

International Activities Report 2017

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



**THE
JOHANNITER**



International Assistance

Johanniter International Assistance provided aid to some **580,000 REFUGEES and INTERNALLY DISPLACED PEOPLE** in 2017.

JOHANNITER INTERNATIONAL ASSISTANCE EMPLOYS 266 INTERNATIONAL AND LOCAL staff members.

Over **1.8 MILLION PEOPLE** benefited from our basic medical care.

We succeeded in improving **THE HEALTH SITUATION** of over 272,000 women and children.

More than **150,000 PEOPLE** were able to achieve long-term improvements in their nutritional supplies and livelihoods.

85,204 PEOPLE benefited from water, sanitation and hygiene measures put in place by Johanniter International Assistance.



Using Kenya as an example, we explain how the assistance we provide contributes towards the improvement of people's lives: see **pages 6 and 7**.



The example of Sangita Thami, a health worker from Nepal responsible for 937 families in the Dolakha District, provides an insight into their day-to-day activities in Germany and our overseas offices. You'll find her story on **page 8**.

Read about our plans for continued effective action in the field of healthcare on **page 9**.



Through such preventive measures as ante- and post-natal care, regular immunizations and treating undernourished children with supplementary food, Johanniter International Assistance helps ensure that children grow up unscathed and in sound health. Find out more on **Page 10**.



Cambodia is a good example of how this will work: we're creating the foundations for a healthier future with biogas plant, field irrigation systems and new income opportunities. See **page 11**.

Taking Laos as an example, you'll discover on **page 12** how one can have a major impact with the smallest of measures.



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As a rule and to aid legibility, only the masculine gender is used throughout this report, but all such references refer to both genders.

Countries in which Johanniter International Assistance carried out projects in 2017

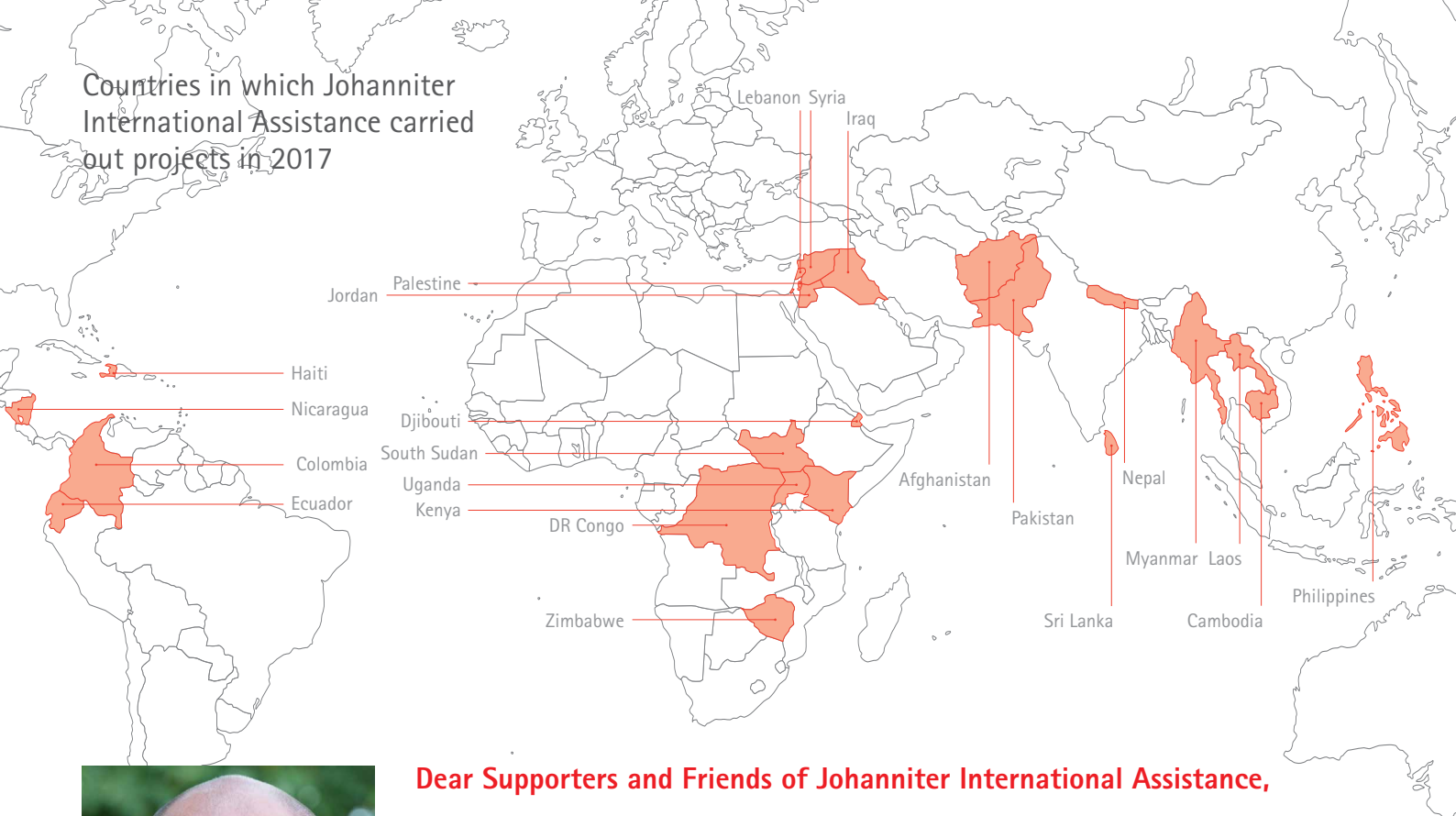


Photo: Stefan Grazioli

Dear Supporters and Friends of Johanniter International Assistance,

Once again, the effects of armed conflicts and climate change were clearly apparent in 2017. In Afghanistan, violence and poverty resulted in more than a million internal refugees. A long-term drought in Africa caused serious famine across wide swathes of the region. And, despite the ongoing peace process, there is still no end in sight to the decades-long, bloody conflict in Colombia.

We at Johanniter International Assistance primarily support the affected people by strengthening and stabilising local structures. Our objective is to boost the inherent resilience of local communities to better prepare them to deal with current and future crises. In addition, we ensure the survival of hundreds of thousands of people through emergency aid measures such as the provision of food, water and medical aid.

Going forward we shall also be in a position to provide rapid aid in response to natural disasters. We're the first German aid organisation to qualify as one of the World Health Organisation's (WHO) Emergency Medical Team (EMT). As such, we have committed ourselves to meet the highest quality standards of medical care even when delivering urgent disaster relief.

It is you – our supporters and friends – who enable us to achieve all of this, and I would like to offer you my personal thanks for your interest and confidence in our work.

Kind regards,

Oliver-Patrick Rodewald
Acting Director of Johanniter International Assistance

Ensuring Survival

The global requirement for humanitarian aid has risen dramatically in recent years. As a result of numerous long-term armed conflicts and increasingly frequent extreme weather events, over 80 million people per year regularly find themselves depending on humanitarian aid for their survival. Johanniter International Assistance staff are deployed both in crisis and conflict areas, whereby their particular focus is on the provision of care and support for refugees and internally displaced persons. They are also deployed in the immediate aftermath of suddenly occurring natural disasters or those, such as drought, whose effects unfold more gradually. The principal objective is always to ensure the immediate and long-term survival of those affected in dignity and security.

