely affected households



3. **Distribution of sleeping mats, blankets, kitchen utensils, clothing and hygiene packages** to 2,807 families



In vocational training and handicrafts courses, patients with spinal injuries learn a new trade which will enable them to earn a living again.

Long-term Aid

Together with their local partner organisation Rural Women Creative Forum (Gramin Mahali Srijansil Paribar, GMSP), Johanniter started a project in psychosocial support. 6,000 women and children benefit from this project.

For instance, Johanniter and GSMP set up "child friendly spaces" in different locations in Sindhupalchok province. This allows severely traumatised children to play and learn again and also share their experiences during the earthquake with trained psychologists, helping them to begin to process what happened.

Together with GSMP, Johanniter also built three temporary schools in autumn 2015. Many schools were destroyed by the earthquakes, but being able to attend classes again quickly is very important for the affected children. It gives them a regular daily routine, enables them to talk about their experiences with their teachers and classmates and opens up perspectives for a better future. The school in Tyangthali, for instance, was completely destroyed. At the temporary school, nine teachers now teach 145 pupils aged 5 to 15 in English, science, maths, Nepali, social studies and agriculture. For older students, the curriculum also includes basic vocational training.

In addition, Johanniter supports the "Spinal Injury Rehabilitation Center" (SIRC). SIRC includes a main centre in Kathmandu and a branch in the South of the country. It is the only centre of its kind in Nepal. In addition to orthopaedic care, patients receive physiotherapy and psychosocial support. Vocational training courses help them to begin earning a living again. In general, around 50 patients are treated in the centre each month; after the earthquakes, a further 150 patients with spinal injuries were admitted.



Newly built temporary schools bring a degree of normality back to the lives of traumatised children.



4. **Distribution of 150 tarpaulins** for use as temporary camps, schools or medical treatment centres



5. **Psychosocial support** for 6,000 traumatised women and children



6. **Support for a treatment and rehabilitation centre** for people with spinal diseases



7. **Equipment and support provision for three temporary schools**



Johanniter provides support for internally displaced people and refugees all over the world.

Improved Living Conditions for Refugees Worldwide

According to the United Nations Refugee Agency (UNHCR), over 65 million people worldwide were fleeing war, conflict and persecution in 2015 – more than ever before. Johanniter provides assistance to refugees and displaced persons in many countries all over the world.

Most people have to leave all their possessions behind when they flee. They lack basic everyday items such as clothes, blankets and cooking utensils. Many become sick or are injured while fleeing and have also experienced violence. Johanniter supports them with essential relief goods, provides medical care and also offers psychosocial care and support.

Walter Berier, Country Director for Johanniter in Jordan, describes what life is like for Syrian refugees in the host country: "Many people are living in undignified conditions without adequate water or electricity supplies. They are not allowed to work, which makes it impossible for them to improve their situation."

In many conflict areas beyond the Middle East, people are also forced to leave their homelands to seek refuge in neighbouring countries. These host nations are often overwhelmed by the rising numbers of refugees. In many projects, Johanniter therefore provided aid to refugees and host communities in 2015.

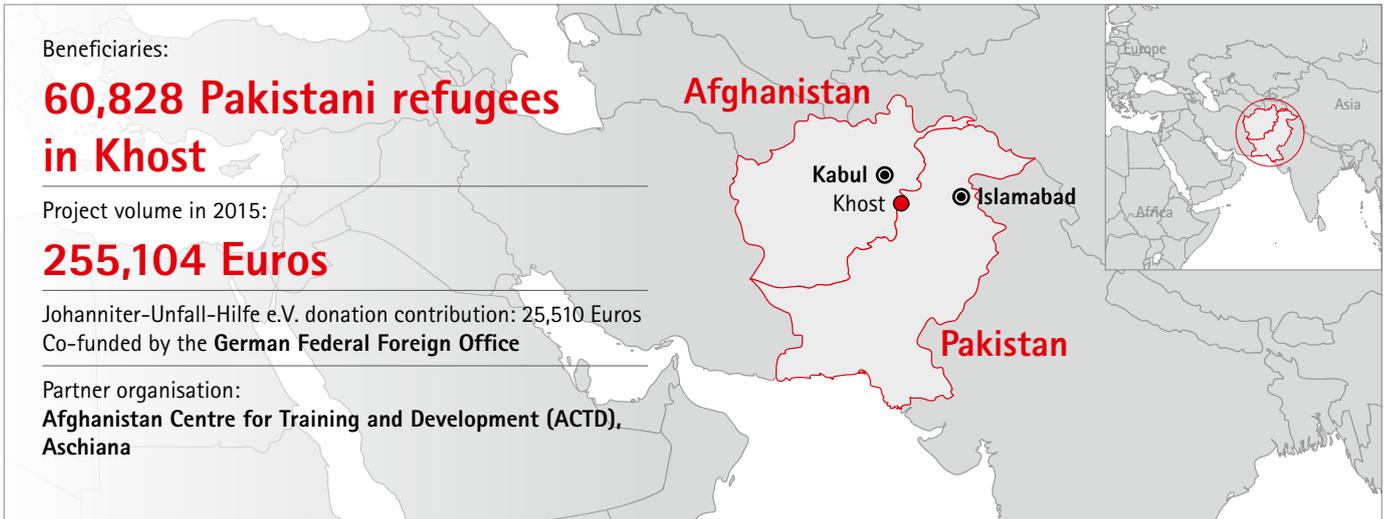
In **Lebanon**, Johanniter distributed food, clothing and hygiene kits to Syrian-Palestinian refugees and the local population.

In **Jordan**, Johanniter supported children, adolescents, and their families traumatised by the violence in Syria. Psychologists and social workers helped these girls and boys overcome their experiences. In addition to therapeutic support, Johanniter offered children and young people a place to play and talk with their peers.

In **Djibouti**, many people sought protection from the escalating conflict in Yemen last year. However, the country itself has been on the verge of a humanitarian crisis for several years: Many do not have enough to eat, as food can scarcely be grown due to climatic conditions and recurring droughts. Johanniter screened refugees and members of the local population for malnutrition in the city of Obock and the nearby Markazi refugee camp. We also ran training courses on nutrition, distributed hygiene kits and introduced a waste management system.

Johanniter also assists refugees and internally displaced people in **Afghanistan, Kenya, the Democratic Republic of the Congo, Colombia and South Sudan**.

In addition, Johanniter associations support refugees in transit countries and in **Germany** with the aim of improving living conditions and to welcome people in their new host country. In Germany, Johanniter currently operates around 120 refugee shelters and offers various integration measures.



Medical and Psychosocial Care for Pakistani Refugees

Background:

Gulan camp in the Afghan border province of Khost hosts Pakistani refugees seeking shelter from violent clashes in their home province of North Waziristan. Those arriving are in poor health, and their experiences while fleeing are an additional burden.

Project goal:

Together with its local partners, Johanniter aims to improve the provision of medical care in the camp, reduce the number of diseases, and help relieve the refugees' psychological trauma.

Activities in numbers:

Johanniter set up a health centre with a laboratory and pharmacy, which it supplies with medicines and medical items. Two doctors and several midwives test new arrivals for malnutrition, carry out vaccinations, treat diseases and provide post- and antenatal care.

In addition, Johanniter trained one community health worker for each of the 15 health posts in Gulan camp. These offer basic medical care and inform people about common health risks. Two psychological advisors and two social workers run individual and group sessions to help the refugees cope with stress. Special activities for children are provided in two locations in the camp.

Partner organisations:

ACTD has been running similar projects for seven years. The organisation is a trusted partner of the Afghan government and is also involved in training, research and programmes for the development of civil society. Aschiana has been working in the region for many years and is one of the leading Afghan organisations for the protection of children.

Challenges:

Gulan camp and its surroundings are considered relatively safe. The province of Khost, however, is one of the most insecure regions of Afghanistan. In order to guarantee staff security, Johanniter regularly exchanges information about the current security situation with local security forces. Johanniter also purposefully recruits staff members from the camp's surrounding areas. This increases acceptance by the community.

Outlook:

The number of refugees from Pakistan keeps rising, with the result that the health centres are at full capacity. Johanniter will expand these centres by 2017 and recruit more qualified staff to meet the increasing demand.



In addition to refugees, Johanniter provides medical care for people in Afghanistan who have been displaced internally following conflicts or natural disasters.

Climate Change and Increasing Resilience

Improving Resilience to Protect People

Resilience refers to the ability of people to endure hardship and challenging situations. In the context of international assistance, Johanniter defines resilience as the ability of an individual, a community or a nation to overcome crises, to adapt to new circumstances, and to recover faster without risks to their survival and livelihood in the medium term. These crises might include violent conflicts or extreme natural events. Moreover, structural poverty makes many people particularly vulnerable.

Johanniter's resilience initiative aims to provide targeted support to people in poverty-stricken and crisis regions. To this end, Johanniter seeks to involve all the relevant actors in the respective region. We work in close cooperation with national organisations, with official authorities and with rural communities, since these stakeholders are best informed about the situation on the ground. At the same time, Johanniter can help to strengthen and develop local structures.

The prevailing goal of Johanniter International Assistance is to strengthen the resilience of affected people. This is achieved by the improvement of healthcare and nutrition and also by improving access to clean drinking water.

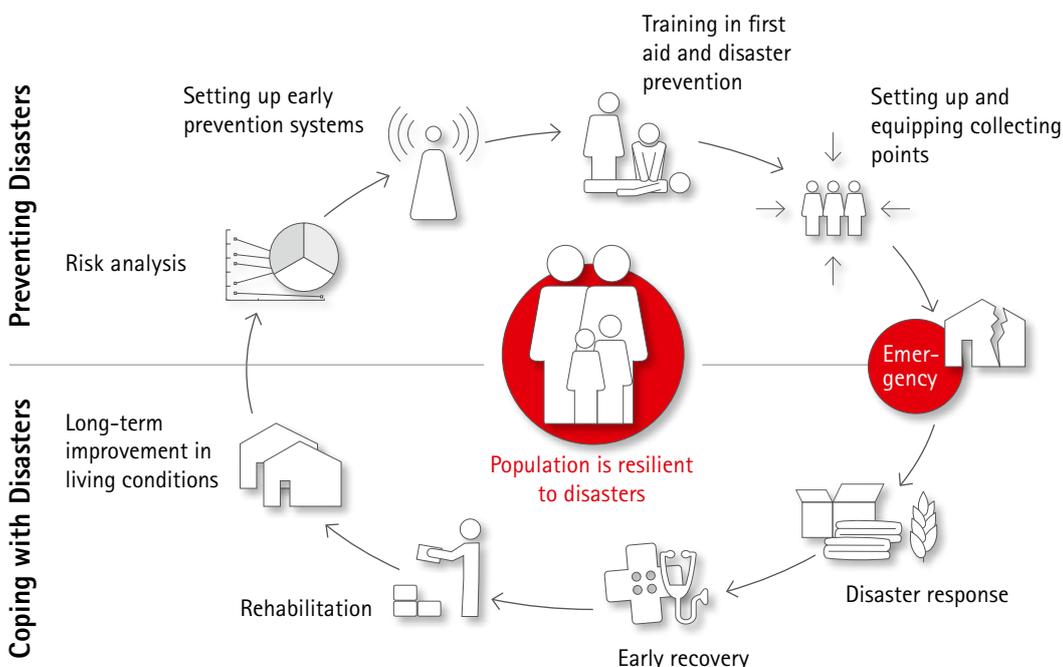
Furthermore, Johanniter supports rural communities in disaster prevention, to enable people to protect and help themselves in the face of natural disasters. Such measures help lessen the consequences of disasters and will result in more positive long-term prospects.

In the context of international cooperation, **resilience** refers to the ability of an individual, a community or a nation to overcome a crisis. The higher the resilience, the better prepared people are in the face of disasters. As a consequence, human suffering and material damage can be reduced.

2015 PROJECTS:

Afghanistan
Cambodia
Djibouti
Ecuador
Haiti
Indonesia
Philippines

JOHANNITER-ACTIVITIES TO INCREASE RESILIENCE



Beneficiaries:	
434,572 Residents of Cagayan de Oro	
Project volume 2015:	
211,111 Euros	
Co-funded by the German Federal Foreign Office	
Partner organisation:	
Balay Mindanaw Foundation Inc. (BMFI)	

Disaster Prevention and Health Promotion

Background:

The area surrounding Cagayan de Oro on the island of Mindanao is regularly affected by tropical storms and flooding. Since tropical storm "Washi" hit the region in late 2011 and destroyed many health centres, medical care has been severely limited.

Project goal:

Johanniter seeks to strengthen the community's resilience and reinforce the medical infrastructure in 18 villages surrounding Cagayan de Oro, with the aim of saving lives and reducing the negative consequences of natural disasters.

Activities in numbers:

Together with its local partner BMFI, Johanniter trains 65 masons and carpenters in disaster-resistant construction techniques. These masons refurbish simple health centres. Patients can now not only be treated as outpatients, but also be admitted for short in-house treatments.

