

Project Report 2016

International Assistance of Johanniter-Unfall-Hilfe



**THE
JOHANNITER**

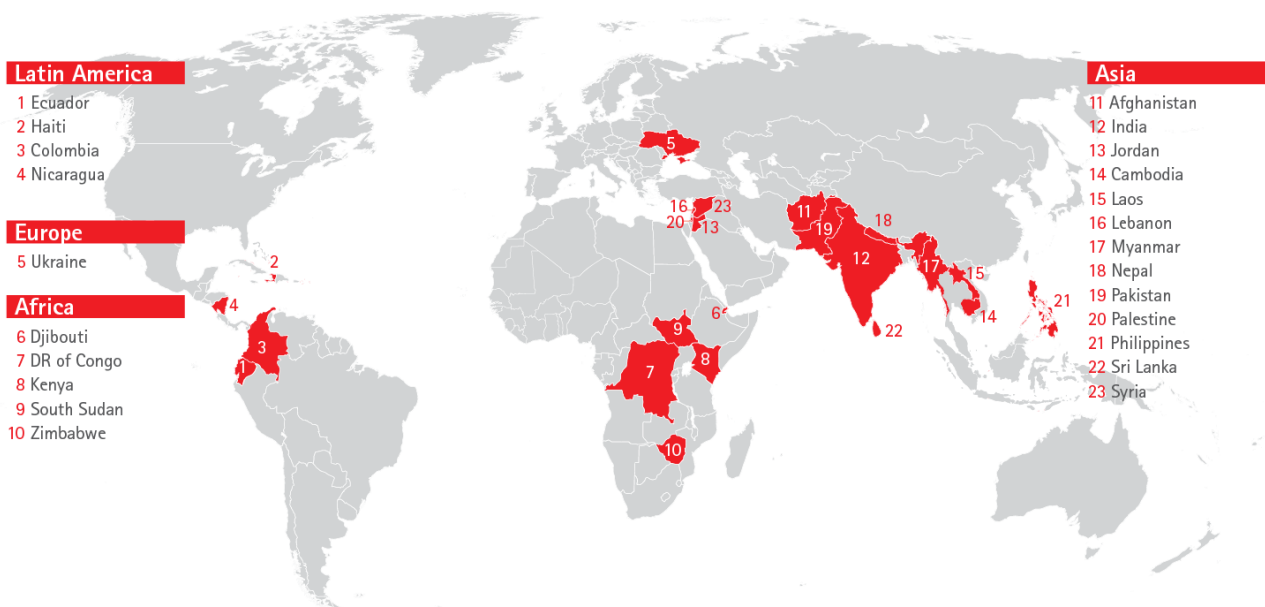
International Assistance



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Project Countries of Johanniter International Assistance



Cover image: Agriculture Despite Poor Soil



Anna Lopii Kanukuring is a 49 year old mother of eight children who lives in Nasinyono in the province of Turkana, in the north-west of the country. Anna is receiving assistance from Johanniter to improve her agricultural farm. Johanniter has supported her by providing fields, installing irrigation canals and providing seeds. Today Anna has a field half the size of a large soccer oval. In her small farm, Anna mainly cultivates regional vegetables, which are all growing healthy and well.

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Strategy 2025

The general conditions and the requirements placed on humanitarian relief and development cooperation are constantly changing, and as a result Johanniter International Assistance faces new challenges all the time. To ensure that its work in the coming years is based on a solid foundation, Johanniter International Assistance has drawn up its Strategy 2025, which defines the key thematic areas of its project work, its overall approach, and its internal quality standards. The commitments Johanniter Interna-

tional Assistance has made in relation to upholding and implementing international standards and charters can also be found in the Strategy 2025.

There are detailed operational plans and concrete measures pertaining to each of the thematic objectives contained in the strategy, the implementation of which – as well as their contribution to achieving our goals – are continuously monitored by the management committee of Johanniter International Assistance.

Vision

Together with people all around the world we are striving for a life of dignity and health – in times of crisis and for a better future.

↑ Organisational goals 2025 ↑

Ensuring Immediate Survival

In humanitarian crises and the direct aftermath of disasters we ensure a life of dignity for the survivors.

Strengthening Resilience

We strengthen the resilience of vulnerable people and communities to enable them to cope with the effects of crises, violent conflicts, natural disasters and climate change. In doing so we link disaster relief, reconstruction and development.

High Quality

Our work meets high quality standards and is conformed to the needs and expectations of the people and organisations we work with.

Financial Stability

We have adequate and diversified financial means at our disposal for the realisation of our projects and programmes.

Efficient Structure

Our structure enables us to work efficiently and achieve the highest possible impact. Our processes are specified and continuously revised.

↑ Thematic goals ↑

Sector

Health

We promote good health and treat illnesses.

WASH

We promote improved hygiene practices among communities and provide adequate access to drinking water and sanitation facilities.

Nutrition

We fight malnutrition and promote positive nutrition habits.

Food Security and Income Generation

We support the aim that all people have access to sufficient food, which meets their preferences for an active and healthy life including the necessary income.

Methods

Needs-based approach

Our projects are based on the needs of people in regions affected by crises and conflicts.

Working with partners

We work with local partners on an equal basis.

Inclusive Approach

By implementing an inclusive approach we are able to reach particularly vulnerable people.

Quality and Accountability

We work in accordance with consistent quality standards and assume full accountability towards affected people, our partners and our sponsors.

We actively work towards improving general conditions for humanitarian assistance and development cooperation.

Resources

Efficient management of our financial, material, communications and personnel resources enables us to achieve the goals of the organisation.

Johanniter International Assistance: 2016 in Figures



Johanniter International Assistance is active in **23** project countries and is represented by **221** international and local staff members in **13** national and regional offices.

More than **1.18** million people benefited from basic medical services, which was achieved through preventive measures and basic healthcare.



527,793 refugees and internally displaced people received relief goods, food, psychosocial support and medical care.

464,766 people were prepared for possible natural disasters through preventive measures.



Around **350,000** children got medical and psychosocial care.

116,813 were able to improve their nutrition and livelihoods in a sustainable way.



86,023 people were supported in climate change adaptation.

52,031 people benefited from our water, sanitation and hygiene measures.



35,601 people with disabilities gained access to rehabilitation and mobility aids.

Report by the Executive Board of Directors

In 2016, the situation faced by people fleeing crises around the world was again a major issue for humanitarian relief organisations. Also, Istanbul hosted the very first World Humanitarian Summit, which provided many for important ideas and stimuli for Johanniter's work the coming years.

One major focus of Johanniter's domestic and international work in 2016 was again providing support for refugees and displaced people. Johanniter also further expanded its operations in the Middle East: In Jordan and Lebanon, Johanniter provided support to people in refugee camps, as well as to host families and communities which have taken in refugees. We provide food items help for victims of trauma and supply people with and relief goods.

In July 2016, the violent clashes that have blighted South Sudan since 2013 escalated further, requiring Johanniter to evacuate its international staff to neighbouring Kenya for several months. Although many of the regular project activities had to be suspended, over 150 local colleagues remained in the country to take care of the many internally displaced people. They provided life-saving medical care and treated acute malnutrition.

World Humanitarian Summit

In May 2016, the first World Humanitarian Summit was hosted in Istanbul: The UN General Secretary invited over 50 heads of state and government, as well as numerous representatives from humanitarian NGOs, the United Nations and the private sector. Johanniter was represented in Istanbul by, among others, the President of Johanniter-Unfall-Hilfe, Dr Arnold von Rümker. In view of the numerous crisis hot spots around the world and the constantly growing need for humanitarian assistance, the summit set itself the goal of improving

the humanitarian system and increasing its operational efficiency. Alongside other attendees of the summit, Johanniter signed up for a series of commitments. Among these are the further improvement of quality by implementing international humanitarian standards, strengthening cooperation with local partner organisations, and the implementation of an inclusive approach which lays particular focus on the inclusion of vulnerable and marginalised groups.

Economic Development

In 2016, Johanniter International Assistance supervised 78 ongoing projects in 23 different countries with a total financial volume of 17,677,496.67 Euros. In terms of the entire organisation, this marked a 5% decline in turnover compared to the 2015 financial year, in which the expenditure was 16,771,515.00 Euros.

At the end of 2016, the project expenditure comprised 9,503,967.90 Euros from institutional donors and 8,173,528.77 Euros from Johanniter's own funds. Compared to 2015, this represents an increase of institutional funding of 1.5% and an increase of spending from Johanniter's own funds of 10%.

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 4,136,552.89 Euros) and the Federal Ministry for Economic Cooperation and Development (with 3,207,428.81 Euros) were our most important institutional donors. In addition, various UN institutions supported our work in 2016 with a total volume of 824,638.14 Euros. Johanniter considers the trust shown by these institutional donors as a sign that our work is considered important and necessary.



After war fighting in the province of Western Bahr el Ghazal, thousands of people fled to the city of Wau.

Ensuring sustainability

In 2016, Johanniter International Assistance further developed its strategies and processes in order to be able to meet the constantly increasing demands on humanitarian relief organisations today and in the future. Working out the strategy details up until the year 2025, translating it into concrete implementation plans, and integrating the country offices into the quality management system were important milestones in this undertaking. Johanniter takes its commitments made at the World Humanitarian Summit very seriously, and likewise its accountability to its private and institutional donors, and in particular to the people it supports through its projects. With the goal of constantly improving the quality of its work, in 2016 Johanniter revised many of its internal processes, drew up new guidelines, and updated existing rules to adapt to changing situations. In addition, the process of introducing a new accounting software was continued.

Outlook

In the years 2017–2018, Johanniter will begin implementing its Strategy 2025. As part of the Strategy 2025, Johanniter has formulated a range of goals aimed at further increasing the quality of its work in humanitarian relief and development cooperation in accordance with international standards. Among other things, its activities aim to conform to the requirements of the Core Humanitarian Standard. To this end, Johanniter is in 2017 undertaking a comprehensive analysis of its internal rules, guidelines and working methods in order to draw up an improvement plan with concrete implementation measures.

In 2017, Johanniter's headquarters is aiming to acquire the DIN EN ISO 9001 certification, which includes Johanniter International Assistance's quality management. Over the past few years, important groundwork has been carried out to achieve this, including the creation of new guidelines and the regulation of internal procedures. This process will be continued in 2017 with the drafting of a quality policy.

High quality and efficient structures are goals that Johanniter pursues with its Strategy 2025. This includes that all operational questions pertaining to the implementation of a project are decided on a local level and, where possible, in collaboration with representatives of the affected communities. In order to facilitate this, Johanniter is going to strengthen the capacities of its country offices. This also entails the successive establishment of regional support offices which will in future monitor and process the monthly financial accounts from each country among other tasks.

And lastly, Johanniter aims in future to deploy its qualified medical staff even more efficiently in the aftermath of disasters around the world. To this end, Johanniter successfully applied for classification by the WHO as mobile Emergency Medical Team. In accordance with this classification, Johanniter is now certified as an integral part of an improved and standardised global response system.

Impact Orientation

Johanniter are committed to constantly improving their work. More than ever, the effects of projects on affected people will be monitored, documented and analysed. The results of the impact monitoring flow into the project control and future planning. To ensure this, the resources and competences of Johanniter in the field of impact orientation will be strengthened. Also in the communication to donors and the public the impact orientation will be in the center.



Wolf-Ingo Kunze

Jörg Lüsse

Thomas Mähner

Federal Board of Johanniter-Unfall-Hilfe e.V.

Impact Orientation at Johanniter International Assistance

We at Johanniter International Assistance are committed to constantly improving our work. This commitment is based on a self-critical principle of continuously improving and assessing our operations and services. Our goal is to be as effective as possible while using our resources – be they donations, staff or materials – in the most efficient way. In this endeavour, we employ a cross-sector, integrated approach.

approach be improved? Which unintended effects are there, and have they been positive or negative? We seek to assess the impact of our projects, verify it and continuously improve our work: So that people all over the world can live their lives in good health and dignity – and so that we can prove that the funds entrusted to us have real impact.

We Want to Know What Works






We want to provide the right assistance at the right time in the right place. Together with our local partners, we gather information from the start of a project on the respective context, the needs of the target group, and the available capacities in the country. This needs-based approach allows us to ensure that affected people receive the help they need most urgently, and that the desired result is achieved.

Thinking Beyond – From Start to Finish

Even at the start of a project, we already have the next steps in mind. We don't pull out our emergency teams right after the disaster phase. We combine emergency relief, reconstruction and development cooperation. As well as involving our local partners and local communities, we coordinate our work with official institutions in order to make the best use of synergy effects. And we don't let anything stand in our way: Our relief work does not only focus on helping those who will gain the greatest benefit with the least effort – rather, we have made a commitment to reach those people who, due to various factors such as age, disability or gender, are at risk of being excluded from receiving essential assistance.

In order to optimise and manage our programmes, we assess their impact: Are the desired results achieved? Are they achieved within the projected period? Can the

Impact orientation

	 Input →	 Activity →	 Output →	 Outcome →	 Impact
Example	Human Resources, Finance, etc.	Health center will be build and equipped.	Primary health care services are available.	People have access to primary health care.	Health status of the community improved
Indicator			Number of employees and advanced medical staff; Availability of essential drugs	Number of treated patients, utilization rates of the health center	Morbidity and mortality rates

Working in Crisis Regions and War Zones

Severe crises and conflicts provoke the most urgent need for humanitarian assistance. Sustained, drawn-out conflicts in particular are a major cause of injuries, death and hunger, causing long-term destabilisation to whole societies.