Especially after sudden natural disasters, it is often necessary to ensure the immediate survival of a great many people, which is only possible with rapid, qualified and well-coordinated provision of emergency aid. To meet this requirement, Johanniter International Assistance has obtained classification from the WHO as Emergency Medical Team (EMT). Within a global coordination mechanism, we provide qualified disaster relief and first aid if local disaster response capacities are insufficient.

Boosting Resilience

In the context of our work, resilience refers to the resilience of human beings. We at Johanniter International Assistance regard resilience as the capacity either of individuals or communities to manage the effects of crises, violent conflict, natural disasters or climate change, without endangering the medium-term life prospects of those affected whilst simultaneously being better prepared for future crises.

Projects whose objective is to boost resilience require a holistic approach to establishing and expanding individual and community capacities. Therefore, wherever possible, Johanniter International Assistance seeks to implement integrated measures, which combine our core competencies in healthcare, combating malnutrition, water and hygiene as well as food and income maintenance and security. It is also important, in this context, to consider resilience boosting measures even whilst providing immediate and emergency aid and to combine these with reconstruction and longer-term developmental measures.

Moreover, targeted preventative measures, such as community-based early warning systems and the earthquake-proof construction of housing and primary healthcare facilities, are important in terms of ensuring that future extreme events do not result in further disasters and reverse any progress made in securing people's livelihoods.

Our Objectives

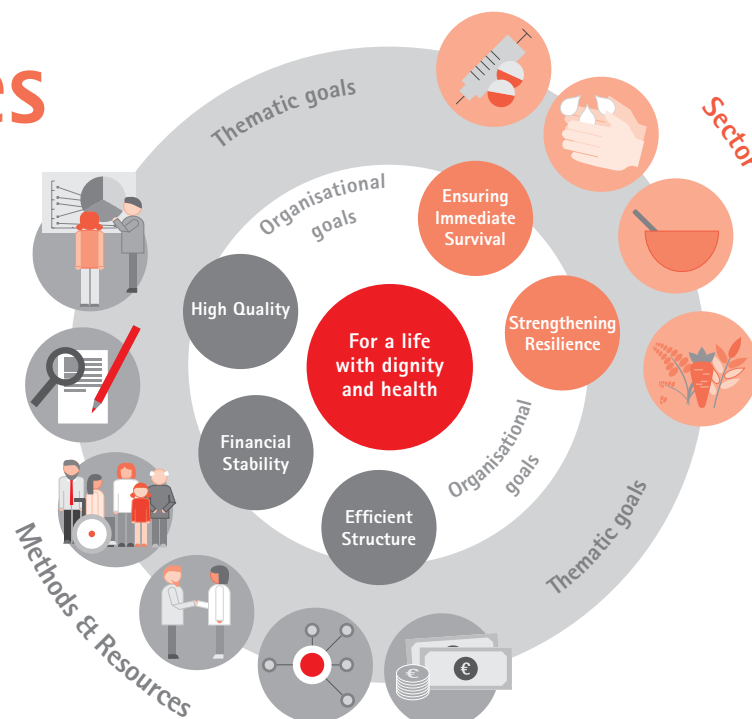




Photo: Jannis Keil

Syrian refugee camp in northern Lebanon

According to the latest UN figures, there are currently more than 68.5 million refugees around the world. In 2017, famine and armed conflicts once again forced refugees to take to the roads in numerous countries, often in relative obscurity.

In and around Syria, Afghanistan, South Sudan, Kenya and Colombia alone, millions of people were forced to flee in the face of crippling drought, armed conflict and war. These people travel continuously from place to place, from time-to-time crossing international borders, always in the hope of reaching a safe haven in which to live. Johanniter Interna-

tional Assistance has already been providing people with the basic necessities in these regions for many years. In addition to essential relief goods, we provide medical aid and psychological support. At the same time, we create opportunities for a life far away from home.

Global Refugee Relief

Kenya: A Separate World in the Middle of Nowhere

Elisabeth Yual fled South Sudan and now lives in the "Middle of Nowhere"; that's the name of the Kakuma refugee camp in Turkana Province in north-west Kenya. With a three-hour drive through a rocky mountain range and desert to the nearest town, it's well named.

The camp is currently home to 180,000 people. It was erected as a makeshift camp 25 years ago, but has now grown into a town replete with markets and small shops – all operated by refugees. "My neighbours", says the 18-year-old, "are Nuer and Dinka people, Ethiopians and Congolese. We all live peacefully side-by-side. That's one of the great benefits of growing up in a refugee camp".

Aid for Refugees and Turkana People

Kakuma is its own little world spread over 15 km². Together with our local partner "Africa Inland Church" (AIC), Johanniter International Assistance is supporting several medical facilities there as well as a maternity unit. The medical facilities are used

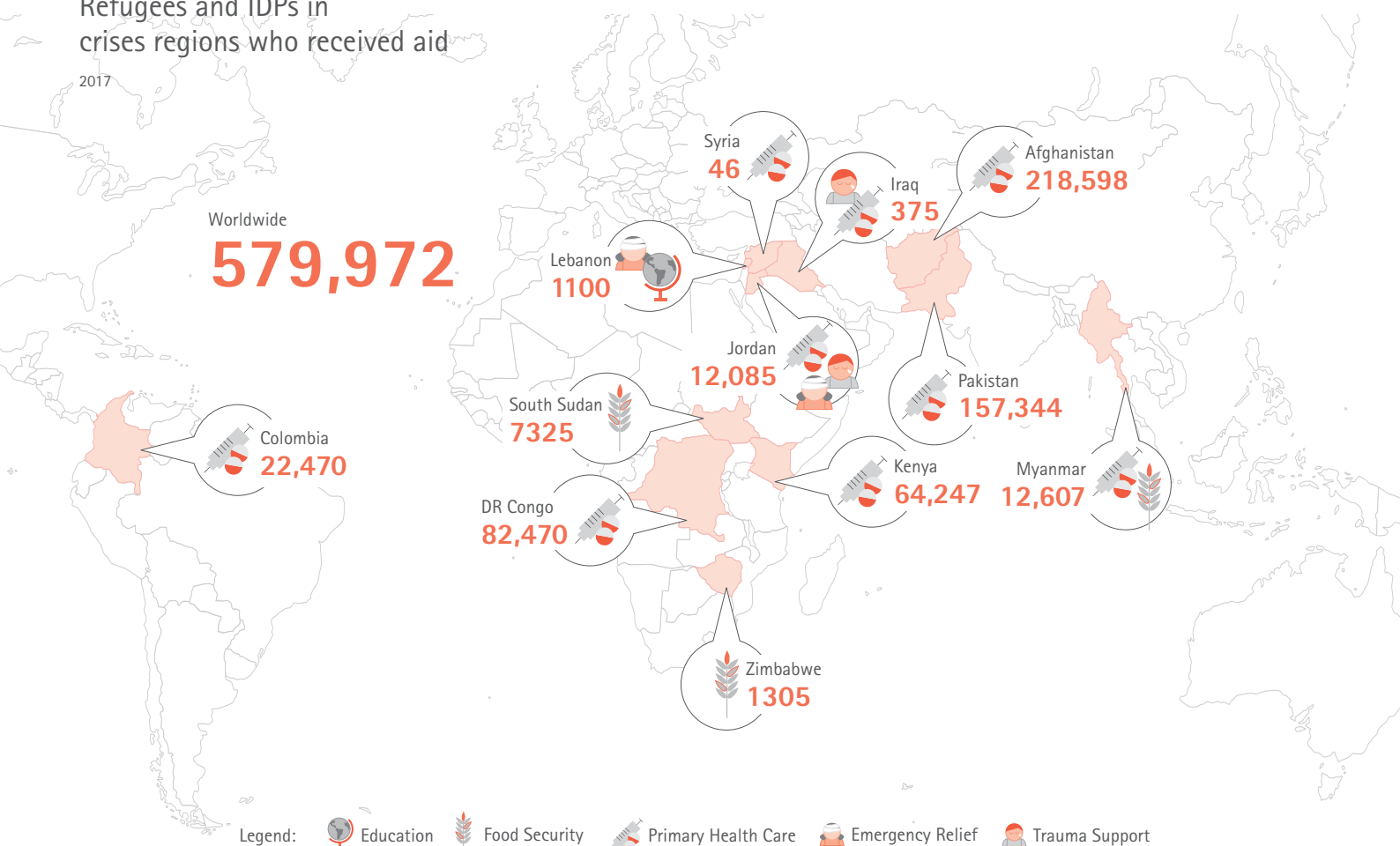
by both refugees and Turkana people from the surrounding area. In addition to providing healthcare services for mothers and children, the nurses there treat minor injuries and common ailments, such as skin and respiratory system infections as well as diarrhoea. Once a month, teams of experts in orthopaedics, ophthalmology and dental medicine hold clinics for the residents of Kakuma and the surrounding communities.