In six villages, drinking water systems ensure the provision of 10,000 litres of safe drinking water per day. In 13 villages, Johanniter and BMFI support the formation of local committees for disaster risk reduction (DRR). These committees have been trained and given the necessary equipment (radio transmitters and a computer, for instance) to help their communities prepare for disasters, draw up emergency plans and identify rescue routes for evacuations. Together with the local authorities, they will also ensure the provision of relief goods for the affected communities in case of a disaster for the first days. In addition, eleven villages affected by Dengue fever were each provided with 1,000 mosquito nets and traps.

Partner organisation:

BMFI promotes the peaceful co-existence of Muslims, Christians and indigenous communities on Mindanao. The organisation runs projects to foster political and economic equality. Disaster risk reduction and strengthening people's resilience in the face of disasters are further core aspects of their work.

Outlook:

Johanniter actively involves the local population. Forming local DRR committees creates sustainable structures for disaster preparedness. The goal is to help people prepare for natural disasters in the long term and recover more quickly.



Johanniter's partner organisation BMFI provided water filtration equipment to local communities as part of the project.

Improving Health



Almost **70** percent
of Johanniter's turnover in 2015 went into healthcare.

Promoting Health and Providing Health Care

Basic healthcare covers the basic health needs of a population. In most countries with poorly-developed health systems, basic healthcare is offered by nurses in simple health posts.

In the health facilities run by or supported by Johanniter, we provide basic healthcare with a special focus on mother-and-child health and vulnerable groups. In addition, Johanniter offers basic medical care through mobile clinics in conflict areas and following natural disasters.

As part of its new strategy, Johanniter will continuously increase the resilience of health systems in crisis regions by 2025, facilitating access to appropriate and high-quality healthcare. This includes improving the infrastructure of basic health facilities, setting up referral and early warning systems and training medical personnel.

Preventive measures such as health promotion, vaccination campaigns, family planning and nutrition are the focus of our work in health facilities and communities, with the aim of reducing morbidity and mortality in the medium and long term. Johanniter's activities in the health sector are always closely linked to those in nutrition and WASH.

By securing basic needs in **primary health care**, Johanniter makes sure sick people can recover and the healthy can remain so.

PROJECT COUNTRIES

2015

Afghanistan
Cambodia
DR Congo
Djibouti
Haiti
Indonesia
Jordan
Kenya
Liberia
Myanmar
Nepal
Pakistan
Philippines
South Sudan
Syria
Ukraine
Zimbabwe

PROMOTING HEALTH AND TREATING DISEASE





Teams from Johanniter's partner organisation JHAS administer oral vaccinations in order to protect Syrian children from poliomyelitis.

Polio in Syria: Immunisation and Prevention

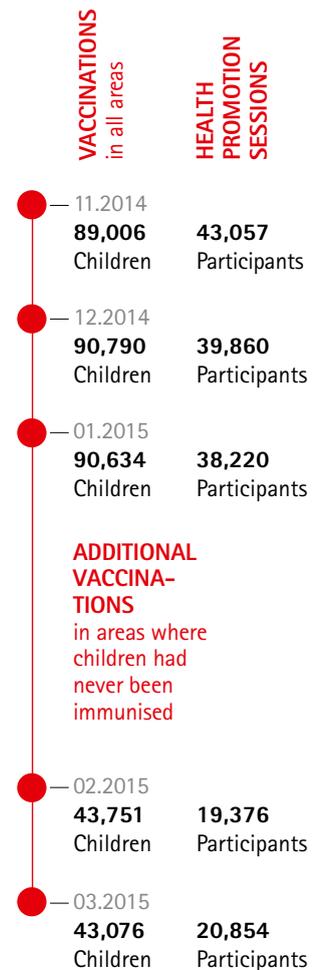
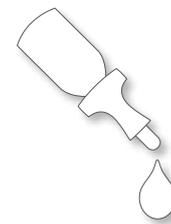
Together with its partner organisation Jordan Health Aid Society International (JHASi), Johanniter immunised more than 90,000 children in Syria against polio in 2014 and 2015. Cases of polio had first re-occurred in the country in late 2013.

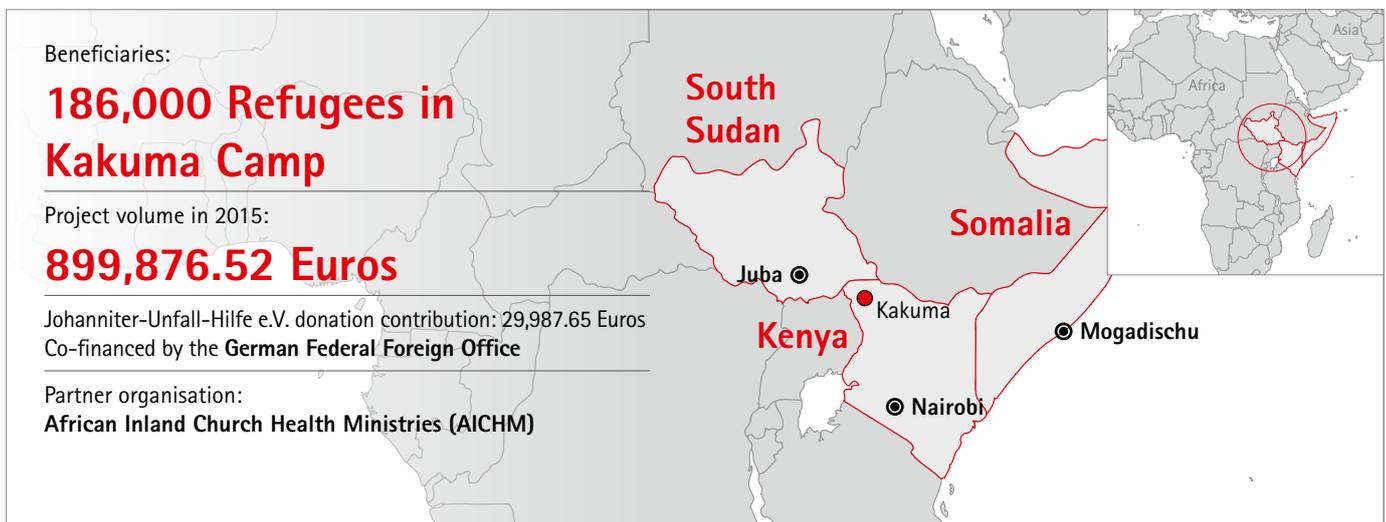
The re-emergence of the highly infectious disease is a clear sign that the public health system in Syria has collapsed. "Because of the war, many children did not receive routine vaccinations. This allowed the virus to spread," says Dr Oliver Hoffmann, Public Health Adviser at Johanniter International Assistance. A dreaded disease up until the 1950s, poliomyelitis – also known as infantile paralysis or polio – was considered eradicated in most countries due to systematic immunisation. "There is no cure and multiple doses of the vaccine are the only way to protect people from the disease", says Hoffmann.

However, immunising children multiple times in a war zone is a major challenge for aid organisations. "The security situation is critical. Due to the continuous fighting, we had to interrupt the vaccination campaign several times", says JHASi President Dr Yaroup Ajlouni.

The campaign focused on the area surrounding Dara'a, close to the Jordanian border, and was carried out in collaboration with the World Health Organization and UNICEF. Dara'a has seen some of the heaviest fighting in Syria and the healthcare system has almost completely collapsed. The vaccination campaign aimed to stop the outbreak of polio as quickly as possible and thus prevented the disease from spreading further.

Another difficulty the project faced was that the population of Dara'a was forced to flee repeatedly to seek protection from the ongoing fighting. "We were only able to reach the people thanks to local staff who knew the area well", says Walter Berier, Johanniter Country Director in Jordan. "In this way, we were able to reach our goal and immunise more than 90 percent of all children under five with the full required doses of the vaccine, which requires multiple follow ups." JHASi staff also informed more than 160,000 people about the disease and how to protect themselves from an infection.





Medical Care for South Sudanese Refugees in Kenya

Background:

Following violent clashes and a looming hunger crisis, large numbers of people fled South Sudan to seek protection in Kenya. Kakuma refugee camp, which is near the border, hosts around 167,000 people but only has capacity for 100,000 people. Most of the refugees who live there are from Somalia. The ongoing flow of refugees from South Sudan overstretching health facilities in the camp. Facilities for mother-and-child healthcare in particular are struggling to meet the increasing demand.

Project goal:

Johanniter ensures that medical care is available in Kakuma camp, especially for refugees from South Sudan.

Activities in numbers:

In one health post, Johanniter and AICHM recruited two Clinical Officers and three nurses. These staff provide treatment to 9,585 refugees, in 2015. One focus lies in mother-and-child health. The teams provide ante- and post-natal care, they carry out vaccinations and treat malnutrition in children and breastfeeding mothers. Johanniter also supports these activities by providing medicines and medical supplies.

In addition, two teams from AICHM run specialised eye and dental clinics. Since autumn 2015, they treated about 550 patients with eye conditions and 556 dental patients. The treatment included surgical care when needed. These surgeries are open to all residents of Kakuma. Specialised teams also ran consultations for children with orthopaedic problems. If needed, they were able to assist these children by means of surgery.

Partner organisation:

Johanniter and AICHM have been running joint programmes in Kenya for several years. AICHM is an independent branch of the church and has been active in the Kenyan health sector for decades. Currently, AICHM operates five hospitals and 70 health centres throughout the country. These are integrated in the public health system.

Challenges:

Petrol prices and the cost of vehicles used to transport materials and personnel to Kakuma are continuously increasing. As a result of the ongoing conflict in South Sudan, the flow of refugees out of the country remains constant. Providing for people's needs in Kakuma is a challenge in view of the camp's limited capacity.

Outlook:

To meet the growing demand for healthcare in Kakuma, Johanniter and AICHM are continuing the project until the end of 2017.



Expert teams from Johanniter's partner organisation AICHM provide eye treatment.

Providing Water and Safe Sanitation



135,758 people

benefited from Johanniter's measures to improve water supplies, sanitation and hygiene.

WASH – the Triad of Water, Sanitation and Hygiene

Access to clean water and sanitation facilities such as showers, hand washing facilities, toilets or latrines is essential for good health. Without clean water and good hygiene, people lack essential prerequisites for a healthy life.

Johanniter International Assistance therefore places a strategic focus on activities in this area. Together with its project partners, it uses locally adapted methods to provide drinking water and sanitation. It also trains people in the use and maintenance of the systems –allowing them to use these systems independently in the long term.

Specific measures undertaken in Johanniter projects include reinforcing water sources, installing water pipes or building water storage systems. In addition, Johanniter organises the construction of public toilets or latrines and waste disposal in many communities.

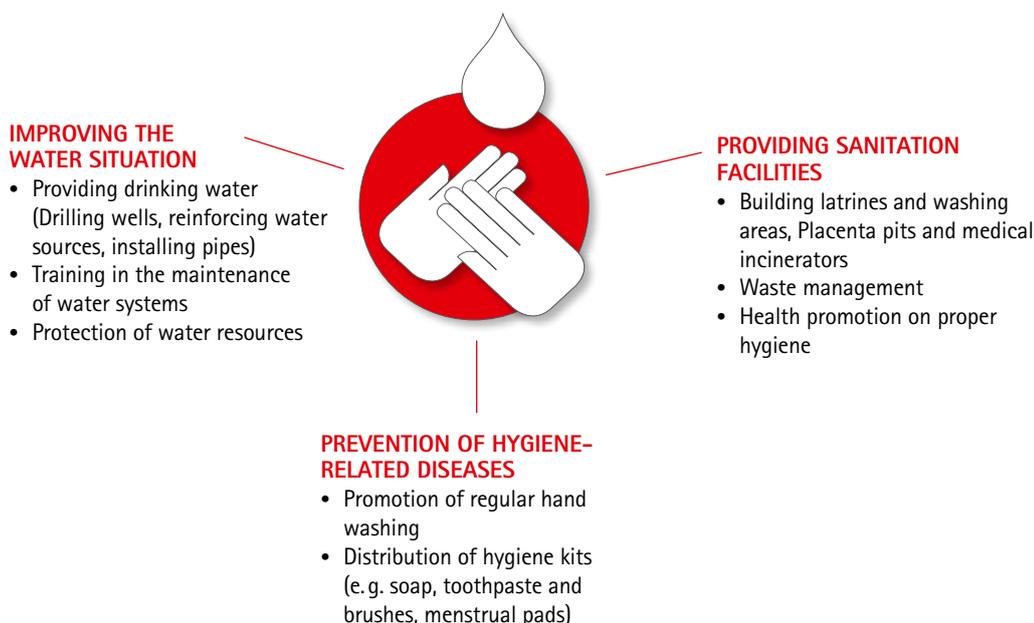
In all its projects, Johanniter puts special emphasis on hygiene. It runs hygiene training schemes, distributes hygiene kits and supports the establishment of health committees which promote important hygiene measures within their communities – one key message being: Regular hand washing can save lives.