Essential resources such as health care, food supplies, and fuel become scarce in conflict zones and this, in turn, fosters crime and distribution conflicts. As a consequence, an increasing number of relief organisation staff have become victims of violence, robbery, or even long-term abduction in recent years.

Johanniter is active in many crisis regions, including Afghanistan, South Sudan and Pakistan. Since international relief workers have repeatedly been the target of violent attacks in these conflicts, Johanniter primarily works with local staff. This allows us to ensure that the **relief is accepted**, while at the same time creating professional opportunities for people in the region.

Johanniter places a priority on high quality, meaningful work that has the broadest possible benefits for communities and local regions. **Remaining impartial and focussing on the actual needs** are fundamental to our approach.

In countries hit by conflict or civil war, Johanniter in principle selects those regions for its projects where it can make a positive contribution and where the level of risk is justifiable. We constantly monitor and evaluate the security situation in these areas, and are able to



Syrian refugees live in informal settlements in Jordan. They need special support during the winter months.

react strategically if the general situation suddenly deteriorates or when a direct threat emerges to the organisation or our staff. In assessing a situation, we thoroughly check if we are able to assure the **provision of relief and the safety of our staff** and beneficiaries and whether our activities are justifiable in relation to our relief efforts.

To this end, Johanniter has in recent years built up its **own security infrastructure**. In addition to a security training programme for all international workers, it provides constant monitoring and evaluation of the security situation in the respective operational regions and a flexible, effective and well-networked apparatus for crisis response management.



A constant monitoring and evaluation of the security situation and a flexible, effective network are essential for the security of our employees in the field.

Strengthening Resilience

Reducing the vulnerability of people in a community and increasing their ability to cope with crises are the main goals of humanitarian relief and development cooperation. The **concept of resilience** highlights the interplay between individual factors in a person's life. This also implies a shift in perspective: Instead of looking at how projects can reduce the problems and suffering of affected people, there is an increasing focus on their ability to actively confront their situation and thus improve their resilience.

When aiming to strengthen resilience, a holistic, interdisciplinary approach is required in order to develop the capacities of individuals and communities. The old notion of **"helping people to help themselves"** thus gains new significance. Indeed, strengthening the self-help capacity of local people and communities is an important goal for Johanniter International Assistance. The goal is for communities and partner organisations to be able to take action on a local and national level and instigate real change in the political, institutional and economic situation. Johanniter International Assistance thus underlines its commitment to **cooperation with local partners**. We support these organisations so that they in turn can provide the best possible support to local people.

Strengthening resilience requires long-term commitment at the interface of emergency relief, reconstruction and development cooperation. In this context, Johanniter

aligns itself to the notion of **"linking relief, rehabilitation and development" (LRRD)** and always takes into account the respective economic, political and climatic dangers.

As early as 2001, Johanniter International Assistance had already implemented the structural requirements for an all-in-one relief approach: Back then we consolidated our departments for development cooperation and emergency relief and bundled the respective expertise in regional departments. Johanniter International Assistance's core mandate comprises action in the areas of **health, improvement to drinking water supplies and hygiene and assuring food and income security** – for example by promoting subsistence farming or re-activating agricultural production following crises and natural disasters. All these measures help reduce the vulnerability of local populations and thus strengthen their resilience.

However, despite all these preventive measures, extreme events can always lead to unexpected disasters. Therefore, it is important to reduce risks and to give people support so that they can prepare effectively. By means of **community-based early warning systems, risk analyses, training and equipment for rescue teams, earthquake- and tornado-proof house construction, health centres and schools, as well as targeted preventive measures** against droughts and crop failures, local people will be better prepared for disasters and thus be able to recover more quickly.



By promoting subsistence farming or reactivating agricultural production we strengthen amongst small scale farmers resilience.

Ensuring Survival



1st Worldwide

Johanniter are classified as the first non-governmental organization and the first team worldwide in the category "EMT 1 mobile" by the World Health Organization.



Qualified and Coordinated Emergency Relief

Never before have there been so many people around the world who are dependent on emergency relief. Conflicts, war, natural disasters, poverty and famine are on the increase. Johanniter International Assistance ensures the survival of hundreds of thousands of people in crisis regions and conflict zones.

Clean drinking water, sanitation facilities, medical care and adequate food supplies – all of these are vital if people are to remain healthy and withstand crises both physically and psychologically. People who are malnourished, sick or traumatised do not have the resources to cope alone when their livelihoods are jeopardised or their living situation deteriorates.

Especially in the wake of sudden natural disasters, it is common that a great many people need urgent help to survive. In such emergencies, the relief must be delivered quickly by qualified and well-coordinated staff. For this reason, the World Health Organization (WHO) is classifying and standardising all international medical emergency teams – to improve coordination and the provision of relief following disasters. The ultimate goal is to establish internationally classified Emergency Medical Teams (EMT), whereby trained personnel using modern equipment are able to provide care and support for patients in disaster-hit regions. The classification will help to ensure constant, high quality relief following disasters.

Johanniter was successfully classified as Emergency Medical Team 1 mobile (EMT 1 mobile). As such, it is able to provide outpatient medical care for affected people following a disaster. The Johanniter team is composed of over 20 members, including doctors, qualified emergency support such as midwives, logistic experts and support staff. Johanniter EMT is capable of operating self-sufficiently for at least two weeks under field conditions. The EMT can treat at least 50 patients with minor injuries or basic health care needs per day and refer more complex cases. Johanniter EMT is ready for deployment within 48h from pre-alert.

Organisational Goals of Johanniter International Assistance:

Strengthening Resilience of vulnerable people

Ensuring Survival in Dignity for people in humanitarian crises and the direct aftermath of disasters

Projects 2016

Afghanistan
Jordan
Kenya
Lebanon
Myanmar
Nepal
Pakistan
South Sudan

How Relief Organisations are Granted Entry to a Country





The earthquake in Ecuador and Hurricane Matthew in Haiti have caused serious damage. Johanniter provided disaster relief.

Emergency Relief Following Natural Disasters

Due to floods, earthquakes and hurricanes, in 2016, hundreds of thousands lost their homes. Johanniter provided relief for people affected by the earthquake in Ecuador and Hurricane Matthew in Haiti.

Ecuador: Earthquake Relief In Portoviejo

On 16 April 2016, an earthquake of magnitude 7.8 shook the northern coastal region of this South American country. In total, 663 people died and around 28,000 people were injured, some of them severely. In addition, about 10,000 buildings were damaged or completely destroyed. Around 850 aftershocks continued intermittently into the month of May.

Johanniter has maintained a regional office in Ecuador since 2009 and was consequently able to offer disaster relief when the disaster struck. Together with its partner organisation "Fundación Ali Causai", Johanniter provided psychosocial support for affected people in three outlying districts near Portoviejo. Many local people – primarily women, young adults and children – were deeply traumatised by the earthquake. Moreover, many of these people had been in very poor health even before the disaster – primarily due to poverty, low hygiene standards, sexually-related violence and psychological stress. Since the relief efforts were mainly concentrated in the cities directly after the earthquake, it was important to turn our focus to the outlying districts. With the support of Johanniter, our local partner organisation responded by improving primary health care provisions in the outlying districts and offering psychosocial crisis intervention. Furthermore, 30 first aid operatives were

trained, with the goal of improving post-disaster medical care in future and also to carry out educational programmes aimed at preventing diseases. In total, these measures have improved the health care for 500 children and 2,000 adults.

Haiti: Medical care for victims of Hurricane Matthew

On 4 October 2016, Hurricane Matthew struck the Caribbean island of Haiti with devastating winds of up to 230 Kilometres per hour. Countless houses were destroyed, while roads and fields were flooded. Over 500 people died in the aftermath, and over 175,000 houses were damaged or completely destroyed.

Johanniter, which has been active in Haiti since the 2010 earthquake, collaborated with six other relief organisations to fly in 73 tonnes of urgently needed relief goods. The transportation was financed by the Deutsche Bahn Schenker Foundation. The 4.3 tonnes of medical relief goods provided by Johanniter were handed over to Médecins du Monde in the affected area, who used the supplies to treat diarrhoeal diseases such as cholera, as well as for primary health care. In the subsequent reconstruction phase, Johanniter worked together with the German Samaritan Federation (ASB) to install water filters in schools and health care centres, and also to replace damaged health centre roofs to ensure that 30,000 people regained access to medical care. In addition, Johanniter supplied 250 farmers in the disaster region with seeds and agricultural equipment. Together with the local organisation Haiti Project Education Johanniter also supported farming families, providing warm daytime meals in emergency canteens and helping with the repairs to their houses and sowing seeds in their fields.

Drought in East Africa: Ensuring Survival

Due to continued violence and drought, 23 million people in Africa are at risk of famine. The situation is particularly severe in Kenya and South Sudan. Johanniter is assisting the population in both countries by providing medical relief, nutrition assistance and drinking water as well as by ensuring longer-term food security.

South Sudan: War as the Cause of Hunger

By the beginning of 2017, over five million South Sudanese did not have enough food to cover their basic needs – which is almost half of the entire population. The ongoing war is driving people from their homes and is hindering the delivery of relief goods. In some parts of the country, a famine was declared in February 2017. Food insecurity is spreading throughout the country, and millions of people are in need of food assistance. At the same time, over three million people have been displaced within the country or are seeking refuge in neighbouring states. According to the United Nations, this is the fastest-growing humanitarian crisis since the Second World War. Because of the security situation, humanitarian workers often cannot access regions where people are most in need. *“As a relief organisation, we can only provide people with medical support and therapeutic food in Protection of Civilian centres for displaced persons. Outside these centres assistance is only possible at great risk or not at all because the security situation has deteriorated”,* says Julian Jekel.

In Wau, the second largest city in South Sudan, Johanniter staff and community volunteers have been providing assistance for displaced persons since 2016. In Protection of Civilian centres and primary health care units, malnourished persons are supplied with supplementary therapeutic foods in order to treat malnutrition. In total, 15,000 persons, especially children under 5 and pregnant and lactating women, have received such assistance.

Heavy Drought in Kenya

In Kenya, Johanniter has for several years been supporting communities in the northern region of Turkana to cultivate food crops and diversify peoples' income. Because of the stock of Sorghum thus generated, people could survive the drought periods in year 2016. However, the rains in early 2017 failed, and again the community was not able to harvest. In 2017, the population hardly has any access to food and water.

As a prompt response, Johanniter has organised the supply of safe drinking water. Using water trucks, the community water tank has been continuously re-filled since April 2017 to ensure that 3,600 people have access to at least eight litres of water per day. In addition, we ensure access to primary health care and distribute food.



Johanniter supports the famine affected population in Turkana, Kenya, with corn, beans, salt and oil.



Food packages for syrian refugees in Jordan: rice, flour, noodles, lentils, beans, oil, sugar and salt helped people to feed their families.

Global Assistance for Refugees

Around 65 million people worldwide have been forced to flee as a result of violence, poverty or hunger. Johanniter supports refugees and internally displaced people in many countries, including Afghanistan, Kenya, South Sudan and countries of the Middle East, providing relief items as well as medical and psychosocial care.

Syria: The Greatest Humanitarian Crisis of Our Time

Since the start of the civil war, the situation in Syria has steadily worsened. More than 13 million people in the country rely on humanitarian relief to survive. A further five million Syrians have sought refuge in neighbouring countries or in Europe. In Jordan and Lebanon, Johanniter helps refugees work through their trauma and integrate into the host society. In addition, emergency relief is still necessary six years after the start of the war. Many refugees are still living in tents in the host countries; they have not been granted legal status and cannot earn their own living.

With support from Sternstunden, a German registered charity, and the parish of Plön-Segeberg in Schleswig-Holstein, Johanniter was able to distribute 4,700 food aid packages to Syrian families and their host families in the Jordanian region of Irbid close to the Syrian border. The packages were the result of the parish's 2016 annual fundraising project and included rice, flour, pasta, lentils, beans, oil, sugar and salt.

Kenya: Medical Relief in Kakuma Refugee Camp

The refugee camp in Kakuma, north-eastern Kenya, was originally intended to support a maximum of 30,000 inhabitants. But in recent years, following major movements of refugees in the region, around 200,000 people

have sought safety there from South Sudan, Somalia, the Democratic Republic of the Congo, Ethiopia and Burundi. The conflict in South Sudan in particular has forced large numbers of people to flee, and more than 90,000 South Sudanese currently live in the confined space of Kakuma. Since 2014, Johanniter has been supporting health centres in the camp to improve the provision of primary health care. In addition to treating common medical conditions, Johanniter has focused on providing mother and child care. Nurses on the maternity ward support women during labour and help them look after their newborns in the first days after birth. Specialists in eye diseases and orthopaedic injuries are also available to offer consultations to the camp's inhabitants and members of the surrounding communities. They also perform surgery when required.