Escaping Hopelessness

Elisabeth also gave birth to her child at the health centre supported by Johanniter International Assistance. "She gave meaning to my life", says Elisabeth, for the greatest drawback in the camp is boredom: "apart from school and housework, there's not a lot to do". That's why she has been attending a computer course for the past three months. "For me", she says, "an education is the only way out of the camp. Kakuma isn't a prison – but it is like being in exile. And, if I never manage to escape from here, then at least my daughter will!"

Refugees and IDPs in crises regions who received aid

2017





Photos: Magdalena Kilwing



As Sangita says: "I can really help the patients, and the pregnant women are always happy to see me when I pop in".

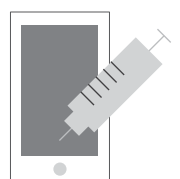
As a health worker, Sangita (in the white headscarf) travels to remote areas.

Johanniter International Assistance is pushing for better health provision in Nepal. Our partner "Nyaya Health Nepal" has developed an app, which, above all else, will help pregnant women in the more remote regions.

Patients in the remote regions of Nepal need to travel long distances to get help. To be able to treat people more quickly, Johanniter International Assistance is training health workers, such as Sangita Thami from the Dolakha District, who use a "health app" to help them diagnose various illnesses. She completed her three-week training course in mid 2017 when she also participated in a regional data collection exercise. Every household received an identification number and the data was recorded in a specially designed app, which Sangita subsequently learned to use. "At first", she says, "I thought it would mainly help me to learn more about health. But, after I started work, I noticed how much I can now help the patients.

Together with three other healthcare workers, Sangita is in a team led by a qualified nurse, who provides them regular training. Sangita is responsible for 937 families, which she visits at least once every three months. That's no easy task: "I have to walk for miles and miles", says Sangita: Some of these houses are two hours away. But, we should soon have an additional healthcare worker to help us out". During home visits, the app reminds her of the questions she needs to ask and which checks are due. She then enters the data. Later, the data from all patients visited is downloaded to the nurse and further measures are discussed based on the diagnosis and any irregularities.

Nepal: App-Based Healthcare



Rationale of Johanniter Health Projects

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

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

Strategic Objective

We promote good health and treat illnesses.

Outcome

Prevention
People practice preventive health measures.

Access
People have access to health care based on their needs.

Treatment
The health status of the population has improved.

Result



Preventive measures are implemented in health services.



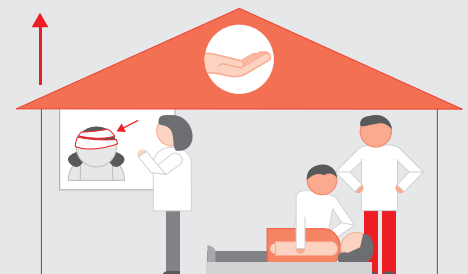
Communities have increase knowledge and adopt positive behaviour to prevent disease.

Activities



In medical facilities:

- Health information campaigns by health system
- Vaccination campaigns
- Providing family-planning information and contraceptives



In the communities:

- Training of community health workers
- Implementation of functioning community health committees
- Community health information campaigns
- Insecticide-treated net distribution
- First aid trainings
- Mother and infant support courses



Johanniter International Assistance treats undernourished patients at the Stabilisation Centre in Wau

Photo: Lambert Coleman



Photo: Johanniter International Assistance

South Sudan: Stabilising Life



Rakela Joseph Albino: "I love it when the kids can laugh again and forget all about their illness and worries. That's why I enjoy working with Johanniter International Assistance".

Johanniter International Assistance has been operating a "Stabilisation Centre" for malnourished and sick children at a refugee camp in Wau-town since October 2017. 26-year-old Rakela Joseph Albino writes about her daily routine as head nurse.

I'm responsible for ensuring that we make sound diagnoses and provide high-quality medical treatment at the Centre every single day. I start the day shift at eight in the morning and read through the patient reports. I do the ward rounds between nine and ten accompanied by a nurse. After that, I examine new patients until five in the afternoon, most of whom present with the symptoms of malaria or diarrhoea.

We hold a team meeting every Tuesday at 2pm at which all the head nurses and nurses, nutritional assistants and auxiliary staff can discuss the new patients as well as work in general. That's not the place to express one's frustrations: instead, it's all about constructive communication. That's important in terms of keeping one's colleagues up to date and delegating responsibilities.

We can perform certain tests at our Centre, for example, for diagnosing malaria or determining the haemoglobin level, all of which is particularly important for rapid interventions when infants are involved. I remember one particular one-year-old boy, who was severely undernourished, burning with fever, suffering from the chills as well as non-stop vomiting, diarrhoea and dehydration. At just 6.5kg, he weighed no more than a 4-month-old baby. We treated him with therapeutic food as an inpatient and, after just two weeks, he managed to achieve his normal weight, was in good health and was smiling again. We've already been able to help hundreds of kids in this way. Those are the moments that keep me motivated in my job.

Rationale of Johanniter Nutrition Projects

Our Johanniter International Assistance healthcare projects include activities for the prevention of malnutrition. In addition to initiating positive nutrition behaviour change, the goal is to prevent acute malnutrition. Of particular importance is the phase from early pregnancy until the child's fifth year of life. A comprehensive malnutrition prevention programme requires that activities affecting nutrition, health,

long-term income and food security as well as water, sanitation and hygiene complement each other. In crisis situations, especially young children, pregnant and lactating women, and survivors of disasters benefit from programmes that are carried out in primary health care units and at the community level.

Strategic Objective

We fight malnutrition and promote positive nutrition habits.

Outcome

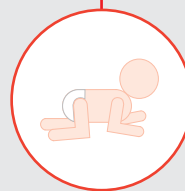
Prevention
Chronic malnutrition is prevented.

Acute Intervention
Acute malnutrition is reduced.

Result



Activities to generally improve nutrition are implemented.



Activities to prevent malnutrition in babies and small children are implemented.

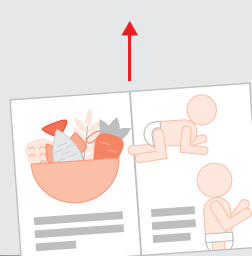


Micronutrient deficiency is prevented.