In humanitarian aid, the acronym **WASH** stands for the triad of water, sanitation and hygiene. Johanniter International Assistance supports projects in this field all over the world in order to help people live healthy lives.

PROJECTS IN 2015:

Cambodia
Democratic Republic of Congo
Ecuador
Laos
South Sudan

PREVENTION OF WASH-RELATED DISEASES



Democratic Republic of Congo: Drinking Water and Hygiene

Good health is not possible without clean drinking water and proper hygiene. In the Democratic Republic of Congo (DRC), Johanniter health projects therefore included measures to improve access to drinking water and sanitation facilities throughout 2015.

Due to ongoing fighting, approximately 755,000 people are internally displaced within the Congolese province of North Kivu. They live in camps or with host families. Johanniter has been active in the region since 2008, improving healthcare and access to it.



Diarrhoeal diseases are widespread in North Kivu, often caused by contaminated water and poor hygiene. Although natural sources do supply clean water, it can be easily contaminated, also by animals. "In seven health zones, we protected a total of 52 natural water sources using cement, in collaboration with the local population, and we also built simple fences to protect these sources," says Arne Schaudinn, Country Director for Johanniter in DRC. In addition, Johanniter provided training to village representatives and helped them establish water committees to manage their water sources. Committee members work on a voluntary basis and supervise the water facilities in their respective health zones. "I check every week to see if everything is intact and talk to the local residents about what they need to consider when using the water", says committee member Akilimali Mushawa about his work. The Committees are also provided with the necessary tools to carry out their maintenance work. More than half of the population in the affected communities now has access to clean water. Previously, this number was only 38 percent.

To improve hygiene in healthcare facilities and ensure that medical waste can be adequately disposed of, Johanniter also built incinerators as well as waste and placenta pits in six health centres in North Kivu. In addition, Johanniter repaired or installed latrines, showers and sinks in the health centres.

Members of the North Kivu health authorities show appreciation for these relief measures: "We are a good partner to them because we respond flexibly to the needs of people in the region," says Arne Schaudinn. With another health project in the region surrounding Masisi, Johanniter will run activities to improve access to safe water and sanitary facilities through the protection of 24 additional water sources and the support of additional seven health centres between now and 2017.

Thanks to tapped natural water sources, the people in North Kivu now have access to clean water.

Beneficiaries:

1,160 farmers and their families in Ecuador

Project volume in 2015:

400,032 Euros

Johanniter-Unfall-Hilfe e.V. donation contribution: 55,490 Euros
Co-financed by the **German Ministry for Economic Development and Cooperation (BMZ)**

Partner organisation:

Instituto de Ecología y Desarrollo de las Comunidades Andinas (IEDECA)



Provision of Drinking Water for People in the Northern Andes

Background:

The indigenous and Afro-Ecuadorian populations are among the poorest and most disenfranchised groups in the country. In the highland areas of the north, these groups subsist mainly on agriculture. The local people draw their water from open drains that are heavily polluted with animal excrement and agricultural chemicals. As a result, many of these people suffer from avoidable gastrointestinal and skin diseases. Fewer than half of the houses in the region are connected to a supply of drinking water. Most of the existing water pipes are old and worn out and need to be replaced.

Project goal:

Johanniter facilitates access to clean drinking water for Afro-Ecuadorian and indigenous communities in northern Ecuador and, as a consequence, help improve their living conditions.

Activities in numbers:

Together with its partner organisation IEDECA and the local population, Johanniter is constructing three new systems for drinking water supply in the Carchi and Pichincha provinces. In addition, it is overhauling eleven existing drinking water systems. In total, Johanniter is installing over 160 kilometres of water pipes. 15 new springs were tapped and border fences built to ensure that the water remains clean. Aside from the home water connection, Johanniter is building twelve reservoirs. In total, around 6,000 people will be provided with a reliable, long-term drinking water supply. Moreover, water experts provide information to people of the region concerning healthy nutrition, hygiene and the responsible use of water.

Partner organisation:

Since 1990, IEDECA has been promoting the development and improvement of living conditions for rural communities in the Ecuadorian Andes. In particular, the organisation supports agricultural activities and is committed to environmental protection.

Challenges:

From June to December 2015, there was very little rain in the project region, and as a result many of the local farmers lost the majority of their harvests. Many people had to take on menial jobs in the city to make up for the shortfall in their incomes, and were then unable to carry out their planned work in the community. During this time, IEDECA took on additional workers to ensure that the construction work was not delayed.

Outlook:

In mid-2016 Johanniter and IEDECA will expand their activities to include 20 further communities in the Ecuadorian Andes. By April 2019 it is planned that 10,500 people will have long-term access to an adequate supply of clean drinking water.



New pipelines mean that people do not have to walk several kilometres to get drinking water from far-off wells.

Food Security



Over **794,000,000** people
all over the world do not have enough food to feed themselves.

Treating Malnutrition – Strengthening the People

Food and drinking water are fundamental needs, but no other human right is violated as frequently as the right to food: globally, there are more than 794 million people who do not have enough to eat, and over one billion are suffering from malnutrition. Around 8,000 children die every day as a result of hunger and malnutrition. The situation is exacerbated by the effects of climate change, natural disasters and epidemics as well as by political crises and conflicts.

Johanniter has therefore made it a goal to help affected people by providing supplemental food for the treatment of malnutrition and also to help secure their food security and livelihoods in the long term.

By the year 2025 we aim to integrate measures for the prevention of malnutrition in all our health projects. This includes educational courses on healthy eating and breastfeeding. Furthermore, Johanniter is committed to treating malnourished people with therapeutic food and is also carrying out food distribution and cash- or food-for-work schemes.

In order to secure long-term food production, Johanniter supports families by providing seeds, tools, livestock and practical knowledge about agriculture and cultivating vegetable gardens. It is only when people have a constant, long term and adequate supply of food to live a healthy and active life that one can speak of food security.

MEASURES TO COMBAT MALNUTRITION AND ENSURE FOOD SECURITY



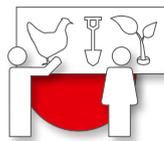
Prevention of acute and chronic malnutrition

- Educational courses on breastfeeding and balanced nutrition
- Distribution of vitamins and micronutrients, e.g. vitamin A and zinc
- De-worming treatment
- Organisation of cooking courses and mothers' groups



Treatment of acute malnutrition

- Diagnosis and regular screening
- Therapeutic food for the treatment of acutely malnourished patients



Availability of foodstuffs

- Training in suitable cultivation methods or creating food gardens
- Distribution of seeds, agricultural equipment, livestock
- Creation of seed banks and building storage facilities
- Construction of irrigation systems for fields
- Protection of natural resources (soil, water, plants)



Food security

- Availability,
- Access and
- Utilisation of food

Food security is when people have a continuous and adequate supply of food, allowing them to live a healthy and active life.

PROJECTS IN 2015

Nutrition:

DR Congo
Djibouti
Pakistan
South Sudan

Food Security and Livelihood:

Colombia
Ecuador
Kenya
Myanmar
Nicaragua
Philippines
South Sudan
Zimbabwe



Malnourished children are treated with nutrient-rich peanut paste.

South Sudan: Treating and Preventing Malnutrition

Ongoing violent clashes in South Sudan have displaced more than 1.5 million people within the country. Many suffer from malnutrition as they have lost access to their fields and income sources. In 2015, Johanniter expanded its nutrition programme in the country. We treat cases of acute malnutrition and support households' long-term food security.

"The political situation in South Sudan is very fragile. The population suffers, and many people are forced to flee from their homes to other parts of the country. In addition, food is often scarce because the war has led to major price increases. Long periods of drought further intensify humanitarian needs", says Project Coordinator Alemayehu Tamene from Johanniter in South Sudan.

Since 2013, Johanniter has been working in the western province of Western Bahr el Ghazal, screening mothers and children in health centres and testing them for nutrient deficiencies. "When we detect malnutrition, we hand out special supplementary food", says Tamene. Depending on the severity, this can take the form of high-energy biscuits or fortified foods such as oil, flour or sugar enriched with nutrients. When treated in this way, a malnourished child can regain normal weight within six weeks.

However, the lack of food often affects entire families. Even those family members who do not yet require treatment frequently do not have enough to eat. In order to help the families to improve their diet, Johanniter has extended the project. Together with its partner organisation **Vétérinaires sans Frontières**, it supports local agriculture in three counties. Families receive chicken or goats, seeds and agricultural tools. They also participate in trainings on keeping livestock and learn which cereals and vegetables thrive best in the dry and rainy season. In addition, families are taught techniques for food preservation and for harvesting and utilising seeds. The increased harvest as well as the eggs and meat from the animals serve as additional sources of income. This means people can buy extra food when needed and thus become resilient in times of crisis.

Johanniter also triggers communities' collective desire for change by outlining the interlinkages between open defecation and water-related diseases, and their impact on nutrition. We encourage households to build their own latrines, using local materials, and celebrate the "Open Defecation Free" together with the communities.

Linda Zimmermann, project coordinator for Johanniter in Berlin, summarises: "This integrated project combines three components: We treat acute malnutrition, promote local agriculture and improve the hygiene situation. In total, we support close to 90,000 people in this way and save them from malnutrition and its consequences." The healthy development of small children is at particular risk when they do not have enough to eat, and they often suffer from the consequences of malnutrition for the rest of their lives.



Johanniter provides courses to inform families about healthy nutrition and the importance of breast-feeding.

Beneficiaries:
5,260 Residents of Kyauk Kyi, including 344 landmine victims and their families

Project volume:
332,460 Euros

Johanniter-Unfall-Hilfe e.V. donation contribution: 33,246 Euros
 Co-funded by the **German Federal Foreign Office**

Partner organisation:
Karen Development Network (KDN)



Food Security for Land Mine Victims in Myanmar

Background:

As a consequence of the decades-long armed conflict, the township Kyauk Kyi in Eastern Bago, Myanmar, is one of the country's most heavily land mine contaminated areas. Countless people have been injured by land mines, and the local population is heavily restricted in their movements even today. The result is that many people are barely able to make a living. People injured by land mines and their families as well as people displaced due to the conflict, have received no support since the region was inaccessible to aid organisations for many years.

Project goal:

Together with its partner organisation KDN, Johanniter supports communities in Eastern Bago that have been affected by land mines.

Activities in numbers:

In 40 villages of Kyauk Kyi township Johanniter supports people injured by land mines and their families by distributing blankets, mosquito nets, hygiene items and other essential relief goods. Survivors of land mine accidents were able to earn a temporary income by installing small solar power units, which supplied constant electricity for the 40 villages. People also learned how to cultivate kitchen gardens, allowing them to become more self-sufficient. In the context of a food for work programme, the residents of the 40 villages carried out repairs to badly damaged roads, bridges and other public infrastructure like kindergartens, receiving rice in return. Psychosocial counselling to help people deal with changing life situations, first aid trainings, assessing land mine risks, and disaster preparedness helped people prepare for any future emergency situation.

Partner organisation:

KDN is working with the people in south-east Myanmar who are affected by the armed conflicts or who have been displaced. KDN is committed to securing a lasting peace in the region and supports people in establishing or restoring their means of livelihood.

Challenges:

Eastern Bago is very underdeveloped in terms of infrastructure. People face acute hardship, and their basic needs are barely covered. Projects to achieve long-term improvement of people's living situation are difficult to realise. Johanniter has therefore combined emergency relief with longer-term solutions.

Outlook:

Johanniter aims to expand its successful project work in Kyauk Kyi to other communities in Eastern Bago. Rapid emergency relief will continue to be important. At the same time, Johanniter will provide more targeted support for survivors of land mine accidents in getting back to work or learning new skills to help them earn an alternative living.



Thanks to Johanniter, people who have lost limbs due to land mines are given an opportunity to earn a living.