Afghanistan: Support for Refugees from Pakistan

Violent conflicts in different parts of Afghanistan have caused more than 620,000 people to flee their villages and towns and seek safety in other regions of the country. In addition, almost 600,000 Afghan refugees returned to the country, having been sent back from Iran and Pakistan. Providing for all these people places great strain on the country. As a result, the 70,000 Pakistani refugees who in turn fled to Afghanistan from the violent conflict in their country hold out little hope of assistance. *"Aid for Pakistani refugees has been reduced and partially discontinued"*, reports Jens Schwalb, Head of Desk for Johanniter International Assistance in Afghanistan. Most of these refugees are housed in Gulan Camp on the Pakistan border. The impact of shortages, in particular in medical care and food distribution, is evident here every day. One in eight children in the camp is now malnourished. Johanniter runs a primary health care unit in the camp to provide the refugees with medical care.

Vocational Training for Refugees

Current situation

In the Palestinian refugee camps in Lebanon, there are currently 455,000 registered Palestinian refugees. Many of these are living in one of the twelve countrywide camps. The refugees experience severe restrictions to their civil rights on a daily basis and are hardly integrated into Lebanese society at all. Young adults with disabilities are particularly excluded both economically and socially.

Project objective

The main goal is to help young adults with and without disabilities gain access to the Lebanese job market by providing vocational training. This will give them the opportunity to earn an income for themselves.

Project activities

- Job counselling, vocational training and placement in internship or occupational training for 120 young adults with or without disabilities
- Support for the founding of start-ups and companies
- Increasing disability accessibility in 25 workplaces
- Organising inclusive leisure activities for 420 young adults with and without disabilities
- Organising public campaigns promoting the right to work and employment for people with disabilities



Mahmud is one of 120 Palestinian refugees to whom Johanniter offers a vocational training.



Outcome

Training and job counselling offer new prospects and give young people the opportunity to liberate themselves from the cycle of poverty. As a positive side-effect, this support can help young people become less vulnerable to extremist ideologies.

Partner organisation




Development Action without Borders/Naba'a has been registered since 2001. Their goal is to strengthen the rights of children and young adults and to increase their participation on a community level.

Challenges

The greatest risk at present is the unstable security situation in Lebanon and in the Palestinian camps. Should a conflict break out within a camp, the activities have to be adapted so that they can take place in other camps until the security situation improves.

Outlook

The goal is to expand the project and extend its duration. Young people who have found work as a result of this project will be given ongoing support and guidance by our partner organisation. At the same time, local communities, the authorities and employers will be informed and sensitised to the issue of inclusion.

Project objective →	Target group 	Input 	Activity 	→ Outcome
Helping young adults to gain access to the Lebanese job market by providing vocational training.	540 young adults with or without disabilities from Palestinian camps	502,650 Euros financed by German Federal Ministry for Economic Cooperation and Development (BMZ) and German Relief Coalition (ADH). Project is implemented by Development Action without Borders/Naba'a	<ul style="list-style-type: none"> • Job counselling and training schemes for 120 young adults • Increasing disability accessibility in 25 workplaces • Organising inclusive leisure activities for 420 young adults 	The activities give young people the opportunity to liberate themselves from the cycle of poverty. Also this support can help young people become less vulnerable to extremist ideologies.

Improving Health



5,977 patients

with eye diseases were treated by Johanniter in Kenya in 2016.

Improving Health Care in Crisis Regions

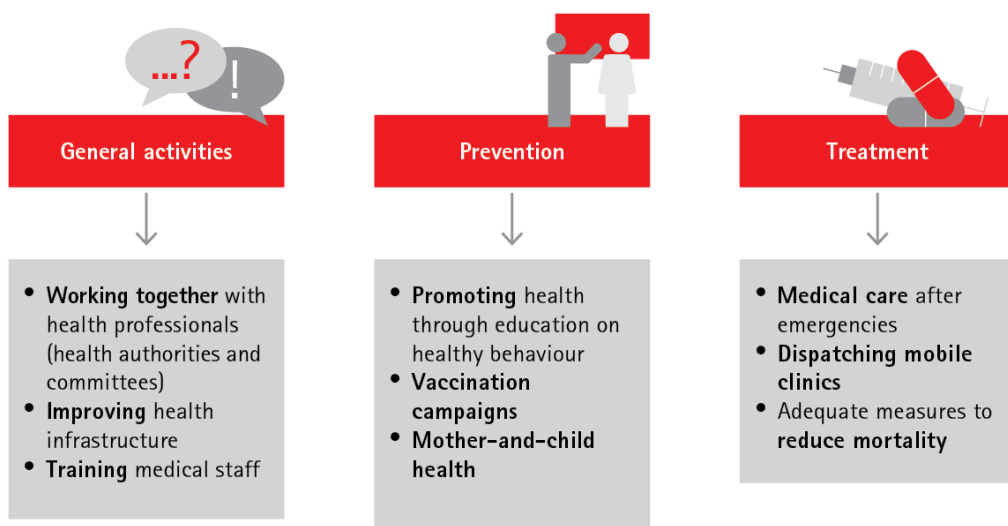
Integrated health projects that include prevention, medical care, the promotion of improved diets and better hygiene will yield the best results: fewer people fall ill, and the population as a whole is strengthened.

Good health is a fundamental right for all. In accordance with its new strategy, Johanniter International Assistance aims to promote good health and treat disease. The primary goal is to continually increase the resilience of health care systems in crisis regions by 2025 – in order to ensure access to quality and needs-based health care for the affected populations. To this end, Johanniter will improve the infrastructure of primary health care systems and train medical personnel.

Besides treating patients, prevention is essential to inhibit the prevalence of disease. For this reason, each new Johanniter health project now includes preventive components. These include the promotion of regular hand washing or information on the best possible diet for infants and young children to ensure a good start in life.

An adequate supply of drinking water and food, as well as functioning waste water and waste disposal systems, are also important for good health. Johanniter therefore integrate these aspects into its health projects.

Promoting health and treating disease



Aims of Johanniter International Assistance until 2025:

Integration of **preventive measures** in all health projects

Improving the **access** to adequate health care

Reducing the **morbidity and mortality** rate in project regions

Projects 2016

Afghanistan
Cambodia
Colombia
DR of Congo
Djibouti
Haiti
Kenya
Myanmar
Nepal
Pakistan
South Sudan
Syria
Ukraine
Zimbabwe

Improving Primary Health Care in North Kivu

In many regions affected by crisis, health authorities are not able to provide comprehensive primary health care services for the local population. In North Kivu province in the east of the Democratic Republic of the Congo, Johanniter is currently supporting 15 medical centres. More than 160,000 people thus have access to medical treatment and preventive care. The health of mothers and children is at the centre of our work, and we run a special programme focussing on holistic care for survivors of sexual violence.

Providing adequate preventive care for children is one of the main prerequisites to ensure good health in a society. Vaccination programmes and regular check-ups can help prevent infectious diseases, malnutrition and growth disorders.

Moreover, in regions with poor health care services, pregnancies still pose a considerable health risk to many women. In two of the primary health care units

supported by Johanniter, women with high-risk pregnancies can access intensive care before birth. Complications are monitored, and, if necessary, women are transferred to the nearest hospital

Support for survivors of sexual violence

In the last year, armed conflict has repeatedly raged across North Kivu. Our colleagues in the area reported that there are numerous patients who have been victims of sexual violence during violent clashes. In the primary health care units supported by Johanniter, those who have survived can find assistance in the form of psychological counselling, and by means of post-exposure prophylaxis, which protects patients from acquiring HIV and unwanted pregnancies

Aiming at a positive impact on the long-term development of health care in the region, Johanniter coordinates with health authorities. In the health facilities we work closely together and offer numerous advanced training courses for medical staff working in medical centres and the communities.



Johanniter is currently supporting 15 medical centres in the health zone of Masisi, North Kivu.



Training of Midwives in Afghanistan

Current situation

The maternal mortality rate in Afghanistan is the second highest in the world. Every year, around 17,000 Afghan women die as a result of complications during pregnancy. Studies show that most deaths can be attributed to a shortage of qualified midwives and poor health care.

Project objective

The aim of the project is to reduce the rates of morbidity and mortality among mothers and infants and to improve health care by providing training to midwives.

Project activities

- Training of 70 qualified midwives
- Improving existing knowledge and providing advanced training in new treatment methods in the form of learning modules for midwives and training staff at Mazar-e-Sharif hospital

Outcome

With the training of midwives we have improved the medical care in the north of the country and thus contributed to a reduction in the rate of mortality and morbidity among mothers and infants. For the graduates, the qualification represents a possibility to earn an income and thus more independence.



Partner organisation

The Agency for Assistance and Development of Afghanistan (AADA) was founded in 2005 as a national non-governmental organisation. In addition to a number of projects that support the public health system, AADA carries out training programmes for midwives with the aim of improving maternal and child health.

Challenges




The implementation of projects in Afghanistan faces a range of different challenges. Among the most serious is the lack of infrastructure and the precarious security situation in many parts of the country. Both these factors have prevented the return of many trained midwives to their areas of origin. The government has pledged to create new jobs for qualified midwives, but in many cases it has not been possible to meet these commitments for financial reasons. In addition, widespread corruption is a problem that afflicts everyday work, as well as the deeply conservative attitudes towards the role of women in Afghan society.

Outlook

Johanniter is planning a follow-on project in 2017, again with the financial support of BMZ, aimed at training more young women from northern Afghanistan as midwives. Despite the progress made in the health sector since the Taliban were forced out of power, a shortage of qualified midwives, particularly in rural areas, continues to exist.



Young woman from Balkh province will be trained to be a midwife.

Project objective →	Target group 	Input 	Activity 	→ Outcome
To reduce the rates of morbidity and mortality among mothers and infants and to improve health care by providing training to midwives.	70 young women from rural areas in Northern Afghanistan	497,553 Euros financed by German Federal Ministry for Economic Cooperation and Development (BMZ) and Johanniter donations (49,775 Euros). Project is implemented by Assistance and Development of Afghanistan (AADA)	• Training of 70 qualified midwives	Improving medical care in Balkh province and reducing the rate of mortality and morbidity. For the graduates, the qualification means earning an income and more independence, which also strengthens the role of women in Afghan society.



Prevention of malnutrition in infants through education courses and improved nursing practices.



Breastfeeding provides a healthy start.

Breast Feeding – A Key to Sustainable Development

In the rural areas of Cambodia, breast milk is often the only hygienic and balanced food source available for infants and babies. However, many women are not aware of the special importance of breastfeeding for the healthy development of their children: Only 37 percent of children under two years of age are breast fed.

World Health Organization (WHO) recommends that children be exclusively breastfed during the first six months of life and that children be given solid or semi-solid complementary food in addition to continued breastfeeding from six months to 24 months. Exclusive breastfeeding is recommended because breast milk is uncontaminated and contains all of the nutrients necessary for children in the first few months of life. In addition, the mother's antibodies in breast milk provide immunity to disease.

Together with its partner organizations Human & Health and Khmer Community Development, Johanniter is campaigning to promote breastfeeding: In educational courses, women and young adults are informed about the importance of breastfeeding and good nutrition in the first few days and weeks of an infant's life. By engaging with youth, Johanniter and its partners are striving to reduce malnutrition for all, but with a strong focus on women and children, so that infants and children are provided with a healthy start to life. Johanniter and its local partners are receiving additional support by international partners and the Cambodian Ministry of Health.

"As soon as we recognize that breastfeeding is a key factor in long-term development, we will appreciate the value of good health from the start of our lives; we will respect each other and take more care of the planet on which we all live", states Mr Penh Ki, Project Coordinator of our partner organization Human & Health.



During World Breastfeeding Week, local teams of the partner organisation Human & Health trained the communities in the importance of breastfeeding.



Against Femal Genital Mutilation

Current situation

Female Genital Mutilation is still widespread in Djibouti, despite a legal ban in the country. Across the country, seven out of ten girls are mutilated. Illiteracy and ignorance of the catastrophic effects of FGM are hampering efforts to overcome this dangerous custom: In rural areas, only 14 percent of women aged 15 to 24 are able to read and write. Female genital mutilation leads to acute complications and lifelong pain. It causes physical and psychological trauma, and can even lead to death.

Project objective

The objective of this project is to support the eradication of female genital mutilation and to promote and strengthen the autonomy and self-determination of women in rural areas.

Project activities

- Awareness campaigns in the form of home visits in various villages on issues including female genital mutilation, reproductive health, women's rights, child protection and children with disabilities
- Public movie screenings on the subject of female genital mutilation with post-movie discussions
- literacy courses for women



Volunteers clarify to the women about the consequences of female genital mutilation.



Outcome




Since 2014, Johanniter has been providing information and education services in the region. Within this time-frame, over 100 girls have been saved from genital mutilation. The vocational trainings for women represents a possibility to earn an income and thus more independence.

Challenges

The biggest challenge lies in convincing the families to overcome a custom that has been passed on from generation to generation. Moreover, the women lack the knowledge to understand that their physical conditions such as constant fatigue and extreme pain are directly linked to female genital mutilation. Once they have understood these two main issues, families tend to stop mutilating their new-born daughters.

Outlook

The project activities will be continued in eight villages in 2017 and 2018. The Djibouti Ministry for Women and Family Affairs is currently drawing up its national Strategy 2018–2022 to eradicate female genital mutilation. Johanniter is supporting this strategy process.