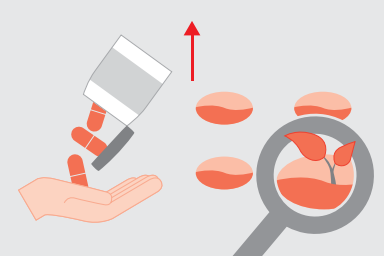
Activities



- The identification of positive local eating habits
- Training mothers to become disseminators of healthy eating habits
- Founding mothering groups that regularly cook together and share information on healthy eating
- Community events that address healthy eating habits
- Deworming campaigns



- Preparation of educational materials about baby and toddler nutrition
- Advanced training of medical personnel in baby and toddler nutrition
- Regular educational courses at health centres



- Identification of nutritionally rich local produce
- Provision of folic acid and iron supplements for pregnant women
- Distribution of vitamin A supplements among children under 5-years-old

Cambodia: Local Partners Know Local Resources

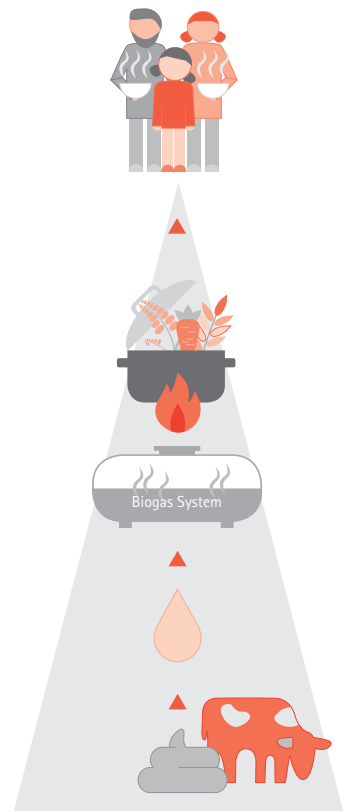
Sometimes, the solution is right on your doorstep, for example, in the shape of the cow pats trampled underfoot by Sam Thyrah's cattle, which she now uses to produce gas.

"We used to only use or sell cow pats as fertiliser", says the 34-year-old woman, a resident of Phum Pongro village in the north-western province of Kratie. There are few shopping facilities in the sparsely populated region. All the better to use naturally-available resources – such as cow pats.

Sam's husband collects them in a bucket and soaks them in water. The stinking mixture seeps slowly in the biogas plant tank. The ensuing biological process generates enough gas to meet the needs of the family of four. The rice is simmering and steaming away on a gas cooker in the kitchen. "I used

to have to go out to chop firewood every time", says the farmer's wife: "Cooking with the gas cooker is so much quicker and easier".

The local partner of Johanniter International Assistance, "Save Cambodia's Wildlife" (SCW), began introducing these facilities in the region in 2016. The original plan was to install five systems, but that had already become 20 by the end of 2017. In addition to innovative energy solutions, we also implement measures to improve water supplies, hygienic facilities and income opportunities in many communities.



Cow dung as an energy source for meal preparation



Photos: Erika Piñeros

The cow pat sludge is placed in the biogas system, where it is converted to gas.



In addition to biogas plant, gas cookers were installed, which facilitate the faster and simpler preparation of meals.

Claudia Zehl, Project Coordinator: "Thanks to the collaboration with local partners, many families in Cambodia now have the essential foundations of a healthier future in the form of clean water, a toilet and balanced meals".

Rationale of Johanniter Food Security and Income Generation Projects

Johanniter International Assistance implements sustainable income and food security programmes that increase the resilience of disadvantaged people before, during and after crises and natural disasters. In this context, Johanniter International Assistance seeks to promote and ensure the permanent availability of appropriate food as well as better access to markets and arable and grazing land either for home-based food production or alternative income opportunities. Projects also promote the healthy utilisation

of foodstuffs through the provision of appropriate storage, clean water, sanitation and health facilities as well as the adoption of good hygiene practices. There is a direct link between the protection of natural resources, such as land, water and forests and the sustainable production of and access to food, which is why Johanniter International Assistance is committed to addressing these topics through awareness-raising approaches, training courses and educational materials.

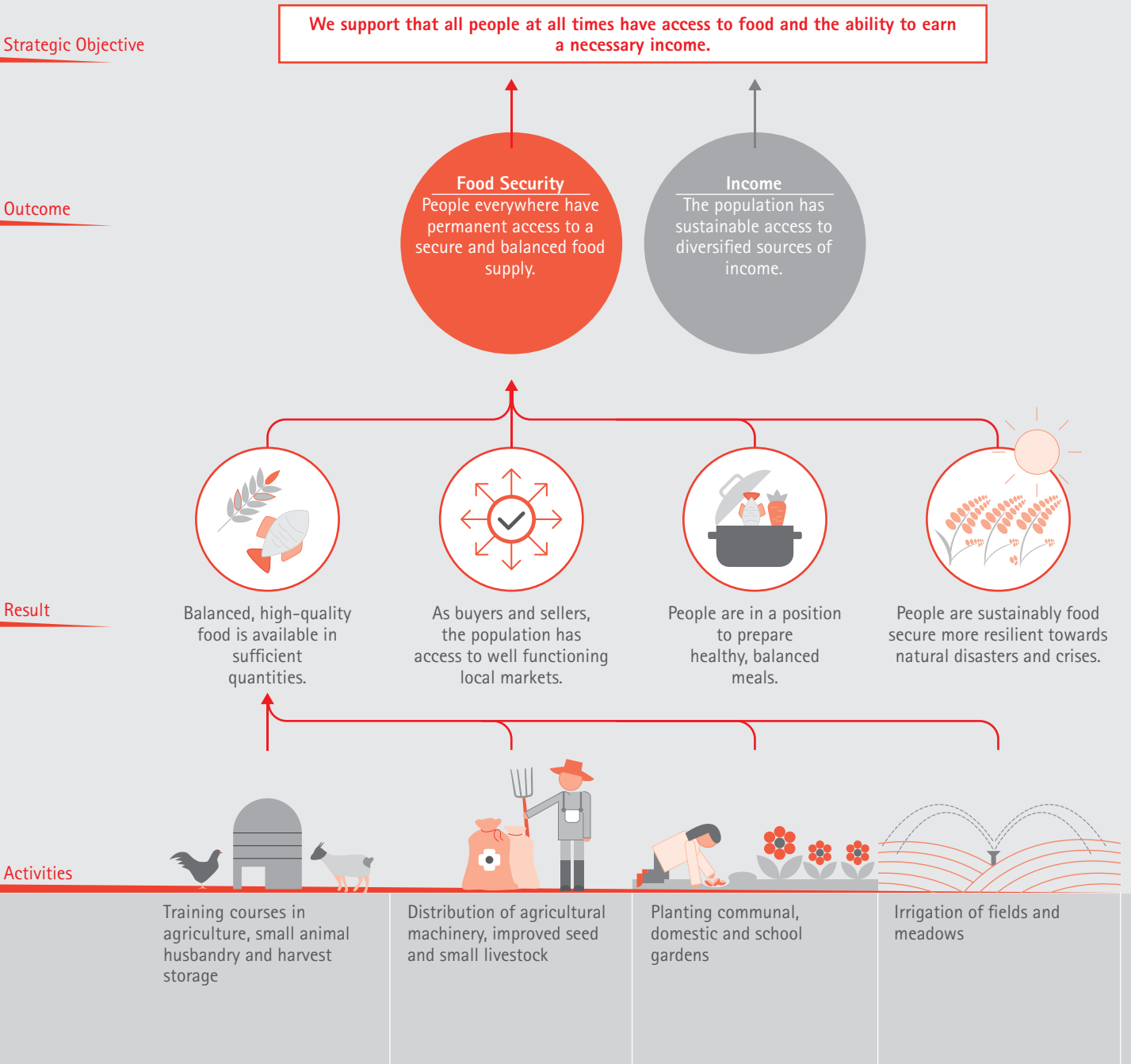


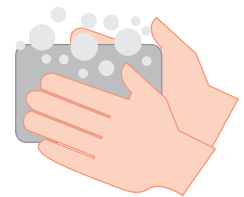


Photo: Johanniter International Assistance

It proved possible to curb the spread of dangerous pathogens and diseases in one primary school thanks to the recently installed sanitary facilities and hygiene awareness training.