Projects in 2015

CONTINENT

COUNTRY

PROJECT CONTENTS

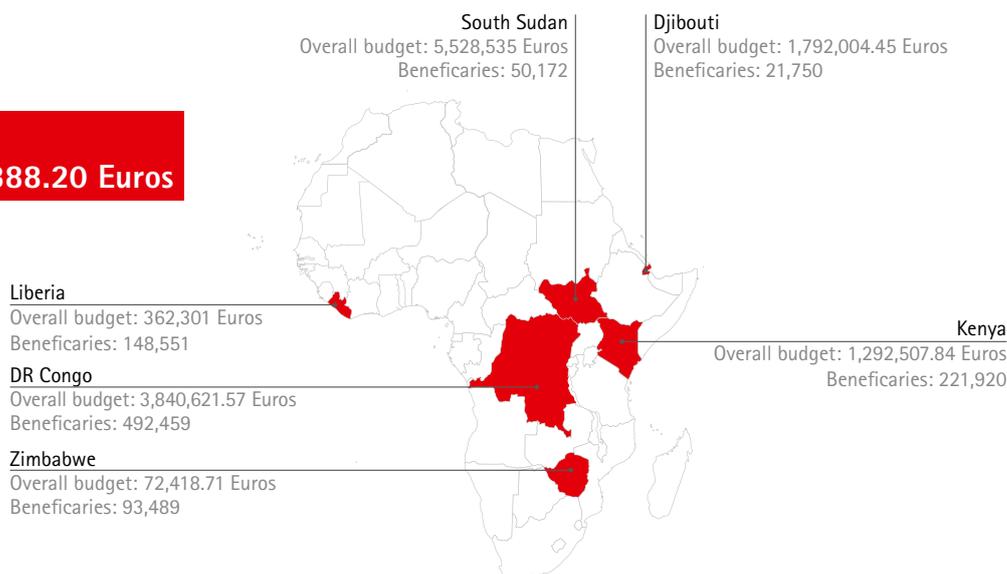
AFRICA

DR Kongo	Construction and protection of 52 potable water sources as well as refurbishment and equipment of 3 health facilities, Mweso, North Kivu Province. Prevention and control of Ebola epidemics and other epidemic disease outbreaks in North Kivu Province Primary health care for IDPs and local communities in 7 health facilities, Birambizo, North Kivu Province Comprehensive care for survivors of sexual violence, IDPs and returnees in 18 health facilities, North Kivu Province
Djibouti	Improved access to basic healthcare and rehabilitation for people with disabilities, Balbala Strengthening women's rights and overcoming female genital mutilation Strengthening the resilience of the local population by establishing vegetable gardens and improving water supplies, Tadjourah, Dikhil Emergency care for Yemeni refugees in Djibouti
Kenya	Treatment of eye diseases in the Turkana region and the prevention of HIV transmission from mothers to babies in Kitui, Makueni, Kajidao, Kilifi and Koibatek Counties Livelihood activities for families, Turkana Medical care for South Sudanese refugees in Kakuma camp
Liberia	Education campaign to fight Ebola in a joint project with German relief coalition (ADH)
South Sudan	Securing medical care for the local population in 24 healthcare centres in Nagero and Tambura Treatment of malnourished children and women and the improvement of food security by providing livestock, seeds and agricultural equipment, Wau/Raga and Jur River County Ebola prevention measures in Nagero County
Zimbabwe	Improved vitamin A supplies for children under five years old Improvement of food security for particularly vulnerable households in Chipinge district in Manicaland Province, Zimbabwe

AMERICA

Colombia	Provision of a mobile orthopaedics workshop for professional training and treatment in orthopaedics technology, Bogotá Improvement of living standards for children, young people, and their families (Dep. Antioquia, Dep. Córdoba)
Ecuador	Measures for adaptation to climate change by protecting resources and improving drinking water supplies in the Andes region Securing food supplies and adapting small-scale agriculture to climate change (Santa Elena/Manabi); Food security and strengthening resilience (Sucumbios)
Haiti	Improvement of mother-child health, Léogâne Establishing a national Haitian emergency service in cooperation with the Health Ministry, Port-au-Prince Training of six Haitian trainees in orthopaedics technology, construction of an orthopaedic centre, care for people with physical disabilities Disaster preparedness by strengthening the resilience of disadvantaged populations
Nicaragua	Support and integration for street children in the cities of Managua, Granada and San Marcos

Africa: 26 projects
Overall budget*: 13,388,388.20 Euros



* The budget is the sum total of all projects that were running as of 31 December 2015 or completed by the end of the year. It is indicated for the planned total duration.

WORK AREA	NUMBER OF PROJECTS	PARTNER ORGANISATIONS	DONORS	BUDGET IN EUROS
☺☺☺	1	0	BMZ / JUH	850,000.00
☺	1	0	ADH / JUH	153,916.93
☺	1	0	ECHO / UNICEF / WFP / Merlin / JUH	951,758.34
☺	2	0	AA / UNICEF / ADH / JUH	1,884,946.30
♿☺	1	0	BMZ / JUH	1,088,862.00
☺	1	0	AA / ADH / JUH	153,000.00
☺☺	1	0	AA	400,775.00
☺	1	0	AA	149,367.45
☺	2	1	JUH	94,629.48
☺	3	1	BMZ / GIZ** / JUH	907,927.00
☺☺	2	1	AA / JUH	289,951.36
☺	2	1	ADH	362,301.00
☺☺	2	0	USAID / ADH / JUH	1,573,989.00
☺☺	2	2	BMZ / JUH	4,076,135.00
☺	1	0	ADH	39,230.00
☺☺	1	1	JUH	40,451.71
☺	1	1	BMZ / Christian Care**	531,967.00
♿	1	1	JUH	14,000.00
☺	2	1	BMZ / IEDECA** / JUH	1,544,446.00
☺☺	2	1	BMZ-EKF / BMZ-PT / JUH	1,482,313.00
☺	2	3	BMZ-SEWOH / Heifer** / TNC** / GADP-SE** / JUH	1,025,419.00
☺	1	1	BMZ / Las Golondrinas** / JUH	666,659.00
☺	1	1	Deutsche Bank Foundation / JUH	300,000.00
♿	1	0	Otto Bock Foundation	165,784.00
🏠	1	1	Telekom / JUH	258,226.00
Other	1	1	BMZ / Los Quinchos** / JUH	358,634.00

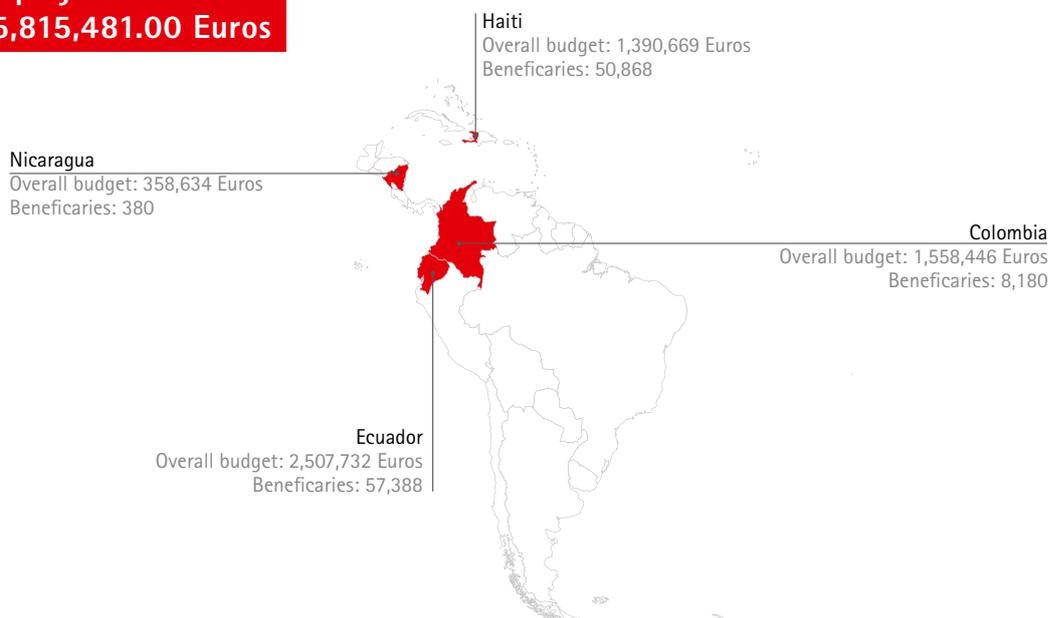
The list includes all projects that were 31.12.2015 in implementation, as well as projects that have been completed at the end before the year. The budget is indicated for the planned total duration.

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

AA: German Federal Foreign Office, ADH: German relief coalition, BMZ: German Federal Ministry for Economic Cooperation and Development, BMZ-EKF: International Climate Initiative of the German Federal Ministry for Economic Cooperation and Development (BMZ), BMZ-SEWOH: "One world – no hunger" – initiative of the German Federal Ministry for Economic Cooperation and Development (BMZ), CHF: Common Humanitarian Fund, ECHO: European Community Humanitarian Office, JUH: Johanniter-Unfall-Hilfe e.V., UNICEF: United Nations Children's Fund, USAID: United States Agency for International Development, WFP: World Food Programme, WHO: World Health Organisation

- ☺ Primary health care
- ♿ Rehabilitation of people with disabilities
- ☺☺ Disaster relief
- ☺ Nutrition
- 🏠 Disaster prevention
- ☺☺ Water and sanitation
- ☺ Climate Change

Latin America: 12 projects
Overall budget*: 5,815,481.00 Euros



CONTINENT**COUNTRY****PROJECT CONTENTS****EUROPE**

Ukraine Improvement of counselling and care for people infected with HIV/AIDS

ASIA

Afghanistan Disaster preparedness course for the local population, support for community disaster preparedness, North Afghanistan

Mobile healthcare for people affected by avalanches and landslides, North Afghanistan

Medical relief and trauma treatment for Pakistani refugees in Gulan camp, Khost

Training for 70 midwives in Balkh Province

Basic healthcare for the local population in the Faryab district, North Afghanistan

Cambodia Measures for the adaptation to climate change by improved cultivation methods

Improvement of sanitation and construction of flood-resistant latrines for the local population in Prek Chrey, Kandal Province

Improvement of basic healthcare in 383 rural communities

India Improvement of care for people with physical disabilities by providing wheelchairs and other orthopaedic aids

Indonesia Measures for the adaptation to climate change

Basic medical care, promotion of education and expansion of communication means on the Batu Islands

Courses for trainers in disaster preparedness, capacity-building for 10 local NGOs, strengthening the resilience of vulnerable populations in rural areas of Bengkulu and Aceh provinces

Jordan Support in coping with trauma for Syrian child refugees, establishment of child-friendly spaces, Amman, Irbid

Relief goods and foodstuffs for refugees (blankets, cooking utensils, cooking equipment, rice, sugar, oil, tea)

Laos Improvement of sanitation at the Lao Disabled Women's Development Center (LDWDC)

Lebanon Relief goods, cash aid and foodstuffs for Syrian-Palestinian refugees

Myanmar Agricultural equipment and seeds for returnees in Karen State

Support for land mine victims and their families in 40 communities in Kyauk Kyi Township in East Bago

Workshops on reproductive health, hygiene, first aid and nutrition for 75 teachers, Mon State and Thanintherye region

Relief goods for victims of heavy flooding in Monywa and Pakokku

Nepal Medical emergency aid and relief goods for earthquake victims, equipment and support for three temporary learning centres in Sindhupalchowk Province

Support for a centre for the treatment and rehabilitation of people with spinal injuries

Psychosocial support to cope with trauma in Sindhupalchowk Province

Pakistan Medical aid and relief goods for Afghan refugees and internally displaced people

Improvement of food security and the treatment of malnourished children and pregnant women/young mothers, Peshawar, Kashmir, Sindh

Palestine Improved access to vocational training and employment for people with disabilities

Philippines Capacity-building, waste management and training disaster preparedness

Reconstruction measures on the Panay and Leyte islands

Improvement of medical care

Improvement of food security

Sri Lanka Training for rehabilitation personnel, peer training and care for people with disabilities, Mullaitivu

Syria Polio vaccination campaign in Dara'a

Europe: 1 project
Overall budget*: 199,824.56 Euros

Asia: 51 projects
Overall budget*: 11,668,148.09 Euros

Ukraine
Overall budget:
199,824.56 Euros
Beneficiaries: 8,250



Palestine
Overall budget:
799,991 Euros
Beneficiaries: 250

Lebanon
Overall budget:
362,301 Euros
Beneficiaries: 28,460

Jordan
Overall budget:
157,842.99 Euros
Beneficiaries: 2,782

* The budget is the sum total of all projects that were running as of 31 December 2015 or completed by the end of the year, It is indicated for the planned total duration,