Project objective →	Target group 	Input 	Activity 	→ Outcome
Eradication of female genital mutilation and strengthening self-determination of women.	13,000 people in the rural districts Dikhil, Tadjourah and Obock	100,000 Euro financed by the Else Kröner-Fresenius Foundation and private donations (10,000 Euro). Project is implemented in cooperation with the Djibouti Ministry for Women and Family Affairs (Ministère de la Femme et de la Famille, MFF)	<ul style="list-style-type: none"> • Sensitisation campaigns raising awareness on female genital mutilation, reproductive health, women's rights and child protection • Vocational training for women 	After many years of awareness raising, more than 100 girls have been saved from genital mutilation so far. With vocational trainings women get more independent.

Providing Water, Hygiene and Safe Sanitation



750,000,000 people
have to live without access to clean water.

Clean Water, Safe Sanitation and Hygiene to Protect Against Disease

Even today, some 750 million people worldwide have to live without access to clean water and 2.4 billion people in total have to make do without basic sanitation facilities. Johanniter aims to integrate preventative hygiene measures into all its health projects and support the construction, maintenance and accessibility of adequate drinking water and sanitation facilities.

In humanitarian relief, the acronym WASH stands for Water, Sanitation and Hygiene. This also encompasses the disposal of waste and waste water. Some of our interventions require specialist engineering knowledge, such as the laying of waste water pipes or drilling wells and building placenta pits in health stations. Other activities involve training health workers to disseminate information within communities in a targeted way. For instance, Johanniter uses this approach to promote regular and thorough hand-washing in all of its projects. Countless studies indicate that almost half of all cases of diarrhoeal disease worldwide could be prevented if clean water and soap were available and regular hand-washing was practiced. Hand-washing is particularly essential after contact with faeces or prior to preparing and taking meals. Johanniter also distributes hygiene kits to ensure that soap is adequately available.

Johanniter's WASH guidance notes contain all the necessary information for its staff on how they can best pass on the relevant information to the communities. In cooperation with other organisations, Johanniter also provides workshops on how to prepare for activities in its projects. Up to now, 17 employees from Johanniter's country offices and local partner organisations have received training in "WASH in emergencies". These workshops aim to convey knowledge and support networking. Participants can also share experiences and discuss solutions to common problems on a local level.

Aims of Johanniter International Assistance until 2025:

Promote regular **hand-washing** and other **hygienic measures**

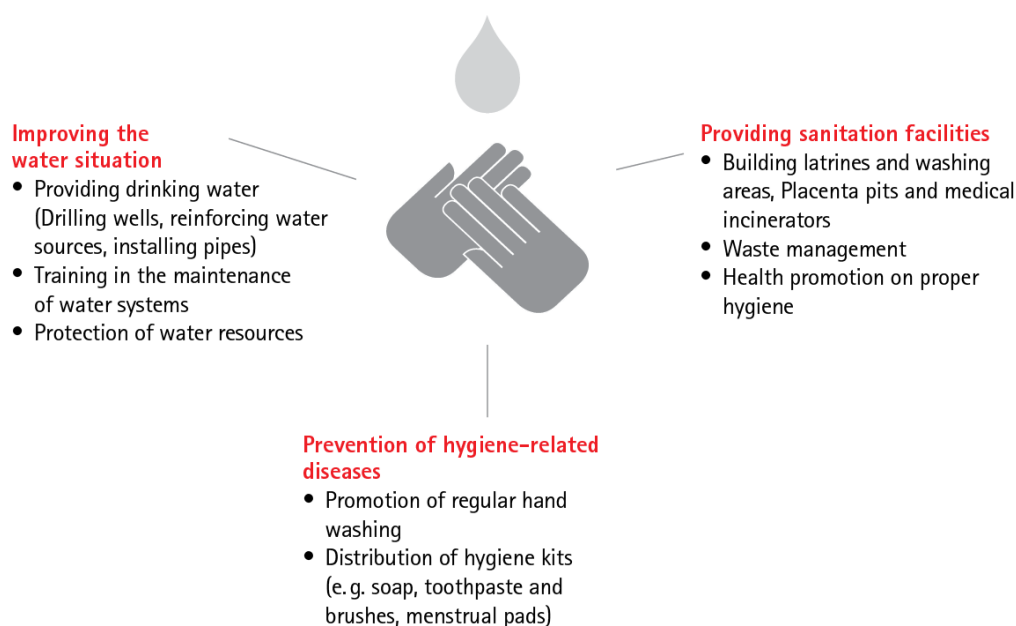
Improve the access to **clean water**

Ensure the **hygienic disposal** of faeces, sewage and waste

PROJECTS 2016

DR of Congo
Ecuador
Jordan
Laos
Myanmar
Nepal
South Sudan
Zimbabwe

Prevention of WASH-Related Diseases





In education courses Johanniter motivate the communities to build latrines.

Community Led Total Sanitation

The need for universal, sustainable sanitation facilities remains an urgent issue. To this day, 2.5 billion people worldwide have to use outdated, unhygienic sanitation facilities and more than one billion people practice open defecation. Using the CLTS method (Community Led Total Sanitation), Johanniter aims to bring about practical improvements to local sanitation facilities.

90 percent of those with no access to sanitary facilities live in rural areas, where the negative impact of poor sanitation is particularly noticeable. Faeces-related diseases, poverty and malnutrition are interconnected in these afflicted areas. New approaches are gradually emerging for the universal provision of sanitation facilities.

One of these approaches is Community Led Total Sanitation (CLTS). Johanniter uses this innovative method to teach and motivate local communities to end open defecation. One of the key aspects found by CLTS is that providing toilets does not mean people will necessarily use them or that hygiene conditions will improve.

Johanniter and its partners are therefore trying to encourage behavioural change, and to mobilise the community to bring about real and lasting improvements. In this way, the focus shifts from building sanitation facilities to freeing villages from open defecation.

The knowledge that unhygienic practices result in greater risks for the entire community brings about a collective desire for change. CLTS encourages people to support each other and develop locally appropriate solutions. In this way, the new approach fosters sustainability and self-sufficiency in Johanniter projects.



Increased latrine use decreases diarrhoea related diseases and subsequently malnutrition rates.

Disaster Prevention in Myanmar

Current situation

In summer 2015 heavy monsoon rains and the tropical cyclone Komen caused devastating damage and affected 12 out of 14 states in Myanmar. According to official figures, over nine million people were affected by the floods, in the two townships Monywa and Pakokku over 6,000 households. In these townships there is no systematic approach for preparedness, and even less to mitigate and reduce the risks.

Project objective

The project aims to strengthen resilience among people in central Myanmar affected by flooding, and to reduce the negative impact of future disasters. Therefore the disaster prevention and preventive measures in the sector of Health and WASH will be improved in the townships of Monywa and Pakokku.

Project activities

- Establishing 15 Village Disaster Management Committees and providing training in disaster preparedness, adaptation to climate change and drawing up emergency plans
- Identifying preparedness measures and integrating them into local emergency plans
- Small-scale projects to minimise the identified risks
- Mass training in first aid, health and WASH
- Strengthening the Inclusive Community Based Disaster Risk Management (CBDRM) in target communities.



The new road is also accessible during the rainy season.



Outcome




The improvement of disaster management, disaster prevention and preventive interventions in the sectors Health and WASH will help the villagers to cope better with future disasters. Also the empowerment of the communities will be strengthening.

Partner organisation

TLMM is a lead disability organization in Myanmar and operates in 17 different locations in 7 states / regions of Myanmar. TLMM is providing services, supporting disability inclusive development, advocating and raising awareness at both local and national level. TLMM has a successful track record in provision of services (rehabilitation, prosthesis, livelihood, education and medical support) as well as awareness raising and advocacy (it actively contributed to the new disability right law adopted in 2015).

Challenges

Due to the effects of climate change, the frequency and intensity of extreme weather phenomena and natural disasters such as floods, droughts and tornadoes are increasing. The greatest challenge we face is to protect people from such events.

Project objective →	Target group 	Input 	Activity 	→ Outcome
Strengthening the resilience of flood affected communities in Central-Myanmar and minimize the negative impact of future disasters.	22,031 people in 15 villages in the townships of Monywa and Pakokku	800,000 Euros financed by German Federal Foreign Office and Johanniter donations (80,000 Euros). Project is implemented by "The Leprosy Mission Myanmar" (TLMM).	<ul style="list-style-type: none"> • Establishing 15 Village Disaster Management Committees • Mass training on First Aid, Health and WASH • Distribution of water containers and NFI kits • Small-scale projects to minimise the identified risks 	The improvement of disaster management, disaster prevention and preventive interventions in the sectors Health and WASH will help the villagers to cope better with future disasters. Also the empowerment of the communities will be strengthening.

Fighting Malnutrition



14,896 malnourished children, pregnant and lactating women
in South Sudan have received treatment from Johanniter supported projects in 2016.

Promoting Growth and Healthy Development

795 million people in the world do not have enough food. Issues such as crises, conflicts, natural catastrophes and the consequences of climate change are major challenges in the fight against hunger. Johanniter treat malnourished people and save lives. However, Johanniter's focus is not just to treat patients, but also to address and find solutions to prevent malnutrition.

Through its nutrition programmes, Johanniter aims to ensure people's survival and strengthen their resilience. In this context it is not only important to provide people with treatment, but to prevent malnutrition in the long term – which is why all Johanniter health programmes include measures to fight acute and chronic malnutrition and reduce, and ideally to prevent entirely, the resulting morbidity and mortality. Preventive measures include educational workshops on issues relating to breastfeeding and healthy nutrition. The projects focus on the period from the onset of pregnancy to a child's sixth birthday.

The World Health Organization provides global standards on nutrition in this period, with the aim of promoting the growth, healthy development and ultimately survival of infants and young children through optimal nutrition. Infants should be breast fed until the age of two with suitable supplementary foods from six months onwards. These should include grains, root crops, tubers, fruits, vegetables and nuts, dairy products, meat products as well as eggs.

To ensure a balanced diet, Johanniter views every community as a whole in accordance with the principles of the so-called Positive Deviance Model. We identify well-nourished children within a community and train their mothers so they can share their knowledge and experience with others. The aim is that these mothers will lead the other mothers in their community in developing collective solutions to improve nutrition. Training sessions are also used to promote collective cooking and gardening. Health workers are invited on a regular basis to immunise or de-worm the children, thereby boosting their health and resilience.

Positive Deviance Model

Approach for the short-term improvement of the food situation and the long-term prevention of malnutrition using methods adapted to the local area.

Target Group	Goal	Activities for Achieving Goals
Community Level →	Prevention of malnutrition and promotion of a healthy lifestyle →	<ul style="list-style-type: none"> • Training for community health workers: Check-ups for children in villages, group trainings for parents of malnourished children • Regular collective cooking sessions with local mothers • Collective gardening for the cultivation of nutritious crops • Education courses on hygiene and improving the sanitation / water situation
Family Level →	Families apply the knowledge gained in group training to life at home →	<ul style="list-style-type: none"> • Creation of nutritious, balanced meals using locally-available products • Implementing the acquired nutrition and cooking knowledge to improve nutrition at home • Introduction of improved cultivation techniques and better selection of crops to grow nutritious food products for home use
Individual →	Improved care for malnourished children and their mothers →	<ul style="list-style-type: none"> • Eating meals prepared together in the group training sessions, with the goal of improving the food situation in the short-term • De-worming and immunisation, provision of vitamins and mineral supplements when necessary • Monitoring children's growth progress and nutrition status

Aims of Johanniter-International Assistance until 2025:

Prevention of acute and chronic **malnutrition** in all health projects

Fight against **acute malnutrition** in specific programmes

PROJECTS 2016

Djibouti
Ecuador
Pakistan
South Sudan



Johanniter staff in Pakistan treated over 19,000 under-and-malnourished children.

Fighting Malnutrition in Pakistan

Kashmore district, with a population of 1,1 million, is one of the poorest parts of Sindh province, Pakistan. It has been repeatedly hit by floods, which destroy the fields and livelihoods of the local people.

A national survey carried out in 2011 indicated that almost half of the children in Kashmore suffered from chronic growth disorders due to malnutrition. In addition, it was revealed that most people in the region lacked the necessary knowledge to provide a healthy diet for their children, with just 68 percent of babies being breast fed.

In order to evaluate the nutrition situation in Kashmore and to specifically target malnutrition, Johanniter, working together with UNICEF and the local health authorities, carried out a so-called SMART survey in 2013. Using this standardised method, it was possible to evaluate the nutrition situation of young children in the region in a quick and reliable way.

The SMART survey results revealed that malnutrition and growth disorders were above average among children in Kashmore. Since that time Johanniter, in collaboration with UNICEF and the World Food Programme, have been helping the Kashmore authorities to improve nutrition and health of children in the region. Over 142,000 pregnant women and children have been tested for malnutrition since then while 19,217 children and 5,396 pregnant women have received treatment. More than 50,000 children have been de-wormed and micronutrient food supplements were distributed to 27,775 children and around 17,000 mothers. In addition, the local communities were given regular information sessions about healthy nutrition.

A further SMART survey was carried out in March 2015 to evaluate the impact of the relief project and to plan the next steps. It revealed that although there was no significant change in the rates of growth disorders, chronic emaciation fell significantly both in children and pregnant women. The number of children suffering acute malnutrition had also fallen by almost two thirds. Due to these positive results the project will be extended, and activities to research and combat chronic growth disorders in the region will continue.