Laos: Minor Intervention, Major Effect

With just 8000 euros, BORDA Laos, one of our partner organisations, has completely reversed the health conditions primary school pupils in one particular school were having to put up with. Funding for the project was provided by the German Embassy in Laos. BORDA Laos dropped in almost a year later and was impressed by the sustainable improvement.



Jutta Meissner, Head of Department at Johanniter International Assistance: "What BORDA has achieved shows us that projects can have a major effect even with little financial support. We're glad to see that the German Embassy has recognised this fact and intends to provide a similar amount to fund another school in 2018".

In February 2017, Johanniter International Assistance, BORDA Laos and school children from the village of Huay Xai in Bokeo Province came together for the inauguration of a minor sanitation project at the local school. New toilets and washing facilities for the 220 pupils and six teachers were installed: Previously, they had to make do with just two toilets between them. A new sewage catch basin is designed to use biological processes to decompose organic substances, which would previously have been left to seep into the surrounding soil or streams.

but to relieve themselves outside. According to our current data, none of them still does that!". This has limited the spread of dangerous pathogens and diseases. The same positive result has been achieved for hand washing. Whereas only two out of three schoolchildren had been in the habit of washing their hands earlier, almost all of them do so a year later. "And", Germscheid adds, "almost all of them regularly use soap, which was often ignored in the past".

"It's great to see the little ones running around the playground so cheerfully and especially in such good health", says Lena Germscheid of BORDA Laos. She paid another visit to the rural primary school in late 2017 to check that the recently installed sanitary systems were still working and that the children were still practising the hygiene habits they had been taught.

Educational courses were decisive in this context. Today, the teachers themselves maintain and repair the systems and the children have internalised some important rules of hygiene. Not only have cases of rashes and mosquito-mediated diseases reportedly almost halved, but, we're told, the children are also following their newly acquired habits at home. According to Germscheid: "their knowledge is radiating out throughout their surrounding communities thus reducing the risks for their entire families!". The intention for 2018 is to continue the project's success in other schools in Laos.

"Before the project", Germscheid reports happily, "many of them had had no option



Photo: Minzayar Oo

Rationale of Johanniter Water, Sanitation and Hygiene Projects

Johanniter International Assistance facilitates access to safe drinking water, adequate sanitation facilities and hygiene awareness to maintain health and prevent disease, and has integrated preventative hygiene measures in all healthcare projects. Among other things, this includes such measures as promoting hand washing at critical periods,

menstrual hygiene and the distribution of hygiene products. When required, Johanniter International Assistance provides support for the construction, maintenance and access to appropriate WASH infrastructure, whereby the hygienic disposal of waste and sewage is also taken into consideration.

Strategic Objective

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

Outcome

Water
All people have equitable and affordable access to a sufficient quantity of safe water.

Hygiene
The population practices adequate hygiene.

Sanitation Facilities
The population has safe and sustainable access to adequate sanitation and properly disposes of sewage and waste.

Result



The population knows about best hygiene practices and has access to relevant hygiene items.



People regularly wash their hands.

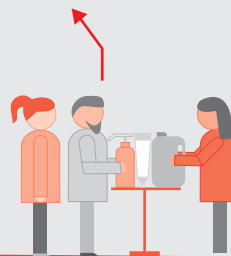


Women practice adequate menstrual hygiene.

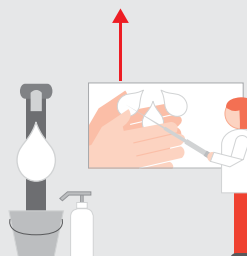
Activities



- Survey of hygiene practices within the project region
- Training of trainers in adequate hygienic practices to disseminate their knowledge to the rest of the population
- Educational courses in hygiene



- Distribution of hygiene products, such as soap, toothpaste and water containers



- Information on hand washing
- Installation of washing facilities in homes and public buildings
- Provision of water and soap



- Information on menstrual hygiene
- Provision of menstrual hygiene products and safeguarding of the private sphere

In the summer of 2017, the *Schüler Helfen Leben* Foundation called upon students and pupils throughout Germany to get involved with efforts to assist young people affected by war and crises. Once again, thousands of students and pupils took part in the so-called "Social Day".

The students and pupils either work in a company or complete social duties on "Social Day", whereby they not only become familiar with their desired vocation, but also demonstrate their social commitment. The money they earn is then channelled into social projects around the world. In 2017, the 250 foundation members – all pupils or students – opted to support the Johanniter International Assistance project in Jordan,

where, together with their local partner "Ameken", we operate two child and youth centres in Sahel Horan near the Syrian border. The families in question desperately need our help. "Many of the Syrian refugees who now live here", says Annette

Müller, Project Coordinator for Jordan, "suffer from anxiety and nightmares. They tend to withdraw and often stop communicating altogether". In an attempt to address this, psychologists discuss the children's experiences with them and offer them professional therapeutic support. In addition, the Johanniter International Assistance centres serve as safe havens where the children can play and learn.

The 100,000 euros earned by the foundation members will provide funding for a library of English and Arabic literature within the centres as well as renovating the sanitary facilities and painting the walls. It was also possible to buy new furniture and toys.

Jordan: Voluntary Labour for a Good Cause



Photos: Johanniter International Assistance

400 children and adolescents suffering from anxiety attacks and nightmares in the wake of having fled Syria are cared for in protected, child-friendly rooms.



Foundation staff visited the facility on the 10th of July 2017 and appeared impressed by the work being carried out there.

As Annette Müller, Project Coordinator for Jordan explains: "Thanks to the *Schüler Helfen Leben* Foundation, we are in a position to renovate our facilities for young refugees from Syria and equip them with toys and a new library.