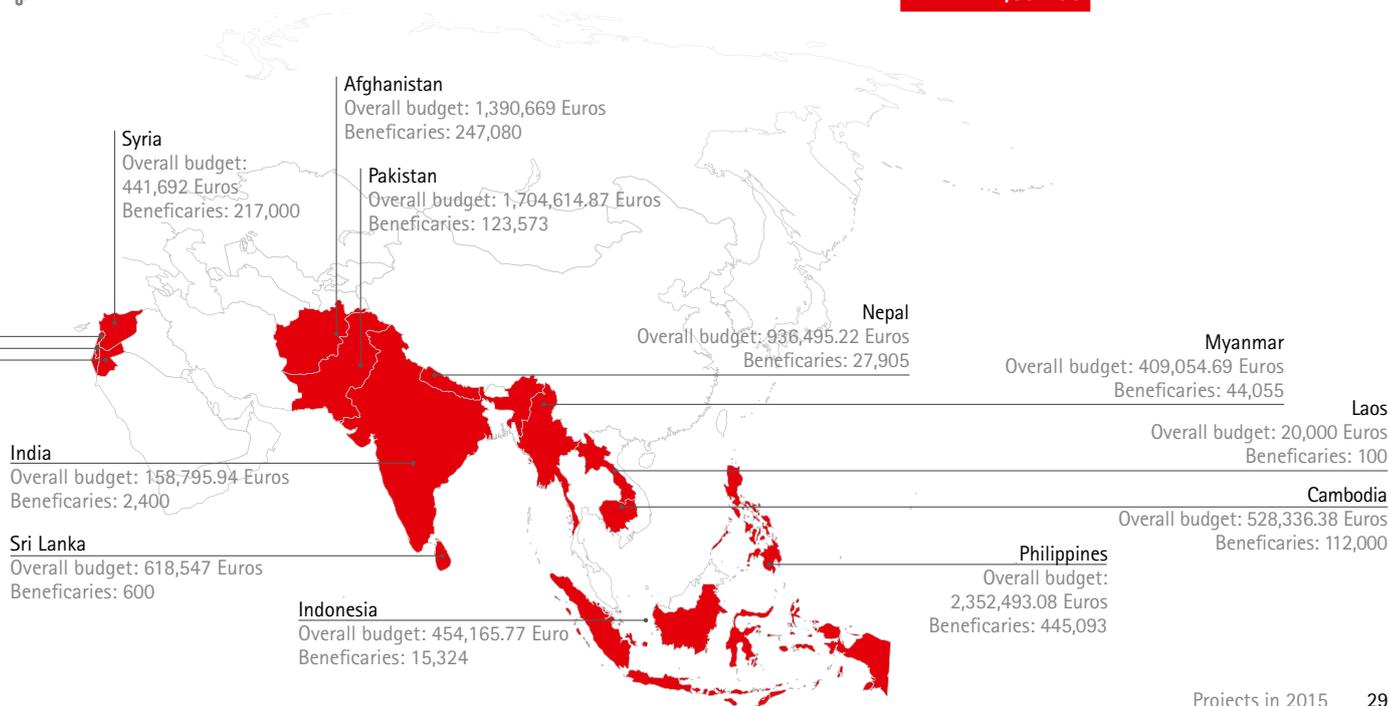
WORK AREA	NUMBER OF PROJECTS	PARTNER ORGANISATIONS	DONORS	BUDGET IN EUROS
	1	1	JUH	199,824.56
	1	0	AA / JUH	550,746.00
	3	0	AA / UN OCHA / JUH	104,293.99
	1	1	AA / JUH	792,187.31
	1	1	BMZ-PT / JUH	497,553.15
	2	0	CHF / UN OCHA / WHO / JUH	451,356.30
	1	1	JUH	25,285.38
	1	1	JUH	37,491.00
	1	1	BMZPT	465,560.00
	2	1	BILD-Foundation / Motivation** / JUH	158,795.94
	1	1	JUH	30,000.00
	1	1	JUH	24,808.00
	2	3	ADH / AA / JUH	399,357.77
	3	2	ADH / HELP** / Kirchentag	125,790.00
	1	1	JUH	32,052.99
	1	1	JUH	20,000.00
	2	1	AA / ADH / JUH	799,991.00
	1	1	JUH	29,972.00
	1	1	AA / JUH	332,460.00
	1	1	JUH	26,722.69
	1	1	ADH	19,900.00
	2	1	AA / ADH / JUH	410,111.23
	1	1	JUH	50,935.60
	1	1	ADH	502,448.39
	4	0	ECHO / AA / UN OCHA / JUH	685,615.17
	5	0	WFP / AA / JUH	1,018,999.70
	1	1	BMZ-PT	507,138.00
	4	3	AA / ADH / ARD** / Tambayan** / BMFI** / JUH	937,304.98
Other	2	1	Deutsche Bank Foundation / City of Vienna / BMFI / JUH	270,800.00
	2	2	ADH	64,526.70
	2	2	ADH	65,585.40
	3	1	BMZ-PT / JUH	618,547.00
	1	1	AA / ADH / JUH	441,692.00

The list includes all projects that were 31.12.2015 in implementation, as well as projects that have been completed at the end before the year. The budget is indicated for the planned total duration.

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

AA: German Federal Foreign Office, ADH: German relief coalition, ARD: Consortium of public broadcasters in Germany, BASR: Bethlehem Arab Society for Rehabilitation, BMFI: Balay Mindanaw Foundation Inc., BMZ: German Federal Ministry for Economic Cooperation and Development, BMZ-PT: Development-Focussed Disaster and Transitional Relief of the German Federal Ministry for Economic Cooperation and Development, CHF: Common Humanitarian Fund, ECHO: European Community Humanitarian Office, JUH: Johanniter-Unfall-Hilfe e.V., UNICEF: United Nations Children's Fund, UN OCHA: Office for the Coordination of Humanitarian Affairs, USAID: United States Agency for International Development, WFP: World Food Programme, WHO: World Health Organisation

- Primary health care
- Rehabilitation of people with disabilities
- Disaster relief
- Nutrition
- Disaster prevention
- Water and sanitation
- Climate Change



Transparency and Quality

Accountability and transparency towards our donors and partners are basic principles of our work – this is how it is put down in the mission statement of Johanniter International Assistance. We are also committed to compliance with harmonised quality standards and regular controls in order to continuously improve our work.

Accountability

Johanniter International Assistance receives money from private donors in Germany as well as from public institutions from Germany, Europe and other countries, in order to support people and communities in need all over the world. Thus, Johanniter's provision of humanitarian aid entails a duty of accountability – both to the donors and the aid recipients. Johanniter provides transparent reports on how the funds are implemented in projects and in doing so we actively involve the beneficiaries. Internal and external transparency and quality standards help Johanniter to implement this duty of accountability.

In order to meet the requirement of accountability towards beneficiaries, Johanniter International Assistance is working on the development of a concept to collect and evaluate feedback promptly from beneficiaries about the quality of a project. In this way, Johanniter International Assistance aims to ensure that affected individuals and communities are given the best possible support.

Internal and External Controls

Internally, Johanniter International Assistance works to strict guidelines in the areas of finance, logistics, security, communication and project planning. Staff from the internal auditing team, commissioned by the Executive Board of Directors, regularly visits our project countries and monitors whether or not these guidelines are being implemented. Furthermore the audit team checks whether donors' rules and regulations are complied with in the projects.

Quality Management

In its work Johanniter International Assistance aims to meet the different requirements of private and public donors, partner organisations and beneficiaries. To ensure that we are developing a quality management system through which all processes and structures are continuously scrutinized in order to improve them where necessary. This way we ensure that the quality of our work is always our first priority even in a context where conditions and requirements are constantly changing.

International Standards

A number of international standards help Johanniter International Assistance to develop its own guidelines according to its requirements. Among these are, for example, the Sphere Standards: a quality management system for humanitarian work in disaster zones in sectors such as health, nutrition, water and hygiene.

In 2015, a new international alliance to ensure quality and accountability in humanitarian aid was founded. Organisations and donors are increasingly adopting this Core Humanitarian Standard on Quality and Accountability. It comprises nine essential commitments which Johanniter International Assistance has committed itself to implementing in the coming years. Some of these have already been fulfilled in accordance with existing guidelines. For example, in 2015, Johanniter introduced a new set of regulations for all country offices which defines standards for dealing with local employees in the project countries. This includes, among other things, rules regarding leave entitlement and salaries.

German Transparency Initiatives



Johanniter is a member of the **Association of German Development and Humanitarian Aid Non-Governmental Organizations (VENRO)** and has therefore

committed to the VENRO Code of Conduct concerning transparency, organisational management and monitoring. This code of conduct includes guidelines for organisational and operational management, and for communication and impact monitoring.

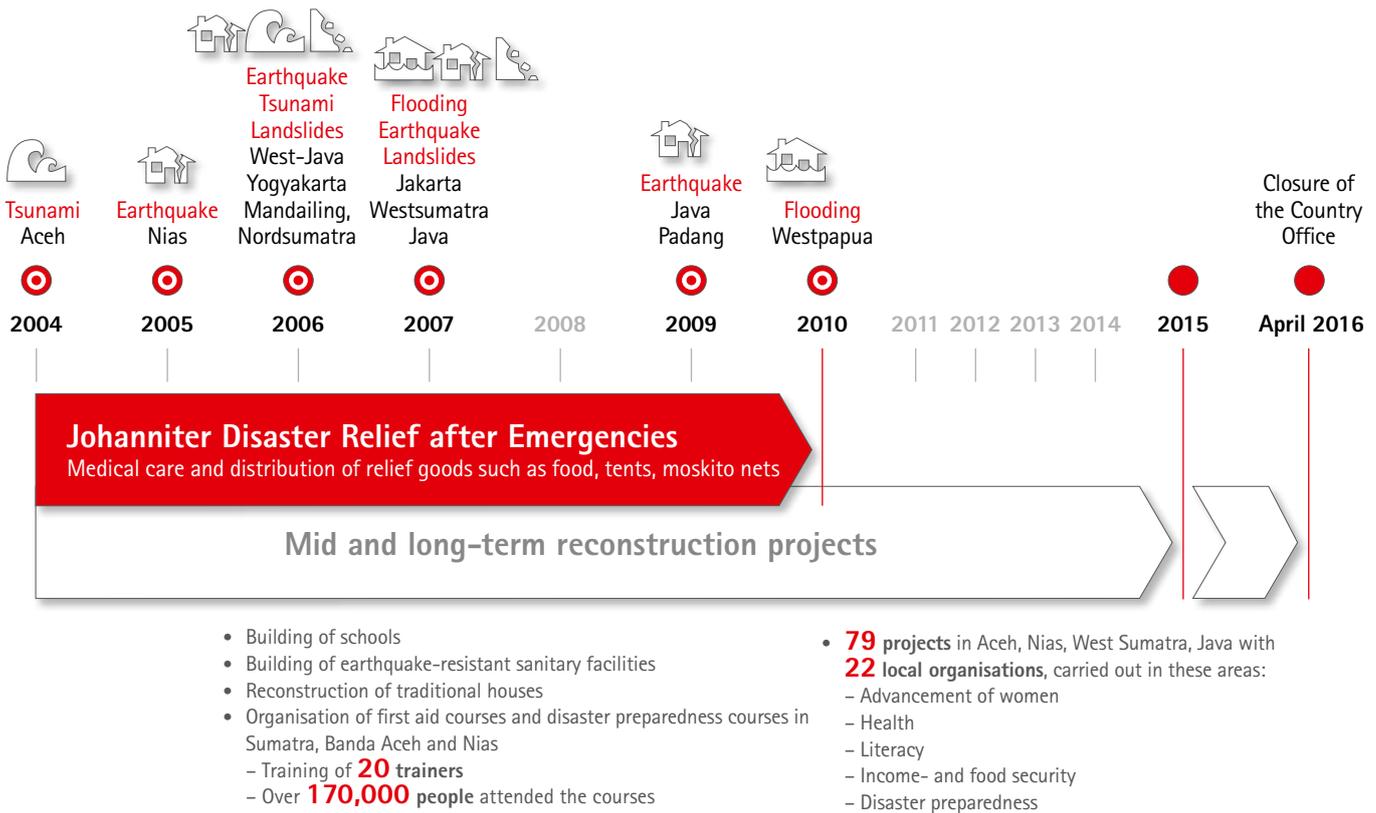


Johanniter is member of the **Transparent Civil Society Initiative**, an alliance of numerous actors from civil society and science in Germany.



In addition, since 2004 Johanniter-Unfall-Hilfe has been awarded the **seal of approval** of the **German Central Institute for Social Issues (DZI)**. In 2015, the DZI again certified that the donations Johanniter receives are spent economically and in line with its statutes – one of the key prerequisites for being awarded the seal of approval.

Engagement in Indonesia – What have we achieved?



The 2004 tsunami devastated large areas of coastal territory in South- and South-East Asia. In response, Johanniter International Assistance started a comprehensive aid programme in Indonesia. Due to recurring natural disasters such as earthquakes, storms and floods affecting the country, the organisation provided disaster response on many occasions.

Johanniter provided essential emergency response after several disasters between 2006 and 2010 in Indonesia. We delivered emergency kits for medical treatment, mosquito nets as protection against malaria, and water purification tablets and systems. We also distributed tents for families who had lost their homes and provided large tents to replace destroyed schools during the transitional phase.

In addition, Johanniter focussed on training for first aid treatment and disaster preparedness. The trainings made local people aware of their own capacities and enabled them to understand how to protect themselves in the face of natural events and to treat subsequent injuries. "Since 2006, Johanniter International Assistance, with the strong support of the Johanniter Academy, has provided courses to prepare local trainers on the islands of Sumatra and Nias, which were amongst the worst hit by the disasters", states Head of Desk, Jutta Meissner. These courses were later extended to the regions Papua, Java and Sulawesi.

In total, over 170,000 people have taken part in Johanniter courses. Meissner continues: "In Papua for example, a local organisation was set up with our support to train people in first aid and disaster preparedness. Those trainees are now valuable partners for the communities and the official authorities in the case of natural disasters."