Integrated Programme for Food Security

Current situation

As a consequence of armed conflict, displacement and insufficient food production, more than seven million people are dependent on humanitarian relief.

Project objective

The activities aim to improve the dietary habits and to increase the food security.

Project activities

- Screening and treatment of malnourished children, pregnant women and lactating mothers
- Training of medical staff and community health workers
- Creation of 52 positive deviance groups
- Provision of livestock, seeds, and tools to farmers
- Training of 850 households in farming chicken and goats as an alternative source of income
- Training for animal health volunteers in controlling animal diseases, and immunising around 50,000 animals

Outcome

Improvements in agricultural production and livestock breeding result in a shift towards self-sufficiency. By selling vegetables, eggs and goats, households can diversify their sources of income. This contributes to improving the nutritional status and health of the population.



Partner organisations

Hope Agency for Relief and Development (HARD) was founded in 1995 and is active in humanitarian relief, as well as long-term development projects in the fields of food security and education. Vétérinaires Sans Frontières (VSF-Germany) are active in different countries in East Africa. Their main focus is the improvement of primary veterinary care.




Challenges

Armed conflict has intensified in Western Bahr el Ghazal State. Some project areas are not accessible and Johanniter were forced to temporarily put some project activities on hold. To support the affected people, Johanniter has expanded its humanitarian relief activities, including the distribution of supplementary foods.

Outlook

Owing to the urgent needs of the local people our current programmes are planned to be extended for several years. Johanniter will adapt its activities in response to the deterioration of the security situation. Recognizing the risk of famine and the ongoing humanitarian crisis, emergency relief measures are being expanded.

Through the provision of seeds and utensils to farmers have been enabled to establish small farms and gardens, which in turn has allowed them to be more self sufficient.

Project objective →	Target group 	Input 	Activity 	→ Outcome
Improvement of infant and young child feeding practices, dietary diversity and food security.	22,700 inhabitants in 25 villages in Western Bahr el Ghazal State, of which 3,194 malnourished young children are treated and 4,800 mothers supported through positive deviance groups.	4.08 million Euros financed by German Federal Ministry for Economic Cooperation and Development (BMZ). Project is implemented by Hope Agency for Relief and Development (HARD), Veterinarians without Borders (VSF-Germany)	<ul style="list-style-type: none"> • Screening and treatment of malnourished children, pregnant women and lactating mothers • Training of medical staff and community health workers • Providing livestock, seeds, tools to farmers 	Improvements in agricultural production and livestock breeding result in a shift towards self-sufficiency. This contributes to improving the nutritional status and health of the population.

Food Security and Livelihood



Every **3** seconds a person is dying due to hunger, which means almost **8.8** million people are dying each year. Often children under five are affected.

Greater Independence through Cash Transfer

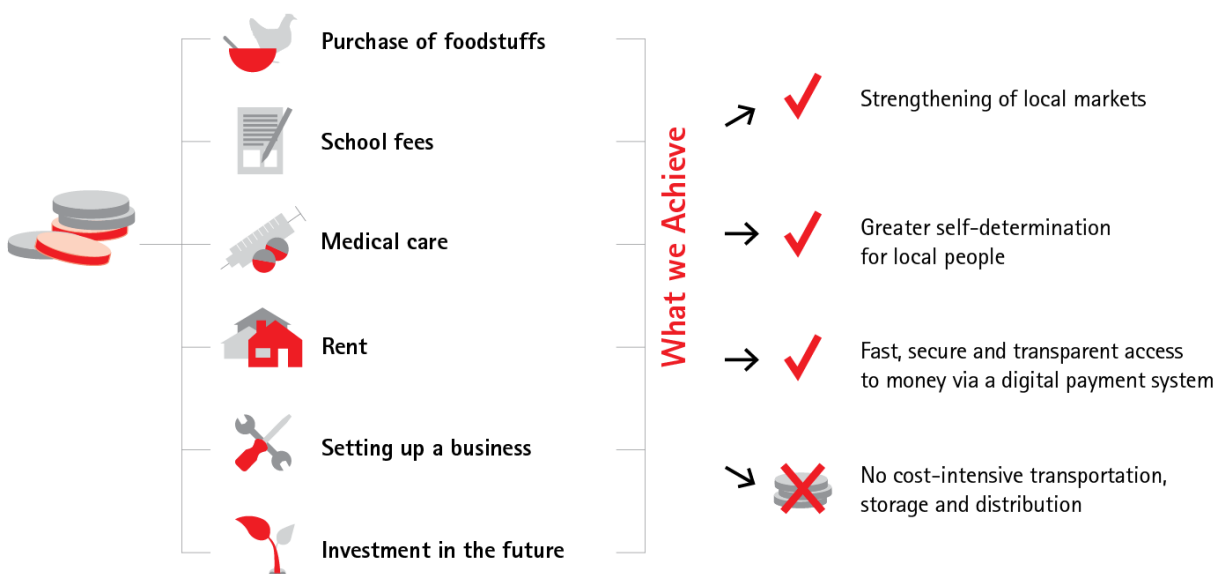
Our vision – “Together with People all around the world we are striving for a life in dignity and health – in times of crisis and for a better future” – is also put into practice by the intensified measures in the sector of food security and livelihood. Through measures like cash assistance we give people in emergencies and crisis situations the opportunity to meet their needs to a self-determined and dignified life.

One of the most important measures in acute crisis situations is the distribution of relief goods. Individual needs of the affected people however cannot always be met in uniform distributions. Therefore, in addition to distributing relief goods, so-called cash transfer programmes are carried out: By receiving cash, people in crisis situations can decide themselves which food items and other goods are needed to cover their basic needs.

Instead of organising costly transport and distribution of food in affected regions, cash transfer programmes rely on making cash available to recipients who can then use the money as they deem fit for necessary items such as food or medicine. People can purchase the food they prefer, in line with their culture and customs. Such programmes also strengthen local markets, and the affected population benefits from a fast return to normal daily routine and market activities in a time of crisis. Furthermore, cash transfers facilitate investment. And thanks to digital cash payment systems, the money can be transferred transparently, securely, and at a low cost.

By applying such new concepts in the fight against malnutrition, Johanniter assists people affected by crisis to resume a normal life and to take healthy and independent decisions.

Cash Assistance for People in Crisis Regions



Aims of Johanniter International Assistance until 2025:

Ensure adequate, safe and balanced nutrition
Sustainably improve income

Short-Term Support with **cash-transfer** or **distribution of relief supplies**

Projects 2016

Afghanistan
Cambodia
Ecuador
Haiti
Kenya
Lebanon
Nepal
Nicaragua
Philippines
South Sudan
Zimbabwe



"Thanks to the cash assistance, we are now able to eat two meals a day."

Zimbabwe: Cash Assistance for Families Affected by Drought

In 2016, a severe drought caused by El Niño hit Zimbabwe particularly hard. Over four million people suffered from food shortages and were at risk of famine. As a rapid response to the emergency, Johanniter for the first time provided cash transfers.

One of the beneficiaries of the project was Judith Mlambo, from the eastern province of Chipinge. The single mother of four received the money via her mobile phone in a simple transaction. *"I receive 30 US dollars every month, which allows me to buy food that I can't grow myself or would be able to buy on the market from the money I had before",* she says. Due to the drought, the only crop she harvested was sorghum, and she was only able to stock a small amount. *"As a result, we were only able to eat once a day for several months. Thanks to the cash assistance, we are now able to eat two meals a day",* she explains.

Together with the German Federal Foreign Office and the local partner organisation Christian Care, Johanniter International Assistance was able to provide fast, uncomplicated financial support to almost 2,000 particularly vulnerable families in this way. The money enabled the affected people to cover their basic short-term needs for food and buy produce at local markets. Johanniter made use of mobile phones, a common local means of financial transaction, to transfer cash. Through short messages, SIM

card credit was sent to previously registered beneficiaries – the exact amounts varied according to household size. The recipients were then able to freely access cash and to use the credit to make payments in almost all local shops.

The cash transfers served to respond to an urgent humanitarian need. At the same time, the cash transfer programme is integrated in Johanniter's long-term activities in the area. These are aimed at providing long-term support to the rural population, such as Judith Mlambo or other beneficiaries of the cash transfers, in improving food security. The longer-term project is financed by the German Federal Ministry for Economic Cooperation and Development (BMZ) and Johanniter donations; it comprises of nutrition education programmes as well as the construction of latrines to improve the hygiene situation.

In addition, families are supported in horticultural practices. With the technical assistance of Christian Care, Judith Mlambo and other villagers planted a specially-designed raised garden that requires only small amounts of water. In her two square metre garden, just a few metres away from her straw-roofed house, Judith is cultivating spinach and onions. *"Over the past six months I have been able to harvest three times",* she says. As a result, Judith Mlambo can enrich the daily family meals, containing mainly staple food such as maize and sorghum, and can add vegetables rich in vitamins. The new raised garden and the monthly cash transfers both contribute to ensure the family's survival until the next rains water the fields.

Food Security in Ecuador

Current situation

The majority of the population of Sucumbíos Province, around 175,000 people, live in rural areas. Nine out of ten people suffer from poverty and are unable to fully cover their basic needs. Chronic malnutrition affects 42 percent of people, and there is considerable inequality between men and women in terms of access to education and social and economic resources.

Project objective

The ability of the rural population to adapt and secure their food supplies will be strengthened in the case of future food crises. This will help to reduce poverty and support the development of a more equitable society. Women will be trained in activities to secure food supplies and raise their incomes.

Project activities

- 600 women will be trained in sustainable forms of production so they can cultivate fruit and vegetable gardens and generate their own incomes
- Women will be trained as advocates of small business management, micro finances and gender equality, and access to financial resources for small business initiatives will be promoted by means of 15 savings and credit funds.



Through training and credit funds, farmers are given the opportunity to improve their agricultural production.



Outcome




By the improvement and diversification of agricultural production and the processing and marketing of the produce, yields can be increased and thus additional income can be generated. Moreover, the families can achieve a more balanced diet. When women gain access to specialised training in the agricultural sector, greater gender equality can be achieved and poverty can be overcome in the long term. The increasing economic independence of women strengthens their self confidence.

Challenges

The issue of gender equality is sometimes met with a lack of interest among community councils and local government institutions. Agricultural activities in the border area between Ecuador and Colombia are at times obstructed by blockades organised by armed groups.

Outlook

Since the planned measures correspond to the goals of the Ecuadorian development plan 2013–2017, it is highly likely that they will receive continued public funding after the project concludes. The economic independence achieved by the women who are beneficiaries of the project will also ensure the long-term benefits of the project. A contributing factor in this is the widespread social involvement of the members of the local women's organisations and their ability to promote socio-political interests.

Project objective →	Target group 	Input 	Activity 	→ Outcome
Strengthening of the agriculture productivity and training of women in activities to secure food supplies and generate income.	1,300 women and their families, among them around 300 Colombian refugees	756,056 Euros financed by German Federal Ministry for Economic Cooperation and Development (BMZ) and Johanniter donations (76.508 Euros). Project is implemented by FMS, PRODAS and the Instituto Superior Tecnológico CRECERMAS (ISTEC)	<ul style="list-style-type: none"> • 600 women will be trained in sustainable forms of production, cultivation and income generation • Establishing of savings and credit funds as well as training in small business management 	By the improvement and diversification of agricultural production families achieve a more balanced diet. The increasing economic independence of women strengthens their self confidence and poverty can be overcome in the long term.