Please Support Us by Becoming a Disaster Response Worker

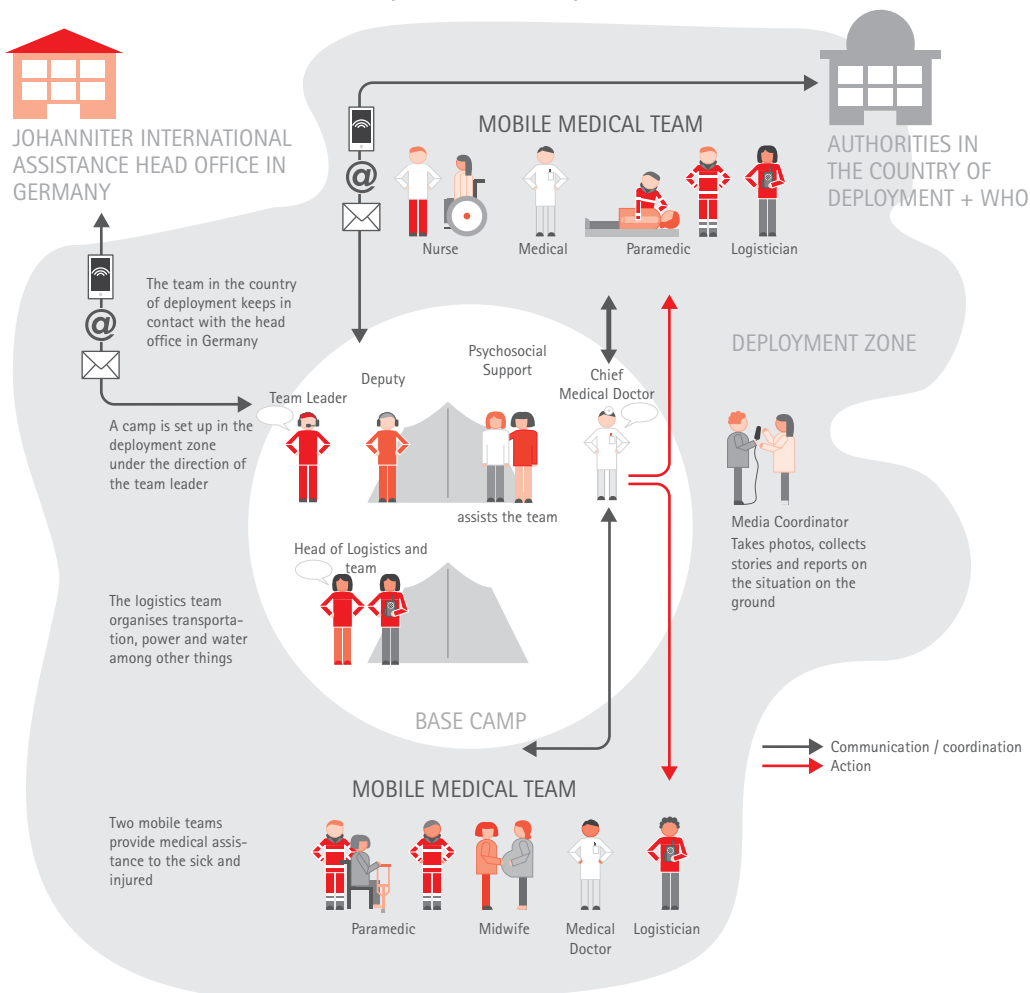
For many years now, Johanniter International Assistance has been able to on disaster response volunteers to provide rapid disaster relief. In 2017, they received the official WHO classification as "Emergency Medical Team, Type 1 Mobile".



Rapid, qualified and well-coordinated assistance in the wake of earthquakes, tsunamis, hurricanes and floods is essential for the survival of people in the affected disaster zones. Therefore the World Health Organisation (WHO) internationally classifies medical teams as "Emergency Medical Teams (EMT)" to ensure that trained personnel with up-to-date equipment provide effective and efficient patient care in disaster zones.

In June 2017, Johanniter International Assistance became the worldwide first NGO to successfully qualify for the WHO's "EMT Type 1 Mobile" classification. In disaster scenarios, the 24-man disaster response team, consisting of doctors, paramedics, midwives, logistics experts and other professionals, forms two mobile teams who provide outpatient medical care for the victims. We're always looking for additional qualified personnel to boost the team. More information: www.johanniter.de/mitarbeit-soforthelfer

How the mobile disaster response team operates around the world



Philipp Lautner, a trained paramedic and long-term active member of the Johanniter International Assistance Disaster Response Team: "Working with the Disaster Response Team is an excellent opportunity for people who wish to learn how to help others and especially who want to contribute to society – and not just for them, but also for the people they are then able to help".



"WORKING WITH PEOPLE AROUND THE WORLD FOR A BETTER FUTURE AND FOR THE RIGHT TO LIVE WITH DIGNITY AND HEALTH IN TIMES OF CRISIS".

The Johanniter International Assistance vision

Report by the Executive Board of Directors

The number of people affected by armed conflict and the effects of climate change around the world continues to grow steadily. According to the United Nations, some 135 million people were reliant upon humanitarian aid last year. Johanniter International Assistance is responding to these challenges in many countries around the world, where we utilise our networks to improve people's lives and secure funding to meet this rising demand. At the same time, we have developed our Strategy 2025 as a response to the situation and will increasingly be devoting ourselves to integrated project approaches over the coming years to facilitate the provision of comprehensive aid packages for people in need.

Economic Development

In 2017, Johanniter International Assistance managed 78 ongoing projects in 23 countries with a total project spend of 17,677,496.67 euros. Viewed across the organisation as a whole, this represents a turnover increase of five percent compared with the 2016 fiscal year. The total project spend in 2017 was made up of 9,503,967.90 euros of third-party funds and 8,173,528.77 euros from our own capital resources.

Compared with 2016, this represents an increase in third-party funding of 1.5 percent and a 10 per cent higher draw down on our own capital resources. This increase in project spending confirms the positive development in the provision of foreign aid over recent years. As in 2016, the German Federal Foreign Office and the Federal Ministry of Economic Cooperation and Development were our most significant providers of third-party funding at 4,136,552.89 and 3,207,428.81 euros respectively. Yet we also received funding totalling 824,638.14 euros from various United Nations institutions as well as from the EU. We regard the confidence placed in Johanniter International Assistance by the various third-party donors as a sign of their appreciation for the work we do.

Zero Tolerance for Sexual Abuse

In light of current debates on sexual abuse and exploitation within the humanitarian aid sector, Johanniter International Assistance has once again emphasised its zero tolerance policy. Existing guidelines are currently under review to which end a so-called "Focal Point" has been set up, whose task it is to develop a comprehensive protection concept by the end of 2018 in collaboration with the responsible HR staff and International Assistance management team. This concept will be based on the Inter-Agency Standing Com-

mittee (IASC) eight minimum operational standards for the prevention of sexual exploitation and abuse. The following aspects are the most important in this context:

- A code of conduct
- The establishment and espousal of the relevant rules of behaviour throughout the organisation and at the (personnel) management level
- Obtaining contractual compliance commitments from partner organisations
- The sensitisation of personnel and beneficiaries to the relevant issues
- The provision of support for victims
- Installing the Complaint Response Mechanism

The Focal Point will also hold relevant discussions with representatives of other NGOs within the Association of German Development and Humanitarian Aid NGOs Gender Action Group and will participate in the subgroup for the formulation of a new section within the Code of Conduct. Discussions will also be held with Johanniter Youth and the Johanniter Refugee Relief, Migration and Integration Desk in Germany to promote mutual support and to learn from one another.

Quality

Whilst all projects are subject to ongoing monitoring, there have been few standardised guidelines to date which would enable an analysis of the impact of various measures on a cross-project basis and in the context of the four areas of strategic focus (Health, Malnutrition, Water, Hygiene and Sanitation as well as Income and Food Security). To this end, work began in 2017 on preparing impact chains for the individual strategic objectives, which specify indicators and activities designed to achieve the respective objectives and make them measurable. In addition, a consultancy centre has the position of an M&E Advisor has been introduced which will, in particular, develop and introduce guidelines for a global monitoring and evaluation system.

At the World Humanitarian Aid Summit in Istanbul in 2016, Johanniter International Assistance already entered into numerous voluntary commitments to improve the quality of our humanitarian work, for example, to the implementation of the "Core Humanitarian Standard on Quality and Accountability (CHS)". This standard primarily focuses on our accountability towards the people and communities we support. In 2017, Johanniter International Assistance carried out a comprehensive review of its own regulations,

guidelines and working practices to identify specific improvements and develop an action plan.