Collaborating with local organisations has always been a crucial aspect of the projects. It is the involvement of the local partners that makes aid provision more efficient and effective, since they know the needs of local people best. Accordingly, Johanniter has worked with local partners to realise projects in the areas of basic health-care, reconstruction, securing livelihoods, and empowering women in the disaster prone regions of Aceh, Nias, West Sumatra and Java.

In April 2016, Johanniter International Assistance closed its office in Indonesia. However we will remain in contact with trusted and proven partners in the future, in order to be able to provide support in case of disasters. "We are very pleased about our cooperation with the local partners and proud of what we have achieved together", says Meissner.

Inclusion: Participation for All

In 2015, the United Nations adopted the 2030 Agenda for Sustainable Development along with a set of 17 global goals. The pledge to "leave no one behind" is the central theme of the 2030 agenda. It highlights the need that all measures for implementing the agenda must also reach excluded and disadvantaged people who are particularly affected by poverty and discrimination.

Disasters and emergencies affect everyone

In disasters and humanitarian emergencies or crises these people are more vulnerable and face a higher risk compared with the general population. They have limited access to aid and their specific concerns and needs are often not appropriately addressed in humanitarian policy and practice. For the Johanniter International Assistance an inclusive approach is the key to ensuring that we respond to the needs of these especially vulnerable people in our programme work: For this reason, Specific consideration of the needs of children, elderly, persons with disabilities and women in the planning and implementation of our projects is an intrinsic part of Johanniter's organisational policy. In addition, Johanniter International Assistance adopted in 2013 a disability inclusion action plan that lays out concrete measures for the inclusion of persons with disabilities in our organisation and our activities.

For Johanniter International Assistance, inclusion essentially means that we design our services and assistance in such way that they are easily accessible for and suited to the needs of these particularly vulnerable and excluded persons. In terms of planning and implementation, this primarily means recognising the needs of these people and removing all forms of access barriers – be they social, physical, institutional or communication barriers. This way, Johanniter International Assistance contributes to the equal participation of these persons in all aspects of society, for example in areas such as education, which ultimately leads to an improvement of their overall quality of life.

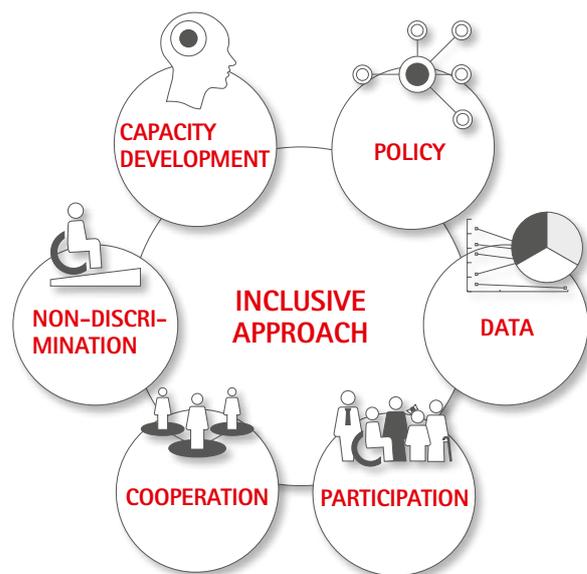
Inclusion is a human right

Johanniter's inclusive approach corresponds to the commitments set down in the United Nations' international human rights treaties: The Convention on the Rights of Persons with Disabilities, the Convention on the Elimination of All Forms of Discrimination Against Women, or

the Convention on the Rights of the Child all demand equal social participation for the respective groups. The Convention on the Rights of Persons with Disabilities explicitly requires international development and humanitarian programmes to be inclusive of and accessible to persons with disabilities. As a state party, Germany has committed itself to these conventions. Through its inclusive approach, Johanniter International Assistance makes a significant contribution to the fulfilment of human rights and obligations prescribed under these conventions.

Inclusion in practice

The implementation of an inclusive approach is for us at Johanniter International Assistance a dynamic process that is subject to constant learning and change. Key elements of the inclusion of vulnerable groups in our organisation, our projects and our work with local partners are as follows:



POLICY: Johanniter's policy supports the special consideration of vulnerable persons to ensure an inclusive approach.

DATA: Collecting information and data for the different vulnerable groups helps us to identify their needs and address them in the planning of our services.

PARTICIPATION: Participation of the different vulnerable groups in our planning and implementation processes ensures that their needs are considered.

COOPERATION: Coordination and cooperation with humanitarian actors on site ensures that vulnerable persons have access to comprehensive services.

NON-DISCRIMINATION: Reducing or preventing access barriers in the planning and implementation of our services and aid promotes the inclusion of different groups.

CAPACITY DEVELOPMENT: Development of competence on inclusion through advisory activities and participation in relevant coordination mechanisms.

How to Better Serve People in Need



Secretary-General Ban Ki-moon speaks during the World Humanitarian Summit in Istanbul, May 2016.

Conflict and natural disasters have driven humanitarian needs to an unprecedented level, but many people in need could not be reached or only received inadequate support. To awaken the global conscience and make humanitarian aid fit to cope with the growing challenges, UN General Secretary Ban Ki-moon convened 9,000 participants from 173 member states to the first ever World Humanitarian Summit held in Istanbul in May 2016.



Conflict and natural disasters have driven humanitarian needs to an unprecedented level, but many people in need could not be reached or only received inadequate support. To awaken the global conscience and make humanitarian aid fit to cope with the growing challenges, UN General Secretary Ban Ki-moon convened 9,000 participants from 173 member states to the first ever World Humanitarian Summit held in Istanbul in May 2016.

During the participatory lead-up to the summit with numerous consultations at the local, regional, national and global levels, 20,000 participants from all kinds of stakeholders analyzed the deficits of the humanitarian system and formulated recommendations. In his report "Restoring Humanity" Ban Ki-moon summarized the results of this process, listing 35 core commitments around five key responsibilities as the "Agenda for Humanity".

The Summit called on the international community to respect the universality of humanitarian principles, international humanitarian law, refugee law and human rights; to deploy the financial means for humanitarian aid in a more transparent, flexible and efficient way; and to put people back at the center of humanitarian action.

Johanniter International Assistance contributed to the Summit by taking over the role of German focal point for the WHS. Johanniter coordinated German NGOs, with the support of VENRO and the German Federal Foreign office, to formulate own recommendations, focusing on the need to strengthen collaboration with local actors (both aid organizations and governmental bodies in crisis regions). In August 2015 Johanniter International Assistance signed the **Charter for Change**, and thus committed to increase collaboration with local partners on eye-level, enhancing their capacities and raising awareness of their important role among donors and the general public. The Charter was published in Istanbul and has to date been supported by over hundred international and local organizations.

Johanniter expanding its networks

With the growing size and complexity of the humanitarian sector it is increasingly important that relief organizations form stronger networks among each other and with their partners to defend civil society interests towards governments and international institutions such as the United Nations or the European Commission. Johanniter responded to this need by creating, in October 2015, the headquarter position of Policy Advisor. The latter supports management in taking a stance in humanitarian and development debates, and represents Johanniter in important networks, e.g. on the board of VENRO and within ICVA. ICVA is the International Council of Voluntary Agencies, a global network of NGOs with a secretariat in Geneva. Its mission is to make humanitarian action more principled and effective by working collectively and independently to influence policy and practice. It serves as a liaison between UNHCR and the broader NGO community and also participates in various entities of the Inter-Agency Standing Committee (IASC).

Statistics for 2015

PROJECT EXPENDITURE BY COUNTRY

in Euros

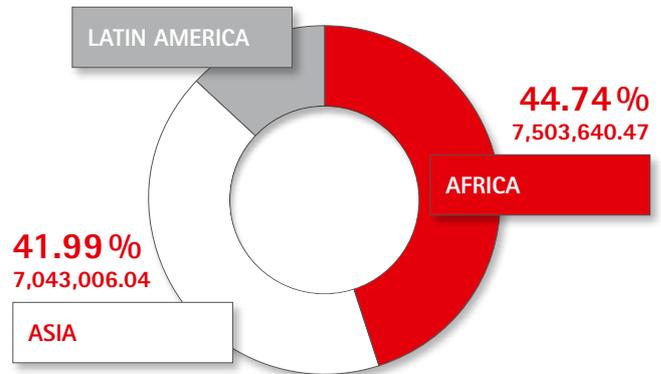
44.74 %

AFRICA	
DR Congo	2,148,149.48
Djibouti	1,251,153.29
Kenya	403,864.23
Liberia	69,693.16
South Sudan	3,381,458.24
Zimbabwe	249,322.07
Total	7,503,640.47

41.99 %

ASIA	
Afghanistan	1,524,912.75
Cambodia	361,044.01
India	40,671.32
Indonesia	272,217.41
Jordan	413,351.71
Laos	24,348.49
Lebanon	831,499.63
Myanmar	485,187.61
Nepal	773,619.30
Pakistan	1,410,662.96
Palestine	106,174.77
Philippines	491,992.72
Sri Lanka	144,836.03
Syria	162,487.33
Total	7,043,006.04

13.27 %
2,224,868.65



13.27 %

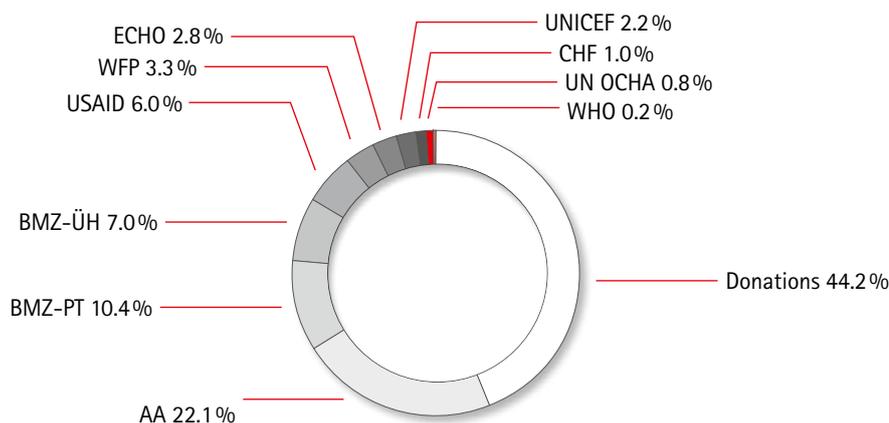
LATIN AMERICA	
Ecuador	1,284,470.13
Haiti	740,230.53
Colombia	191,152.11
Nicaragua	9,015.88
Total	2,224,868.65

Total
16.771.515,16

SOURCES OF FUNDS

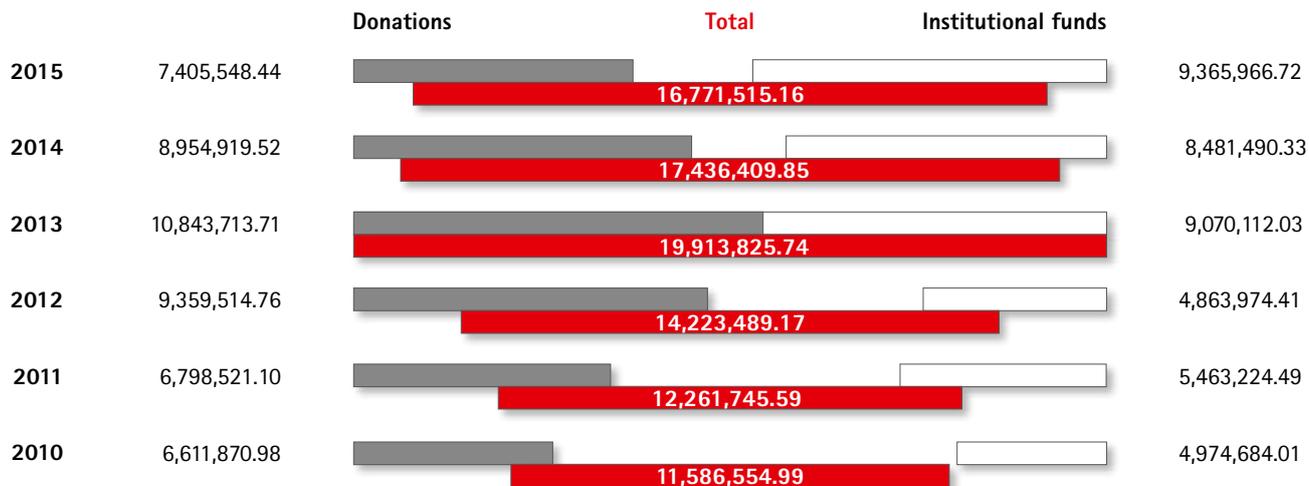
in Euros

Donations	7,405,548.44
German Federal Foreign Office (AA)	3,708,059.74
European Commission's Humanitarian Aid and Civil Protection Department (ECHO)	475,559.06
Development-Focussed Disaster and Transitional Relief of the German Federal Ministry for Economic Cooperation and Development (BMZ-PT)	1,748,336.61
German Federal Ministry for Economic Cooperation and Developmentt (BMZ-ÜH)	1,171,750.80
Common Humanitarian Fund (CHF)	166,086.76
Office for the Coordination of Humanitarian Affairs (UN OCHA)	127,749.48
United Nations Children's Fund (UNICEF)	372,506.69
U.S. Agency for International Development (USAID)	1,016,385.77
World Health Organisation (WHO)	27,646.63
World Food Programme (WFP)	551,885.18
Total	16,771,515.16