Projects in 2016

Continent

Country

Project contents

Africa

1 DR of Congo	Comprehensive Care for survivors of sexual violence, primary healthcare and water supply in the health zones Masisi and Karisimbi, North Kivu Improvement of primary health care and water supply in Masisi, North Kivu
2 Djibouti	Improved access to primary healthcare and rehabilitation for people with disabilities, Balbala Strengthening women's rights and overcoming female genital mutilation
3 Kenya	Livelihood activities for pastoral communities, Turkana West Medical care for South Sudanese refugees in Kakuma camp, Turkana
4 South Sudan	Integrated food security programmes in Jur River County, Wau County and Raga County, Western Bahr el Ghazal Integration of OTP to health facilities in Jur River County, Western Bahr el Ghazal Therapeutic Food for moderate malnourished children and young mothers, Jur River and Wau, Western Bahr el Ghazal Regional Transitional Aid Programme for Food and Nutritional Security in Sub-Saharan Africa Disaster relief for Internal Displaced People in Wau, Western Bahr el Ghazal Securing medical care for the population of Tambura and Nagero, Western Equatoria
5 Zimbabwe	Improvement of food security for particularly vulnerable households in Chipinge district, Manicaland Rehabilitation of incinerators El Nino Emergency Response, Chipinge district, Manicaland

Latin America

6 Colombia	Support by the professional training of orthopaedic technicians Improvement of living standards for children, young people, and their families, Departamento Córdoba and Antigua
7 Ecuador	Improvement of drinking water supply in Andes region Food security and strengthening resilience, province Sucumbíos Sustainable resource management as a contribution to climate protection and improvement of agricultural production, province of Pichincha, Imbabura, Napo, Carchi and Parroquia La Concepción Disaster relief after earthquake in Portoviejo
8 Haiti	Improvement of mother-child health, Léogâne Establishing a national haitian emergency service in cooperation with the health ministry, Port-au-Prince Disaster relief after hurricane Matthew, community Brodequin and Aquin Disaster preparedness by strengthening the resilience of disadvantaged populations
9 Nicaragua	Support and integration of street children in the cities of Mangua, Granada and San Marcos

Africa: 20 projects, Overall budget*: 16,724,295.00 Euro

1 DR of Congo

Overall budget: 3,026,497.00 Euro
Beneficiaries: 251,388

2 Djibouti

Overall budget: 1,320,862.00 Euro
Beneficiaries: 36,150

3 Kenya

Overall budget: 1,649,580.70 Euro
Beneficiaries: 102,140

4 South Sudan

























Overall budget: 9,382,718 Euro
Beneficiaries: 165,863

5 Zimbabwe

Overall budget: 1,344,637.39 Euro
Beneficiaries: 220,415











* The budget is the sum total of all projects that were running as of 31 December 2016 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	2	AA / JUH	1,320,000.00
	1	2	AA / JUH	1,706,497.00
	2	0	BMZ / JUH	1,220,862.00
	1	0	EKFS / JUH	100,000.00
	2	1	BMZ / GIZ	870,840.70
	1	1	AA	778,740.00
	2	2	BMZ-ESÜH / JUH	3,776,666.00
	1	0	UNICEF / JUH	248,281.00
	1	0	WFP	143,504.00
	3	1	GIZ	473,939.00
	1	0	IOM / Rapid Response Fund	142,723.00
	1	0	HPF	4,597,605.00
	1	1	BMZ / JUH / Christian Care	531,967.00
	1	1	BMZ / Christian Care	30,000.00
	1	0	AA	782,670.00
	1	1	JUH	14,000.00
Others	2	1	BMZ-PT / JUH	1,720,069.00
	2	1	BMZ-PT / IEDECA / JUH	2,548,602.00
	1	0	BMZ SEWO / JUH	765,065.00
	2	0	BMZ / EKF / IEDECA / JUH	2,184,341.00
	1	1	ADH / JUH / Stiftung	42,955.04
	1	1	BMZ-PT	666,659.00
	2	1	Deutsche Bank Stiftung / JUH	300,000.00
	2	1	ADH	89,962.28
	1	0	Telekom (über ADH) / JUH	258,222.76
Others	1	1	BMZ-PT / Los Quinchos / JUH	358,634.00

The list includes all projects that were 31.12.2016 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-PT: Development-Focused Disaster and Transitional Relief of the German Federal Ministry for Economic Cooperation and Development, BMZ-SEWOH: "One world – no hunger" – initiative of the German Federal Ministry for Economic Cooperation and Development (BMZ), BMZ-ÜH: German Federal Ministry for Economic Cooperation and Development, CHF: Common Humanitarian Fund, ECHO: European Community Humanitarian Office, HPF: Health Pool Fund, 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

-  Improving Health
-  Rehabilitation of people with disabilities
-  Disaster relief
-  Fighting Malnutrition
-  Disaster prevention
-  Water Hygiene and Safe Sanitation
-  Climate Change
-  Food Security

Latin America: 16 projects, Overall budget*: 8,948,510.08 Euro

6 Colombia

Overall budget: 1,734,069.00 Euro
Beneficiaries: 9,101

7 Ecuador

Overall budget: 5,540,963.04 Euro
Beneficiaries: 101,955

8 Haiti

Overall budget: 1,314,844.04 Euro
Beneficiaries: 52,262

9 Nicaragua

Overall budget: 358,634.00 Euro
Beneficiaries: 592



Continent

Country **Project contents**

Europe

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

Asien

11 Afghanistan Fostering community resilience through disaster preparedness, first aid, and emergency relief efforts in Balkh province
Integrated emergency health, nutrition and psychosocial services for pakistani refugees in Khost
Medical care in Badakshan and Faryab
Training for 70 midwives in Balkh province

12 Cambodia Increased resilience of vulnerable farmers through integrated agriculture, income generating measures and awareness raising on consequences of climate
Protection and restoring of hearing in the rural community of Rukhakiri District

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

14 Jordan Establishment of Child friendly spaces for syrian children refugees and support in coping with traumata, Amman and Irbid
Distribution of winter relief items (clothing and food) for syrian refugees
Programme for the operationalization of the german humanitarian WASH sector strategy

15 Laos Installation of latrines and hygiene trainings to improve the health status of school kids, Bokeo

16 Lebanon Social and economic participation of youth with and without disabilities in Palestinian Refugee Camps

17 Myanmar Community Awareness on Health Education, Activities: Trainings, First-Aid-Kit distribution, Mon/Karen and Thanintherye State
Support of mine victims and their families in Kyauk Kyi Township, Eastern Bago
Community based Disaster preparedness through building capacity and infrastructures on basic health care and WASH, Magawe and Sagaing
Reintegration of refugees and strenghtening the resilience of conflict affected host-communities, Karen State

18 Nepal Support of Spinal Injury Rehabilitation Center for the treatment of people with disabilities
Rehabilitation of 3 temporary schools in Karthali VCD of Sindhupalchok
Psychosocial support and safe space for earthquake affected women and children in Karthali, Marming and Petku (VDC) of Sindhupalchok
Rehabilitation of 2 health stations, Dolakha Distrikt
Integrated DRR and WASH activities, Sindhupalchok

19 Pakistan Improvment of food security with focus on WASH, Sanghar, Sindh
Strengthening of essential lifesaving primary healthcare services focusing on Maternal, Neonatal and Child Health Care in Afghan Refugee Camps, Swabi, Nowshehra and Haripur Districts of Khyber Pakhtunkhwa (KP) province

20 Palastine Economic Empowerment of Persons with Disabilities in the Southern Districts of the West Bank

21 Philippines Strengthening of resilience in Haiyan affected areas
Community-based disaster and health prevention for strengthening the resilience in 18 Villages in Cagayan de Oro City
Capacity Building for local NGOs
Strengthening resilience of disaster prone rural communities

22 Sri Lanka Health, education and participation for children with cerebral palsy and other disabilities in Northern Sri Lanka

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

23 Syria Improvement of primary healthcare with focus on vaccines for women and children, Dara'a and Quneitra district

Europe: 1 projects, Overall budget*: 199,824.56 Euro

Asia: 22 projects, Overall budget*: 1,000,000 Euro



10 Ukraine
Overall budget: 199,824.56 Euro
Beneficiaries: 9,050











* The budget is the sum total of all projects that were running as of 31 December 2016 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
	1	2	AA / JUH	536,593.76
	1	0	CHF / OCHA	394,644.97
	1	1	BMZ / JUH	497,553.15
	1	1	BMZ-PT / JUH	1.399,890.00
	1	1	Dr. Siekermann- und Margarte-Müller-Bull-Stiftung / JUH	13,000.00
	1	1	BILD-Stiftung / Motivation / JUH	94,990.00
Others	1	1	ADH	372,842.67
	2	1	ADH / JUH / Kirchenkreis Plön	240,000.00
	1	1	AA	973,321.04
	1	1	Dt. Botschaft Laos	8,055.00
Others	1	1	BMZ-PT / JUH	552,915.00
	1	2	Hohorst-Stiftung / JUH	23,100.00
	1	1	AA / JUH	649,740.00
	1	1	AA / ADH	800,000.00
	1	4	BMZ-ÜH	1,665,955.00
	1	1	SIRC / JUH	50,935.60
Others	1	1	LRS Stiftung / JUH	5,103.00
Others	1	1	ADH	537,619.84
	1	1	ADH	342,939.59
	1	1	ADH	383,227.00
	1	0	AA	596,561.20
	1	1	ECHO	443,615.00
	1	1	BMZ	507,138.00
	1	1	ADH / ADR / BMFI	674,941.36
	1	1	AA / JUH	211,111.00
	1	4	ADH	463,736.70
	2	6	ADH / AA	1,910,884.65
	1	1	BMZ	498,633.00
	1	1	JUH	50,354.29
	1	1	AA / ADH	2,332,530

The list includes all projects that were 31.12.2016 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-PT: Development-Focused Disaster and Transitional Relief of the German Federal Ministry for Economic Cooperation and Development, BMZ-SEWOH: "One world – no hunger" – initiative of the German Federal Ministry for Economic Cooperation and Development (BMZ), BMZ-ÜH: German Federal Ministry for Economic Cooperation and Development, CHF: Common Humanitarian Fund, ECHO: European Community Humanitarian Office, HPF: Health Pool Fund, 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 Organization

-  Improving Health
-  Rehabilitation of people with disabilities
-  Disaster relief
-  Fighting Malnutrition
-  Disaster prevention
-  Water Hygiene and Safe Sanitation
-  Climate Change
-  Food Security

Asia: 33 projects, Overall budget*: 17,782,676.92 Euro

11 Afghanistan

Overall budget: 1,979,537.88 Euro
Beneficiaries: 194,143

12 Cambodia

Overall budget: 1,412,890.00 Euro
Beneficiaries: 13,135

13 India

Overall budget: 94,990.00 Euro
Beneficiaries: 385

14 Jordan

Overall budget: 1,586,163.71 Euro
Beneficiaries: 20,409

15 Laos

Overall budget: 8,055.00 Euro
Beneficiaries: 226

16 Lebanon

Overall budget: 552,915.00 Euro
Beneficiaries: 540

17 Myanmar

Overall budget: 3,138,795.00 Euro
Beneficiaries: 43,222

18 Nepal

Overall budget: 1,319,825.03 Euro
Beneficiaries: 21,474

19 Pakistan

Overall budget: 1,040,176.20 Euro
Beneficiaries: 53,375

20 Palastine

Overall budget: 507,138.00 Euro
Beneficiaries: 250

21 Philippinen

Overall budget: 3,260,673.71 Euro
Beneficiaries: 446,864

22 Sri Lanka

Overall budget: 548,987.29 Euro
Beneficiaries: 3,216

23 Syria

Overall budget: 2,332,530.00 Euro
Beneficiaries: 250,000

Transparency and Quality

Accountability and transparency towards our donors and partners are fundamental to our work. Johanniter also constantly strives to improve the quality of its work. To this end, we have introduced international quality standards and regularly assess their implementation.

Accountability and Participation

Putting people first is one of the main goals and guiding principles of Johanniter International Assistance. This means that Johanniter International Assistance has a duty of accountability towards the beneficiaries of its projects. Consequently, Johanniter actively involves local people in the planning and implementation of its projects while paying attention to their concerns and taking their needs into account – including and particularly those of marginalised groups. To this end, in 2016 Johanniter International Assistance piloted a new tool, the People First Impact Method (PFIM), which promotes active listening and facilitates interactive communication with people in affected communities. Johanniter International Assistance has also developed guidelines for receiving and responding to complaints from beneficiaries, partner organisations or other affected people in project regions.

International Standards

Within the context of the World Humanitarian Summit, which took place in May 2016 in Istanbul, Johanniter International Assistance has made a series of voluntary commitments with the aim of improving the quality of humanitarian work. Among other things, it has committed to implement the Core Humanitarian Standard on Quality and Accountability in the coming years. To achieve this, Johanniter will first carry out a comprehensive self-assessment in order to determine which areas have potential for improvement.

Quality Management

Johanniter International Assistance strives to ensure that the quality of its work meets the diverse expectations of its private and institutional donors, partner organisations and beneficiaries. In order to ensure this, all its processes and structures are constantly evaluated in the framework of a quality management system, and where necessary improved and adapted. In this way, Johanniter ensures that the quality of its work remains consistently high even

in the face of constantly changing situations and demands. In order to reinforce this commitment, Johanniter International Assistance introduced a new quality policy in 2016 and also created a mechanism to allow its international staff to access its central quality management system.

German Transparency Initiatives



As a member of the **Association of German Development Non Governmental Organisations e.V. (VENRO)** in Germany, Johanniter is obligated

to comply with the association's code of conduct on transparency, organisational management and monitoring.



These commitments are expanded by Johanniter's membership of the **Transparent Civil Society**

Initiative. Johanniter has been part of the initiative since 2012 and the required information is publicly accessible via the Johanniter International Assistance website.



Furthermore, since 2004 Johanniter-Unfall-Hilfe has been awarded the seal of approval of the German Central Institute for Social Concerns (DZI). In 2016, the DZI certified once more that the donations entrusted to Johanniter have been put to use efficiently and responsibly – one of the key prerequisites for being awarded the seal of approval.

Core Humanitarian Standard



Leave Your Mark as a #nichtvergesser



Human Rights Commissioner of the Federal Government, Dr. Bärbel Kofler (left), is patron of the campaign. Also the Johanniter board are #nichtvergesser.

Johanniter's Campaign for People in Forgotten Crises

In cooperation with eleven other relief agencies and the German Federal Foreign Office, Johanniter aims to raise awareness for the plight of people in forgotten crises. Violent conflicts and natural disasters are on the increase, and according to the United Nations more than 128 million people worldwide depend on humanitarian relief to survive. Some of these crises have dragged on for over a decade, yet they receive little or no media coverage. Examples are the war in Yemen and the persecution of minorities in Myanmar. "The lack of media attention is particularly serious because it results in a lack of donations and public funds for these regions", says Verena Götze, who coordinates the #nichtvergesser campaign from Johanniter's headquarters in Berlin. The German Federal Foreign Office is funding the campaign and selected Johanniter to coordinate it.