Among others, the results were analysed and evaluated by experts at the CHS Secretariat, whereby it was discovered that Johanniter International Assistance is already well positioned in terms of the technical implementation of the projects and resource management, i.e., the guidelines and implementations in the areas of technical advisors, financial management, logistics, and personnel. The greatest potential for improvement is to be found in the area of direct communications with affected people and communities and their inclusion in all project planning and implementation phases. The development of relevant guidelines and action will be a focus of work in 2018.



Some years ago, Johanniter International Assistance adopted the DIN EN ISO 9001 quality management system introduced for Johanniter-Unfall-Hilfe e.V. as a whole. The primary objective of this standard is to maximise customer satisfaction, to which end, all of an organisation's processes are scrutinised and modified to ensure that the service delivers the desired outcome for the customers. Naturally, the term "customer" is to be understood in the widest possible sense for a humanitarian organisation operating at an international level.

In this term we include both the people our projects are designed to help, local partner organisations, but also our many private and institutional donors. With due consideration to all of these customer groups, the process used within the International Assistance section and at the interfaces to other Johanniter sections are reviewed continually and improved wherever necessary. The efforts made in quality management in recent years were rewarded with a certificate in December 2017 when the German Technical Inspection Association (TÜV) confirmed our full compliance with the ISO standard.

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Policy and Liaison

In 2017, Johanniter International Assistance consolidated our strategic commitment to influencing national and international decision makers by collaborating in relevant networks and initiatives. Once again it proved possible, in particular through our collaboration with ICVA, VOICE, the Global Logistics Cluster, EISF, VENRO, with the German Foreign Office through the Humanitarian Aid Coordination Committee and other humanitarian NGOs, the WASH-Network and Aktion Deutschland Hilft, to achieve a significant

improvement for humanitarian aid operations in 2017 and to keep the focus on the importance of issues such as:

- Improving conditions for aid funding
- Standardising reporting formats for international donors
- Increasing public aid funds in Germany
- Introducing a flat administration fee for NGO projects
- Active participation in improvement activities for humanitarian aid standards
- Improving the conditions for supporting and strengthening our local partner organisations
- Corporate commitment within the humanitarian aid sector

Given the many global challenges and the continuing lack of adequate funding, this public engagement on the part of Johanniter International Assistance will continue to be of strategic importance in the coming years.

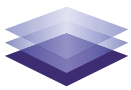
Our Network



Transparency



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



Initiative
Transparente
Zivilgesellschaft

These commitments are augmented by our membership of the **Transparent Civil Society**

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



In addition, Johanniter-Unfall-Hilfe e.V. has held the **German Institute for Social Affairs Donation Seal since 2004 (DZI)**. Again in 2017, the DZI certified that the Johanniter-Unfall-Hilfe e.V. uses the donations entrusted

to us in frugal manner and in compliance with our articles of association – an essential prerequisite for receiving the seal.

Internal Audit

In recent years, the Johanniter Internal Audit Department has visited and audited all Johanniter International Assistance country offices at least once. During these visits, compliance with internal and external guidelines was checked on site. Johanniter International Assistance has now evaluated all findings made during internal audits and derived specific improvement proposals for the various country offices.

Outlook

Johanniter International Assistance will continue to dedicate itself to the implementation of Strategy 2025 over the coming years. Following the achievement of our initial short-term objectives in 2017, the focus will now be on achieving our mid- to long-term objectives. This includes improvements in connection with the Core Humanitarian Standard. In particular, we are looking to better integrate the victims of crises and disasters and provide them with more comprehensive information about us and the work we do.

Photos: Die Hoffotografen



Jörg Lüsse



Thomas Mähner
















Hubertus v. Puttkamer

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

Together We Are Strong!

To be able to achieve even more, Johanniter international Assistance participates in various national and international networks. In collaboration with our partners, we implement numerous social projects and support people in emergency situations. Our global aid operations would not be possible without the support of sponsors, donors, charitable foundations, corporate and public contributors. We would like to offer them our sincerest thanks!

Projects in 2017

ASIA	Focus	Project Name	Projects	Total Budget in €
AFGHANISTAN		Basic healthcare provision for internal refugees & returnees in informal settlements, Kabul	1	640,000.00
		Provision of healthcare, nutritional and psychosocial services for Pakistani refugees and Kuchis, Gulan Camp and Khost	2	1,100,357.76
		Psychosocial support for traumatised people as well as medical care; construction of women- and child-friendly facilities, Kunduz	1	1,135,547.00
IRAQ		Medical and psychological care of traumatised internally displaced people, Erbil	1	59,800.00
JORDAN		Support for child and youth centres as well as psychosocial support for Syrian refugees, Al Ramtha	2	584,763.89
		Provision of food and winter clothing for Syrian refugees, Idlib	1	40,000.00
CAMBODIA	 	Improved the nutritional supply and health of the rural population, Ratanakiri and Mondulakiri Provinces	1	1,625,389.48
		Improved ear-related health, Rukhakiri District	2	63,000.00
		Improved resilience of vulnerable farmers through integrated agricultural practices, income-generating measures and sensitisation to the effects of climate change on food security Kratie and Stung Provinces	1	1,399,891.00
LEBANON		Renovation of 50 buildings damaged in armed conflicts, Palestinian Camp Ein El Helwi	1	20,000.00
		Vocational training programme for adolescents with and without disabilities, Palestinian refugee camps	1	502,650.00
MYANMAR	 	Reintegration of returnees and resilience boosting measures in host communities affected by conflict, Karen State	1	1,665,955.00
		Support for landmine victims and their families, Kyaukkyi and Shwegyin Township, East-Bago	1	649,740.00
		Distribution of disaster preparedness kits and training in disaster preparedness, Mon/Karen and Thanintherye State	1	23,100.00
		Water supply and infrastructure improvements to protect against future natural disasters, Magwe and Sagaing Regions	1	800,000.00
NEPAL		Reconstruction of healthcare centres, Dolakha District	1	360,181.66
		Improved disaster preparedness facilities and water supply, Sindhupalchok Province	1	383,227.00
PAKISTAN		Healthcare improvements with a focus on maternal and child health among Afghani refugees, Swabi, Mansehra, Nowshehra and Haripur Districts, Khyber Pakhtunkhwa Province	2	2,874,351.00
PALESTINE		Construction and operation of a research lab for congenital retinal disease, Jerusalem, West Bank and Gaza Strip	1	756,543.00
PHILIPPINES		Disaster-proof renovation of a primary school, Dinagat, Mindanao	1	42,265.00
		Resilience boosting in slum communities near the coast, Davao City, Tambayan	1	716,688.54
		Improved the resilience of the population in regions often affected by natural disasters	1	1,194,196.11
SRI LANKA		Healthcare, education and social inclusions for children with cerebral palsy and other disabilities, North Sri Lanka	1	498,633.00
SYRIA		Medical care of dialysis patients, Dara'a Governorate	1	238,304.25

AA = German Federal Foreign Office
 AADA = Agency for Assistance and Development of Afghanistan
 ACTD = Afghanistan Centre for Training and Development
 ADH = Aktion Deutschland Hilft
 AICHM = African Inland Church Health Ministries
 ASB = Arbeiter-Samariter-Bund Deutschland e.V.
 BALAOD Mindanaw = Balay Alternative Legal Advocates for Development in Mindanaw, Inc.
 BMZ = Federal Ministry of Economic Cooperation and Development
 BMZ-EKF = Climate and Energy Fund at the BMZ