SUMMARY OF DEVELOPMENT IN DONATIONS AND INSTITUTIONAL FUNDS

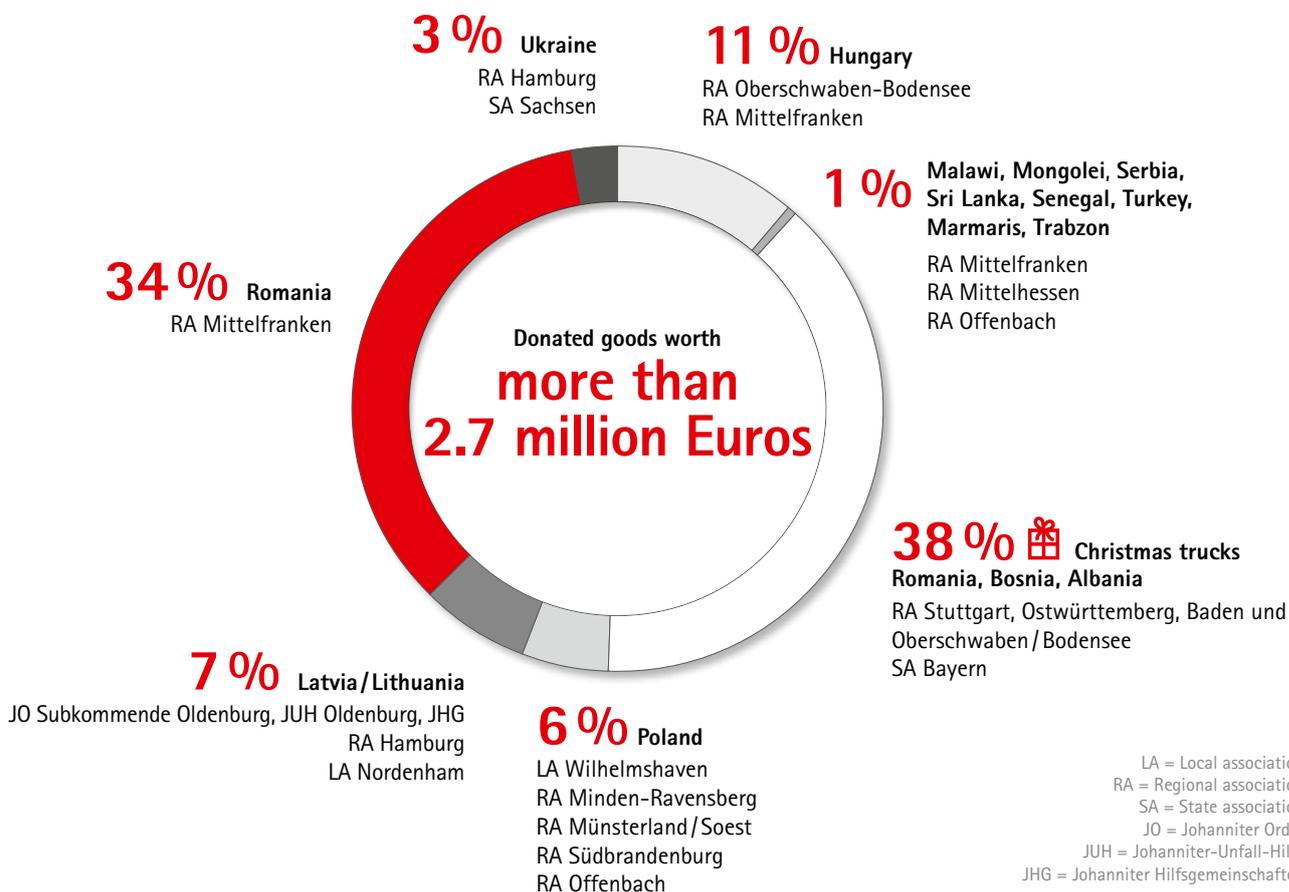
in Euros



JOHANNITER-UNFALL-HILFE E. V. RELIEF GOODS SHIPMENTS

Johanniter International Assistance carries out relief projects all over the world. Traditionally, Johanniter also provides relief for people in foreign countries in numerous voluntary projects through its country, regional and local associations. In 2015, social institutions in Malawi, Senegal, Turkey, Sri Lanka and Mongolia, in addition to institutions in

Europe, benefited from the activities of Johanniter associations. The relief goods that were donated last year and subsequently passed on to local partners included nursing and hospital beds, wheelchairs, medical supplies and sanitary articles.



Financial Report

On the following pages you will find Johanniter-Unfall-Hilfe's income statement and balance sheet for the fiscal year 2015 with details of relevant positions and year-on-year changes.

General information

Johanniter-Unfall-Hilfe e. V., Berlin, has compiled its annual financial statement, comprising balance sheet and income statement, appendix and management report to 31 December 2015 in accordance with the guidelines set down in the German Commercial Code (HGB).

Johanniter-Unfall-Hilfe voluntarily applies the standards outlined in articles 266 and 275 for large corporations as set down in the German Commercial Code (HGB) to its balance sheet and income statement. The allocation and classification requirements for the balance sheet, income statements and evaluation methods remain unchanged from the previous year. This ensures that the current financial statement can be directly compared to that of the previous year.

Explanatory Note on Income Statement

Revenue

Sales revenue is generated by providing the following: emergency services, child day-care centres, ground and air transportation, support and social care, nursing care, home medical alert services, meals on wheels, training and other social services. The increase in revenue compared to the previous year is attributable to the growth in support and social services (in particular refugee support), child day-care centres, emergency services, nursing care and ground and air transportation services.

Other operational income includes revenue that is not classified as revenue or financial income under German trade law, and stems primarily from membership fees, grants and subsidies, donations, bequests, rental income, income unrelated to the accounting period, staff expenses, other economic activities, and income generated from the reversal of special reserves. Upon receipt of earmarked donations and subsidies they are first entered as liabilities until their final settlement in the balance sheet. The increase in revenue compared to the previous year is primarily a result of other economic activities, in particular services for refugee support, other income unrelated to the accounting period, grants and subsidies.

Expenditures

Expenditures on raw materials, supplies, consumables and purchased services mainly refer to other operating expenses, purchase of food-stuffs, project and local staffing costs, meals on wheels services, flight costs, tax-exempt payments for voluntary staff, remunerations, sanitation materials and medications, as well as extraordinary expenses for projects. Changes in expenditure are a result of a wide range of circumstances. There was an increase in expenditure in connection with support for refugees and asylum-seekers as well as for flood relief. The corresponding expenditures are summarised here. There was however a reduction in overseas aid project costs, which, in turn corresponded with a reduction in credited donations in this area.

Staffing costs include wages and salaries, social security contributions and pension costs, and expenditure on staff in volunteer services. The main attributing factor for a rise in staffing costs compared to the previous year, aside from pay scale increases, is the significant increase in full-time staff as a result of the expansion the charity's activities. Changes in staffing provisions placed a greater strain on resources than in the preceding year.

Expenditure on **depreciation and amortisation** arose from scheduled write-downs on intangible and tangible fixed assets. The increase here is attributable to high investment in previous years.

A range of items are included among the **other operating expenditures**. These include vehicle costs, costs of premises, costs related to upkeep and maintenance, membership acquisition and fundraising campaigns, cleaning costs, social security contributions, taxes and insurance. Expenditures also include advertising, telecommunications, business travel costs, hospitality, representation and other costs unrelated to the accounting period and postage.

Expenditures for upkeep and maintenance, as well as cleaning and premises have risen due to the establishment and operating costs of accommodation for refugees, comprehensive repair and maintenance costs for business premises and offices and new child day-care centres. Advertising and postage/freight costs have increased due to special mail-outs for donation appeals (e.g. the Nepal earthquakes).

Based on allocation criteria set out by the German Central Institute for Social Issues (DZI), the total expenditure for public relations, administration and marketing for the reporting year, expressed as a percentage of total expenditure, was 13.1% (administration 9.4%, public relations and marketing 3.7%).

The **financial result**, on the income side, is based primarily on revenue generated from financial assets and deposits as well as dividends from a subsidiary; and on the expenditure side on interest payments on long-term investment loans.

Balance sheet result

The income statement shows an annual surplus of € 27.7 million. This will be set aside as reserve funds in order to ensure the charity's future performance.

MEMBERSHIP FEES, DONATIONS, ALLOCATIONS



Share of International Assistance in Euros

Subsidies	9,644,396.96
Earmarked Donations	7,163,165.74
Total	16,807,562.70

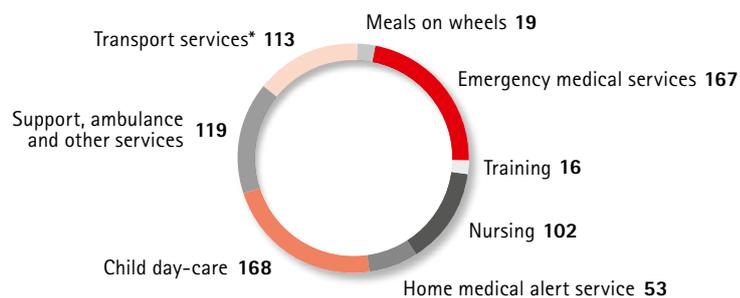
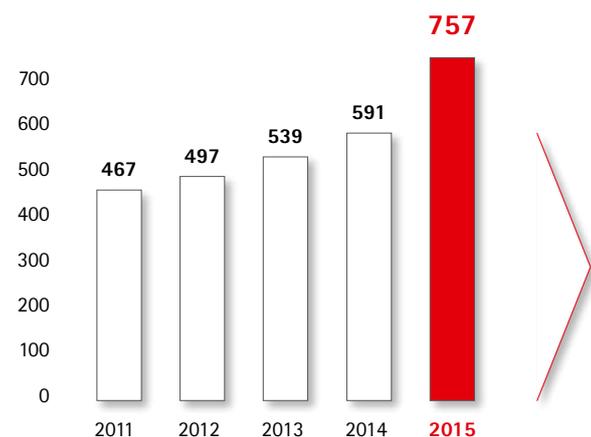
Income statement for the period from 1 January to 31 December 2015

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

	2015 K€	2014 K€	Difference K€
Sales revenue	757,147.0	590,516.2	166,630.8
Other operational income	185,537.6	164,526.5	21,011.1
Expenditure on raw materials, supplies and rendered services	-151,487.4	-90,090.6	-61,396.8
Personnel expenditure	-549,034.8	-465,237.0	-83,797.8
Depreciation on intangible fixed assets and tangible assets	-43,402.4	-40,801.1	-2,601.3
Other operating expenditure	-168,504.7	-143,935.2	-24,569.5
Financial result	-1,160.2	-875.4	-284.8
Result from ordinary business operations	29,095.1	14,103.4	14,991.7
Extraordinary result	301.2	0.0	301.2
Income and other taxes	-1,686.5	-540.8	-1,145.7
Annual result	27,709.8	13,562.6	14,147.2
Allocation to reserves	-27,709.8	-13,562.6	-14,147.2
Balance sheet result	0.0	0.0	0.0

SALES REVENUES FROM MAIN SERVICES

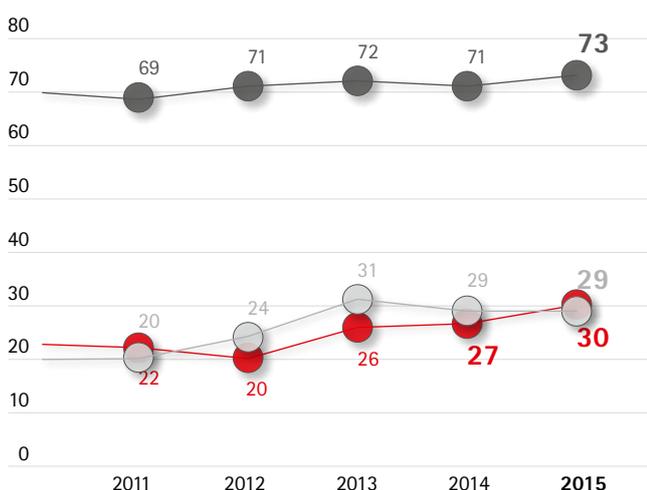
in million Euros



* inc. all rescue helicopter operations

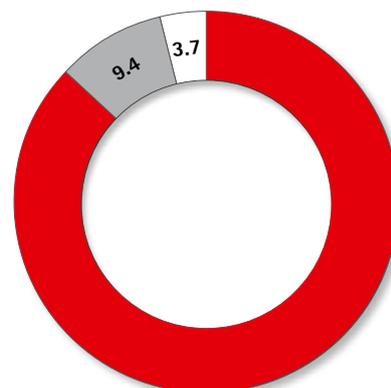
MEMBER CONTRIBUTIONS, SUBSIDIES/GRANTS, DONATIONS/INHERITANCES

in million Euros



TOTAL MARKETING AND ADMINISTRATIVE SPENDING AS A PERCENTAGE OF TOTAL

in percent



● Administrative spending
○ Public relations and marketing spending

Reproduction of the External Auditor's Report

The following reproduction of the external auditors' report applies to the annual financial statement in its entirety:

"The external auditor of the annual financial statement

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

We have audited the annual financial statement of the Johanniter-Unfall-Hilfe e.V., which comprises the balance sheet, income statement and annual report for the fiscal year from 1 January to 31 December 2015.