Each participating organisation focuses on one forgotten crisis throughout the campaign. Johanniter International Assistance has chosen to highlight the situation in Zimbabwe. The former "breadbasket of Africa" has been fighting large-scale malnutrition and famine for many

years, and severe drought has exacerbated the situation since 2014. According to the United Nations, up to a third of the total population of 13 million was suffering from malnutrition at certain times. Johanniter supports severely affected families by providing cash assistance to ensure they survive the drought.

Under the slogan "forgetting crises means forgetting the people" the campaign calls on the public to actively engage with forgotten crises. "By summer 2018 we aim to collect 100,000 votes against forgetting and hand these over to UN Secretary General Antonio Guterres. He will be asked to show more commitment to people in forgotten crises by creating a UN Day for Forgotten Crises, for instance", says Götze.

The campaign relies on social media to reach as many people as possible. Young people are also being called on to show more interest in forgotten crises. The campaign team has developed materials for youth groups which are available on the campaign website: www.nichtvergesser.de. Members of the public can also upload photos of themselves on the site, with a knot as a symbol against forgetting. Every voice counts!



German actor Robert Atzorn and his wife (middle) as well as other actors and singers have done knot pictures against the forgetting. You will #nichtvergesser by taking a photo of yourself and upload it at www.nichtvergesser.de

Statistics for 2016

Project Expenditures by country

in Euros

46.55 %

Africa

DR of Congo	1,980,357.16
Djibouti	911,409.92
Kenya	1,131,598.48
South Sudan	3,363,218.37
Zimbabwe	842,121.93

8,228,705.86

41.27 %

Asien

Afghanistan	1,376,980.91
Cambodia	323,309.54
India	104,580.46
Indonesia	28,958.28
Iraq	9,794.09
Jordan	671,207.50
Laos	2,305.61
Lebanon	663,548.34
Myanmar	681,166.55
Nepal	625,643.22
Pakistan	1,038,854.45
Palestine	126,035.34
Philippines	694,766.30
Sri Lanka	162,238.18
Syria	786,658.02

7,296,046.79

12.18 %

2,152,744.02

Latin America

12.18 %

Latin America

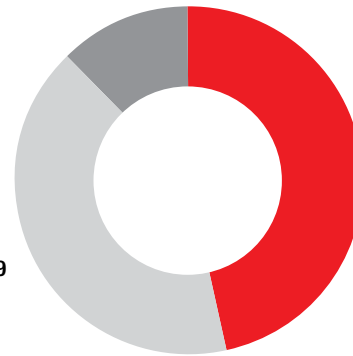
Colombia	512,816.27
Ecuador	1,297,355.03
Haiti	275,918.61
Nicaragua	66,654.11

2,152,744.02

41.27 %

7,296,046.79

Asia



46.55 %

8,228,705.86

Africa

Total

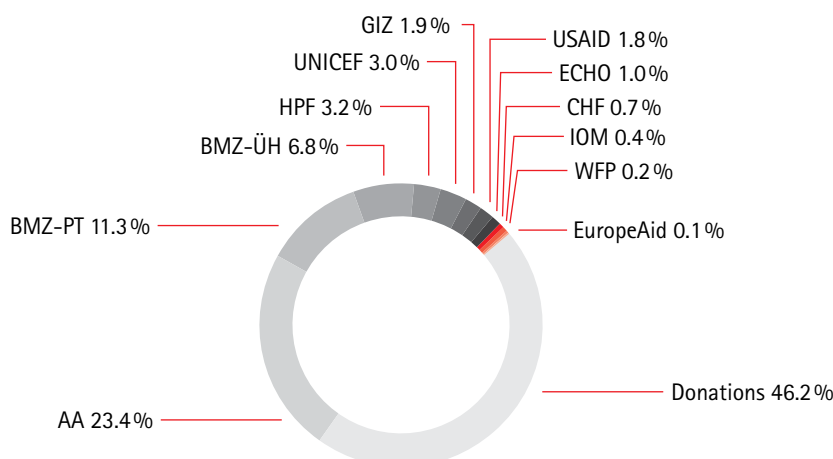
17,677,496.67

Source of Funds

in Euros

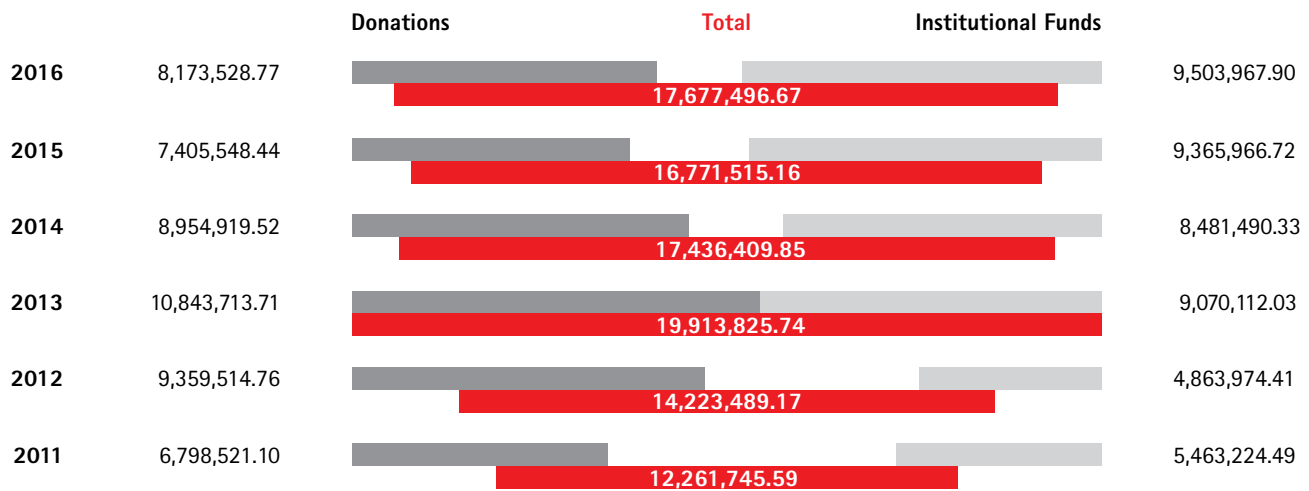
Donations	8,173,528.77
German Federal Foreign Office (AA)	4,136,552.89
Development-Focussed Disaster and Transitional Relief of the German Federal Ministry for Economic Cooperation and Development (BMZ-PT)	1,994,123.56
German Federal Ministry for Economic Cooperation and Development (BMZ-ÜH)	1,213,305.25
Health Pooled Fund (HPF)	560,277.63
United Nations Children's Fund (UNICEF)	536,514.97
GIZ	338,908.26
U.S. Agency for International Development (USAID)	320,250.46
European Commission's Humanitarian Aid and Civil Protection Department (ECHO)	176,711.89
Common Humanitarian Fund (CHF)	115,911.71
International Organisation for Migration (IOM)	63,767.38
World Food Programme (WFP)	32,540.86
EuropeAid	15,103.04

17,677,496.67



Summary of Development in Donations and Institutional Funds

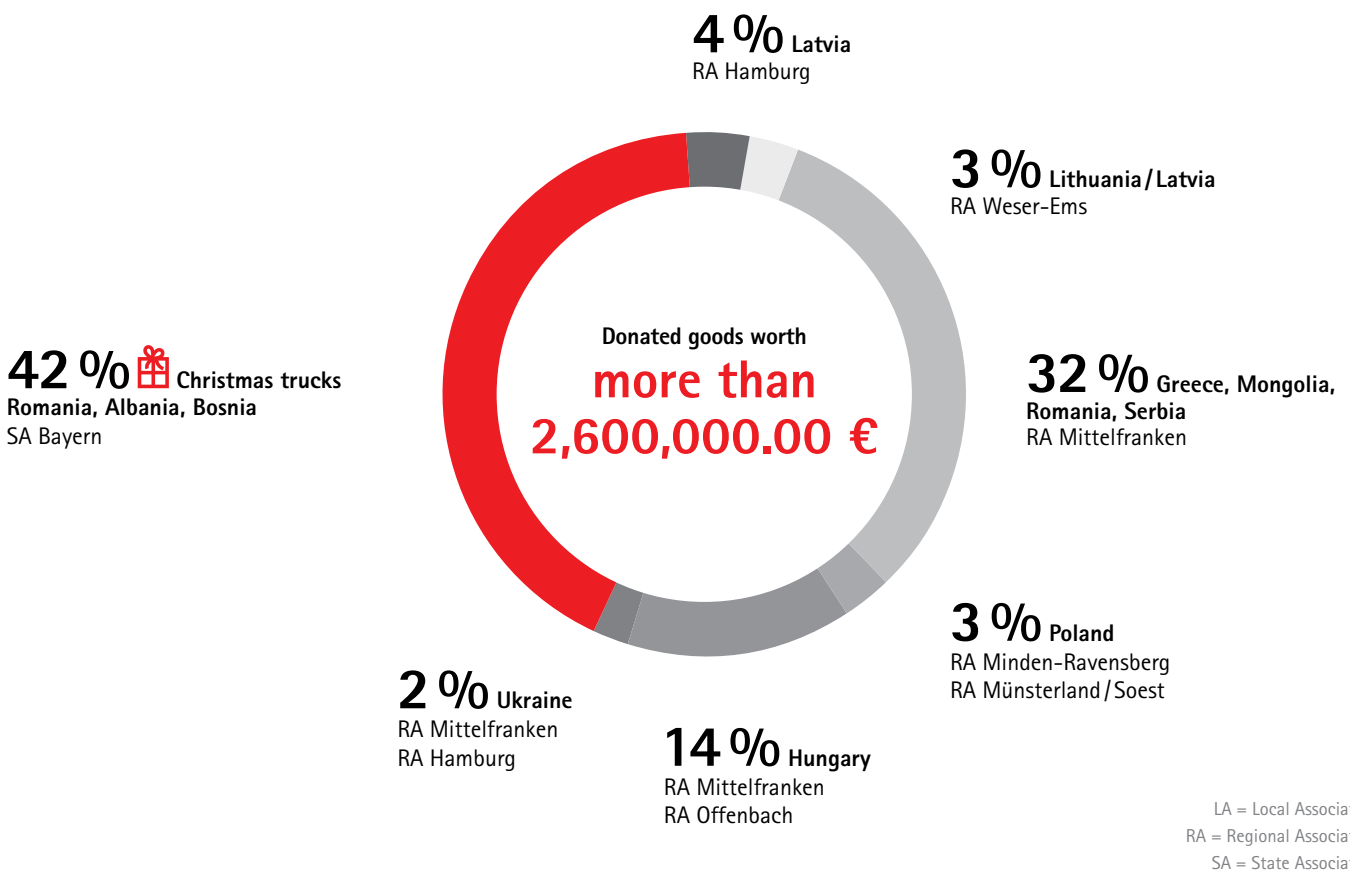
in Euros



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 2016, social institutions

in Europe as well as in the Mongolia, 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 2016 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 2016 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 have been changed from the previous year due to the guidelines of the German Accounting Directive Implementation Act (BilRUG). To facilitate comparison, the results of the previous year have been adjusted. The evaluation methods have been changed such that all buildings are estimated as having a maximum service life of 33 years.

Explanatory Note on Income Statement

Revenue

Sales revenue is generated by support and social care, child day-care centres, emergency services, ground and air transportation, nursing care, home medical alert services, meals on wheels, training, other social services, as well as allocations, grants and other sources of revenue. 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, and nursing care.

Other operational income includes revenue that is not classified as revenue or financial income under German trade law, and stems primarily from membership fees, donations and bequests, and income generated from the reversal of special reserves and staff expenses. Upon receipt of earmarked donations, 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 attributable to income generated from the reversal of special reserves.

Expenditures

Expenditure on **raw materials, supplies, consumables and purchased services** mainly refer to other operating expenses, purchase of food-stuffs, flight costs, meals on wheels services, project and local staffing costs, tax-exempt payments for voluntary staff, remunerations, clothing, sanitation materials and medications, and control centre costs/emergency services fees. Changes in expenditure are a result of a wide range of circumstances. There was an increase in expenditure in connection with support for refugees; the corresponding expenditures are summarised here. There was also an increase in expenditure on clothing due to a new provision introduced by the German Social Accident Insurance concerning employees' personal protective equipment.

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 of the charity's activities.

Expenditure on **depreciation and amortisation** arose from write-downs on intangible and tangible fixed assets. The increase is attributable to a standardisation of the estimated service life of buildings – in which context amortisation is compensated by means of non-scheduled write-downs. In addition, the current value depreciation of properties was calculated based on value assessments.

A range of items are included among the **other operating expenditures**. These include costs related to upkeep and maintenance, vehicle costs, extraordinary expenditures, costs of premises, membership acquisition and fund-raising campaigns, cleaning costs, social security contributions, taxes and insurance. Expenditures also include advertising, telecommunications, business travel costs, hospitality, representation, expenditures unrelated to the accounting period, staff expenditure and training expenditure. Extraordinary expenditures arose for risk provisioning for eventual reclamations due to the "30/53" pricing regulations. 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, additional expenses relating to the purchase and exchange of home medical alert devices, as well as new facilities including child day-care centres and the establishment of assisted accommodation. Advertising costs have increased due to increased advertising for home medical alert services and campaigns to acquire full-time and voluntary staff.

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 12.3 percent (administration 9 percent, public relations and marketing 3.3 percent).

The **financial** result, on the income side, is based primarily on revenue generated from financial assets and on the expenditure side on interest payments on long-term investment loans.

Balance sheet result

The income statement shows an annual surplus of €16.3 million. This will be set aside as reserve funds in order to ensure the charity's future performance.

The entire Johanniter-Unfall-Hilfe e.V. financial report has been inspected by "Curacon GmbH Wirtschaftsprüfungsgesellschaft", Muenster, and provided with an unqualified auditor's opinion.

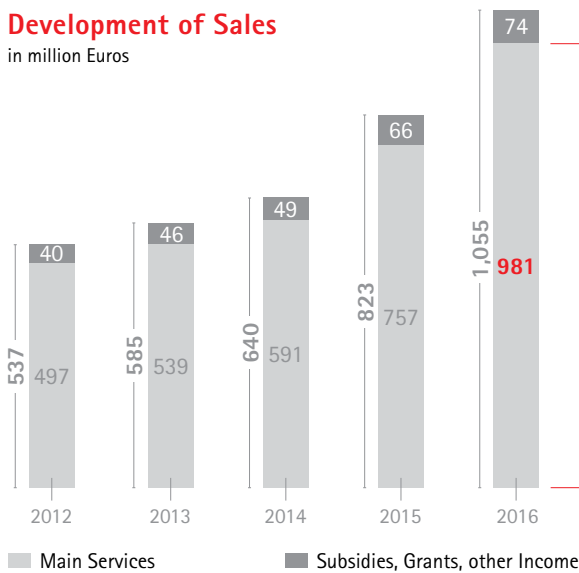
Income statement for the period 01/01/2016 to 31/12/2016

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

	2016 T€	2015 T€	Abweichung T€
Sales revenue	1,054,491.1	823,247.9	231,243.2
Other operational income	129,425.8	119,737.9	9,687.9
Expenditure on raw materials, supplies and rendered services	-199,205.2	-151,487.4	-47,717.8
Personnel expenditure	-658,865.9	-549,034.6	-109,831.3
Depreciation on intangible fixed assets and tangible assets	-71,801.7	-43,402.4	-28,399.3
Other operating expenditure	-235,222.7	-168,504.6	-66,718.1
Financial result	-1,350.2	-1,160.3	-189.9
Pre-tax result	17,471.2	29,396.5	-11,925.3
Income and other taxes	-1,162.4	-1,686.5	524.1
Annual result	16,308.8	27,710.0	-11,401.2
Allocation to reserves	-16,308.8	-27,710.0	11,401.2
Balance sheet result	0.0	0.0	0.0

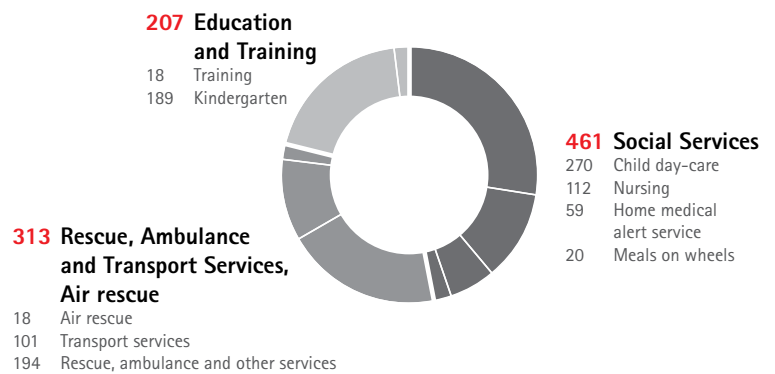
Development of Sales

in million Euros



Breakdown of Main Services

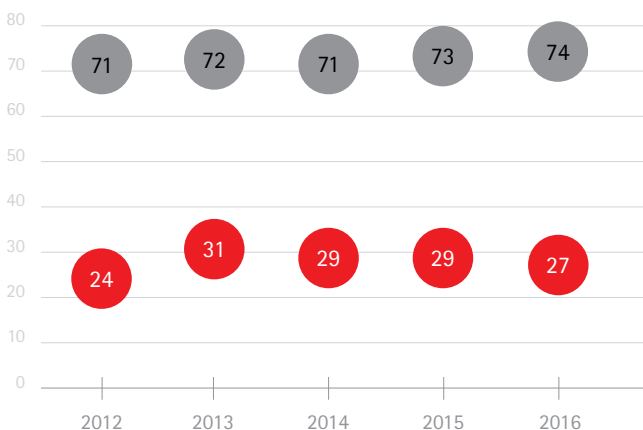
in million Euros



Member Contributions and

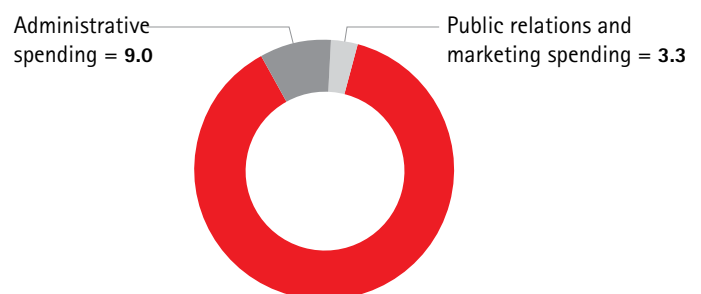
Donations/Inheritances

in million Euros



Total Marketing and Administrative Spending as a Percentage of Total

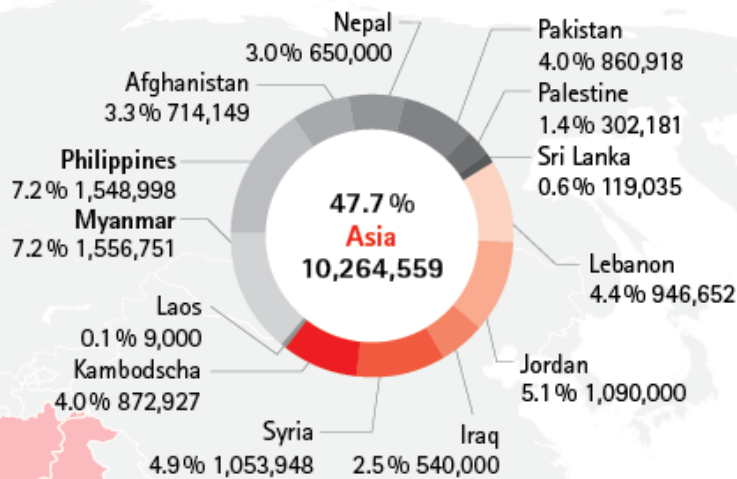
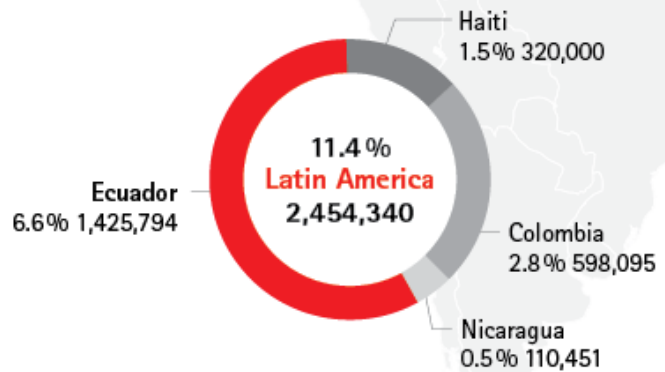
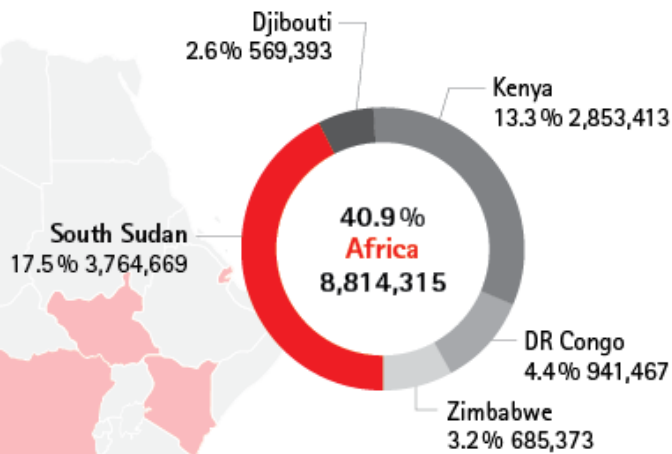
in percent



Outlook 2017

Planned Regional Expenditures

in Euros



Total
21,533,214 Euros

Johanniter

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

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-Foundation**.

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 36,000 volunteer workers. Johanniter-Unfall-Hilfe is sponsored by approximately 1.3 million people.

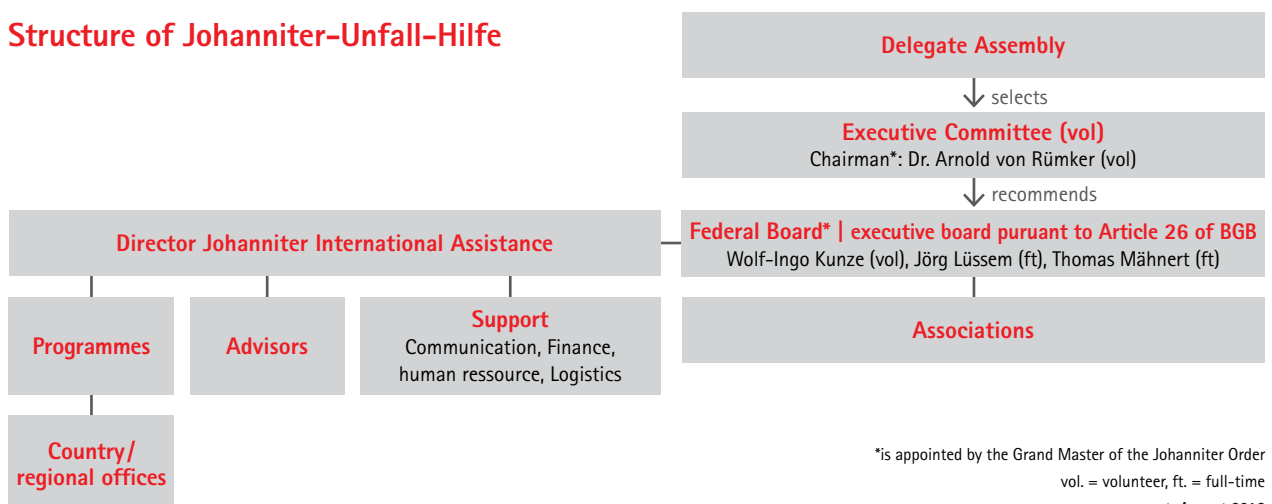
Johanniter-Unfall-Hilfe is subdivided into nine national associations and around 300 regional, district and local associations. Its executive bodies are the Delegate Assembly, the Executive Committee and the Executive Board of Directors. The Delegate Assembly meets once a year and is Johanniter-Unfall-Hilfe's 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) and the management level. In 2016 there were 221 full-time staff working in Berlin and in the 13 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: August 2016

Our Work Makes a Difference



Afghanistan

Since 2012, Johanniter and its partner organisation "Assistance and Development of Afghanistan" (AADA) are carrying out a training programme for midwives in the northern Afghan province of Balkh with the aim of reducing the alarmingly high mother-child mortality rate. In total, 93 women from remote villages have already become qualified midwives. One of them is Masooda, who returned to her village after her training and now works as a midwife in a health centre in Balkh. "Since I began working here, more patients are coming to the hospital. I feel stronger and more confident since I gained my new qualifications", says Masooda proudly. After finishing her shift, she often works as a midwife in her village, and is thus able to help her neighbours. The Afghan Health Ministry is also convinced of the efficacy of our project and presented AADA with an award for its successful work.

Jordan

On July 31 the first 157 children at the Child Friendly Spaces project in northern Jordan celebrated their last day of kindergarten. In the Shashara community, Johanniter supports a youth centre and the kindergarten. We offer Syrian child refugees and Jordanian children a secure space where they can play and learn together and escape the hardships of daily life.



South Sudan

In many regions of South Sudan, violent confrontations occur almost daily. Also in Diayanga, in the north-west of Western Equatoria province, houses are plundered and burned down. Peter Tamana from Diayanga was afraid, that also the new built health centre of Johanniter could be plundered. He locked the rooms in the centre where he normally works as a health assistant. Peter Tamana was apparently right: Even now, the health centre has remained undamaged. He has vowed to stay and guard the health centre until all the villagers return in more peaceful times. "I guard the centre as if it were my own, because one day I hope to work here again as a health assistant for my fellow villagers."

Colombia

In Medellín, Johanniter has built a new kindergarten to provide around 300 children from impoverished local neighbourhoods with a child-friendly space and professional supervision. Maria Cenedes is one of the people who helped out on the construction site. Two years ago, she fled to Medellín with her family from the northern province of Urabá after her brother was murdered by a right-wing paramilitary group. "I was a pregnant and unmarried at the time", recalls Maria. She faced a half hard struggle to provide her two children with a decent life. She was very pleased to find work on the construction site so that she could support her family: "It makes me proud to help build a children's centre which my daughter will one day attend", says Maria.





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



Our Supporters



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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