The German Commercial Code (HGB) states that accounting, compiling of the annual financial statement and annual report are incumbencies of the charity's legal representative. Our task is to express an opinion on the state of the annual financial statement based on accounts and the annual report.

Our audit of the annual financial statement was guided by principles outlined in Article 317 of the German Commercial Code (HGB). Those standards require that we plan and perform the audit to obtain reasonable assurances about inaccuracies or infringements contained in the annual financial statement according to generally accepted accounting principles and also about how accurately the annual report represents the state of assets, finances and earnings. Auditing activities were determined using information about operations, the economic and legal environment of the charity and any prior anticipation of non-conformance. The audit's scope included the robust-

ness of internal accounting controls as well as how accounting, financial statements and annual report are verified. To this end random sampling methods were employed.

The audit includes an assessment of applied accounting principles, an appraisal of the legal representative and a material evaluation of the general breakdowns included in the annual financial statement and report. We believe that our audit provides a reasonable basis for appraisal.

Our audit did not give rise to any non-compliances.

In our opinion, formed by information gained by the auditing process, the annual financial statement conforms with legal requirements. In accordance with generally accepted accounting principles, the financial statement accurately represents the state of assets, finances and earnings at the Johanniter-Unfall-Hilfe e.V., Berlin. Furthermore, the annual report is commensurate with the annual financial statement, it conveys an accurate representation of the registered charity's situation and depicts realistic chances and risks going forward."

Münster, 17 May 2016

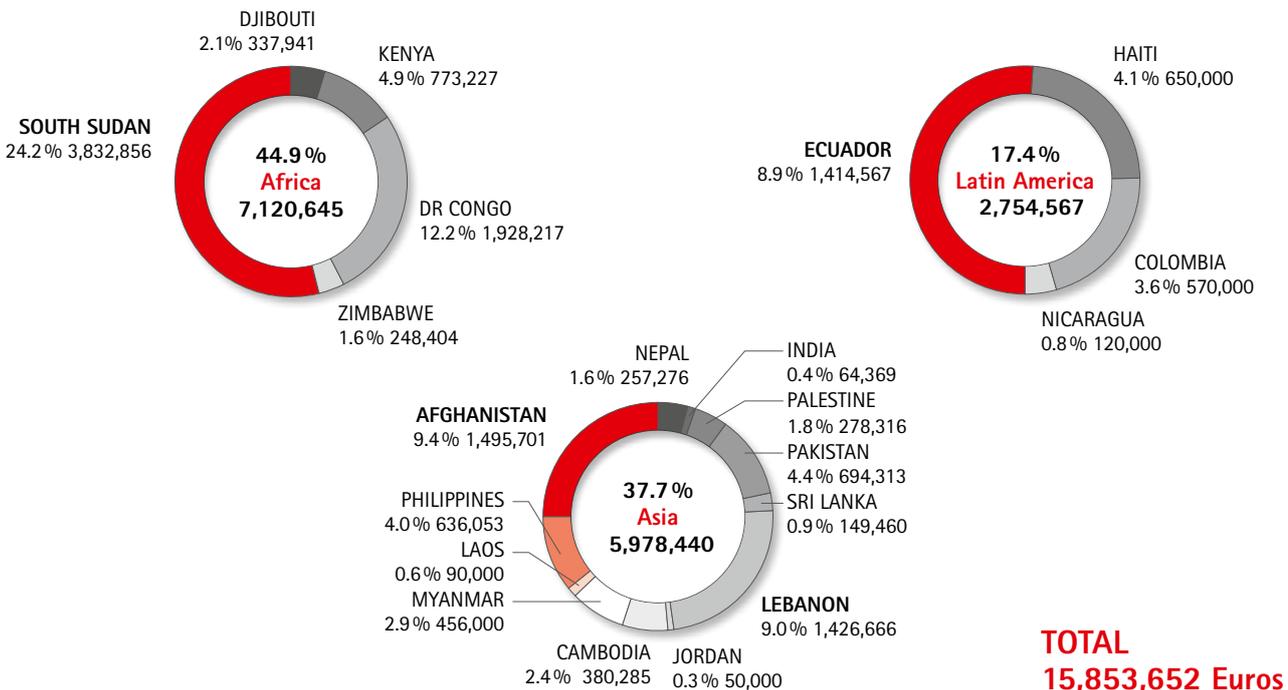
CURACON GmbH
Audit Company

Allkemper
Auditor

Schulte-Kellinghaus
Auditor

PLANNED REGIONAL EXPENDITURES 2016

in Euros



Structure of Johanniter-Unfall-Hilfe

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.

In the year 1382, the Bailiwick of Brandenburg signed the Contract of Heimbach, which gave it a special position in the order: They eventually gave rise to the evangelical Johanniter Order, while the Catholic branch became known as the Order of Malta. Today there are **four European Johanniter Orders** under the well-known eight-pointed cross – in Germany, Great Britain, Sweden and The Netherlands. They are linked with one another in the alliance of the internationally-recognised Protestant Orders of St. John. In their service to the community they work closely together with the Catholic Order of Malta.

The internationally-active **Order of Johanniter** is today a community of evangelical Christians who are committed to serving the community. With the aim of healing and caring for the sick and supporting people in need, the Johanniter Order founded the following organisations. Moreover, the order includes **youth work within the order** and the **Johanniter-Stiftung**.

Johanniter-Unfall-Hilfe e.V. is an organization of the evangelical Johanniter Order. It was founded in 1952, and is today supported by over 20,000 full-time staff and around 34,000 volunteer workers. Johanniter-Unfall-Hilfe is sponsored by approximately 1.3 million people.

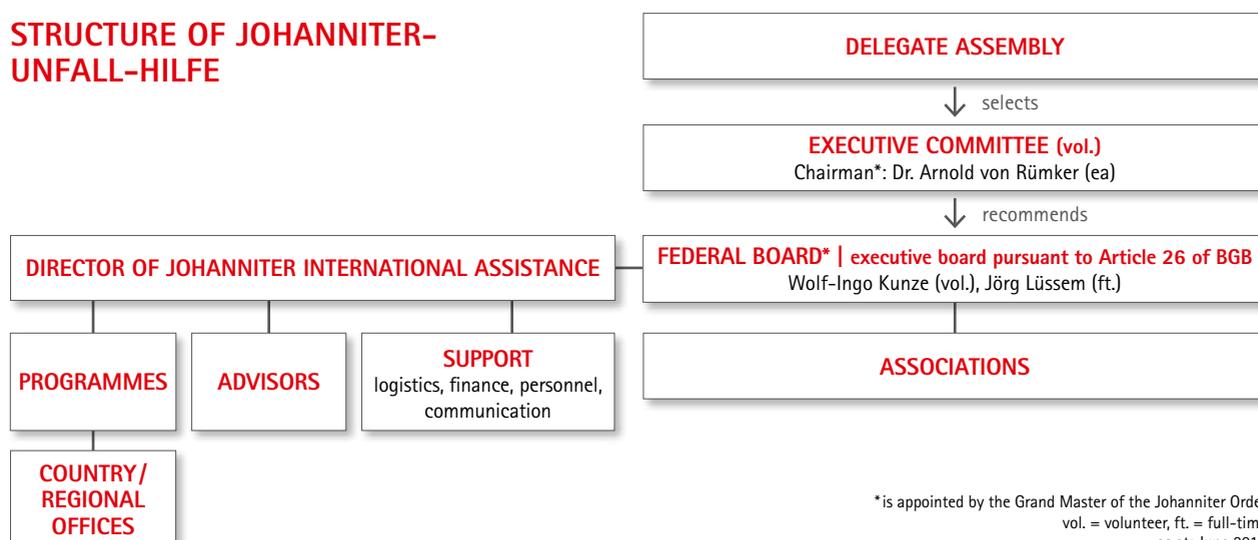
Johanniter-Unfall-Hilfe is subdivided into nine national associations and around 300 regional, district and local associations. Its executive bodies are the Delegate Assembly, the Executive Committee and the Executive Board of Directors. The Delegate Assembly meets once a year and is Johanniter-Unfall-Hilfe's highest decision-making body.

The Executive Committee, which is elected by the Delegate Assembly, is responsible for taking fundamental decisions concerning the association's policy, and also monitors the management of the Executive Board of Directors. The Executive Committee is headed by the Chairman, who is also Johanniter-Unfall-Hilfe's highest representative. The Executive Board of Directors manages Johanniter-Unfall-Hilfe. The maximum of three members are appointed by the Herrenmeister (Master of the Knights) of the Johanniter Order on the recommendation of the Executive Committee.

Johanniter International Assistance

Humanitarian relief abroad is one of Johanniter-Unfall-Hilfe's statutory obligations, which is implemented by Johanniter International Assistance in its national headquarters in Berlin. The organisational unit is directly subordinate to the Executive Board of Directors and is subdivided into project departments, support departments (logistics, finances, communication, HR), advisors (public health, medical disaster response measures, disaster response and rehabilitation of people with disabilities) and the management level. In 2015 there were 444 full-times staff working in Berlin and in the 15 regional and country offices.

STRUCTURE OF JOHANNITER-UNFALL-HILFE



* is appointed by the Grand Master of the Johanniter Order
vol. = volunteer, ft. = full-time
as at: June 2016



Together We Are Strong!

In order to achieve even more, Johanniter is involved in a variety of national and international networks. In cooperation with our partners, we carry out many social projects and help people in need. Without the support of public donors, foundations, companies, private donors and other benefactors, our international relief work would not be possible.

Our Donors



Our Network



Our local Partners



Johanniter locally

Around 400 national and international skilled personnel based in 15 regional and country offices supervise the implementation of our projects all over the world. In the course of this work, our medical experts and project coordinators ensure that high standards of quality and efficiency are maintained in all our activities. The regional and country directors, financial and accounting staff, and those responsible for HR, administration, and logistics support the implementation of our projects and determine Johanniter's strategic direction in each respective country. On behalf of all our staff, colleagues working in regional and country offices describe here their tasks in their respective areas.



Country Director: Ingela Holmertz, Myanmar

In my role as Country Director, I manage and support the team in carrying out their work, assign priorities and set down our strategic direction. I confer with donors and partners about new project ideas in order to cover the prevailing humanitarian needs and support development opportunities. An essential aspect of my job is to establish and maintain trust when collaborating with our partners and to build their capacity.



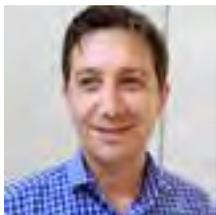
Medical Project Coordinator: Dr. Louis Massing, Democratic Republic of Congo

My job entails drawing up concepts and implementing health projects. Part of this involves ensuring that Health Ministry guidelines are observed, as well as maintaining high quality standards in health care and respecting ethical and humanitarian principles. In addition, I represent Johanniter when dealing with other international organisations and maintain contact with the various actors and partners in our project areas.



Project Coordinator: Hildi Schätti, Djibouti

As Project Coordinator I am involved in every stage over the course of a project. My main responsibilities include taking care of the implementation, monitoring and evaluation of projects. I make sure that we are able to realise projects within the planned time period and within budget, and that we achieve our aims. Moreover, I communicate regularly with local authorities, networks, and organisations that are active in the same field as us.



Financial Administrator: Bojan Georgijev, Jordan

My main tasks include building the capacity of our project partners in the areas of finance, and budget management, and also providing support in other areas such as logistics and HR. In addition, my job involves closely monitoring project activities, especially those aspects related to accounts and budgets.



Logistician: Muhammad Azam, Pakistan

I am responsible for the planning and organisation of all logistical activities in our country offices. These include the acquisition, transportation and stock management of our relief goods in accordance with the general standards employed by Johanniter. I am also in charge of the vehicle fleet, and train our local staff to observe and maintain the Johanniter regulations and standards.

Thank You All!

We would like to give special thanks to all the private individuals, foundations, companies and partners who kindly provided donations, as well as to all our other supporters who have contributed to the work of Johanniter International Assistance.

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

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