BMZ-ÜH = Transition Assistance at the BMZ
 BMZ-PT = Private Institutions at the BMZ
 BMZ-SEWOH = The "A WORLD without Hunger" special initiative at the BMZ
 CHF = Common Humanitarian Fund
 CIDKP = Committee for Internally Displaced Karen People
 DDF = District Development Fund
 DPS = Division Provinciale de la Santé du Nord Kivu
 DWSSC = District Water Supply and Sanitation Sub-Committee

ECHO = The European Commission's Humanitarian Aid and Civil Protection department
 ECZS = Equipe Cadre de la Zone de Santé de Karisimbi / de Masisi Et de Mweso, Province du Nord Kivu
 EuropeAid = EuropeAid Cooperation Office
 FHE = Fundacion Heifer Ecuador
 FMS = Federación de Mujeres de Sucumbios
 FPHC = Frontier Primary Health Care
 GMSP = Gramin Mahila Srijansil Parivar
 HARD = Hope Agency for Relief and development
 HI = Handicap International
 HPE = Haiti Project Education

Partners	Primary Target Group	Project Duration	Donors
OHW	45,710 Residents of the informal settlements	01/10/2017 – 30/9/19	AA, JUH
ACTD	157,600 Residents of Gulan Camp and the surrounding communities	01/01/16 – 30/09/19	AA, JUH
OHPM, HI	355,066 Residents of communities in Kunduz	15/10/17 – 14/10/18	UN-OCHA, CHF
Jiyan Foundation for Human Rights	375 Internally displaced people and surrounding communities	01/03/2017 – 31/07/2017	ADH
Ameken in Sahel Horan	6950 Children and adolescents	01/05/2017 – 31/12/2018	BMZ-PT, Church Collection, ADH, SHL
Ameken in Sahel Horan	5135 Families	01/11/2017 – 31/12/2017	Plön Bad Segeberg Parish
H&H, ICSO	24,132 Indigenous and particularly endangered smallholders	01/01/2017 – 31/12/2020	BMZ-SEWOH, JUH
All Ears Cambodia	2800 Patients with ear conditions	01/07/2016 – 28/02/2018	Siekermann Foundation, Margarete Müller-Bull-Foundation, Tereska Foundation
Save Cambodia's Wildlife	12,135 Smallholders, women, young mothers, schoolchildren and teachers	01/03/2016 – 28/02/2020	BMZ-PT, JUH
Naba'a	570 Families	01/06/2017 – 01/07/2017	JUH
Naba'a	540 Adolescents with and without	01/02/2016 – 31/03/2018	BMZ
Arche NoVa, KDN, KDHW, KORD, CIDKP	12,607 Internally displaced people and returnees	01/09/2016 – 31/08/2019	BMZ
KDN	7,000 Landmine victims and their families	13/02/2016 – 12/02/2018	AA, JUH
MWO / MNED	1585 Teachers, community members and schoolchildren	01/05/2016 – 30/04/2017	The Hohorst Foundation
TLMM	22,031 Residents in 15 villages	01/08/2016 – 31/10/2019	AA/ADH/JUH
NHN	5,504 Patients areas impacted by earthquakes	01/11/2016 – 30/11/2018	ADH
GMSP	22,424 Earthquake victims	01/11/2016 – 30/04/2018	ADH
ICMC, FPHC	157,344 Afghani refugees	01/06/2016 – 31/05/2018	ECHO, JUH
St. John Eye Hospital Group, Hadassah Medical Organization	151 Palestinians with a high risk of retinal disease	30/12/2015 – 29/12/2018	EuropeAid
PASAKK	85 Teachers and schoolchildren	01/11/2017 – 31/10/2018	Help & Fly Foundation
Tambayan	2760 Slum community residents	15/09/16 – 31/08/19	AA, ADH
KAABAY, Kasilak Development Foundation Inc., PASAKK, PRRM, BALAOD Mindanaw	9803 Fishermen and community members	01/12/2016 – 31/12/2017	ADH
Motivation Sri Lanka	600 Children with cerebral palsy	01/09/2015 – 31/07/2018	BMZ, JUH
SEMA	46 Dialysis patients	01/09/2017 – 28/02/2018	UN-OCHA, JUH



H&H = Human & Health

ICMC = International Catholic Migration Commission
 ICSO = Indigenous Community Support Organisation
 IEDECA = Instituto de Ecología y Desarrollo de las Comunidades Andinas

JUH = Johanniter-Unfall-Hilfe e.V.

KAABAY = Kalusugan Alang Sa Bayan, Inc.
 KDHW = Karen Department for Health and Welfare
 KDN = Karen Development Network
 KORD = Karen Office of Relief and Development

MNED = Mon National Education Department
 MUMAKI = Muungano wa WAMAMA wa Kilolirwe

MWO = Mon Women's Organisation

NHN = Nyaya Health Nepal

OHPM = Organization for Health Promotion & Management
 OHW = Organisation for Human Welfare

PASAKK = Panaghuisa Alang sa Kaugalingnan ug Kalingkawasan, Inc.

PRODAS = Fundación de Promoción del Desarrollo Agroforestal de Sucumbios

PRRM = Philippine Rural Reconstruction Movement

SEMA = Syrian Expatriate Medical Association

SHL = Schüler Helfen Leben

TLMM = The Leprosy Mission Myanmar

UFEPROV = Union des Femmes pour la Promotion des Vulnérables










UN-OCHA = United Nations Office for the Coordination of Humanitarian Affairs

UNICEF = United Nations Children's Fund

WFP = World Food Programme

Information about our partners can be found at:
www.johanniter-auslandshilfe.de/projektpartner

Projects in 2017

AFRICA	Focus	Project Name	Projects	Total Budget in €
DR CONGO		Support for the comprehensive care of survivors of sexual violence, improvements in basic healthcare and drinking water supplies in the Masisi and Karisimbi health zones, North Kivu	2	3,930,278.33
		Improvements in basic healthcare provision in the Masisi and Mweso health zones, North Kivu	1	2,852,625.00
		Sustainable improvement of the health services and public health in Masisi and Mweso, North Kivu	1	2,449,978.00
DJIBOUTI		Educational work aimed at eliminating female genital mutilation	1	240,000.00
		Basic healthcare provisions and community based rehabilitation of disabled people	1	1,220,862.00
KENYA		Comprehensive medical care provision, especially for refugees from South Sudan Medical Services for Refugees in Kakuma Refugee Camp, Turkana County	1	1,194,469.60
		Strengthening of capacities to provide medical care to affected population in case of election related violence in six hotspot counties in Kenya	1	363,690.38
		Drought response: access to food through school feeding program in Turkana West, Turkana County	3	500,000.00
		Diversified livelihoods and sustainable resource management for pastoral communities in Turkana West	1	505,804.00
		Improving nutrition security of highly vulnerable households in Chipinge District of Manicaland Province, Zimbabwe	1	531,967.00
ZIMBABWE		Restoration of safe drinking water supply for communities affected by El Niño in Chipinge District, Zimbabwe	1	367,000.00
		El Niño emergency response in Chipinge, Manicaland	1	782,670.00
		Improving nutrition security of highly vulnerable households in Chipinge District of Manicaland Province, Zimbabwe	1	531,967.00
SOUTH SUDAN		Regional transitional aid programme for food and nutritional security in sub-saharan africa, (prana)	4	641,085.00
		Adaption of Agricultural Cultivation Methods to Climate Change and Stabilization of Livelihoods in Wau State, South Sudan (TDA CLIMATE).		
		Mother Support Group project (in addition)	1	402,853.00
		Integrated Food and Nutrition Security Programme in Jur River County	1	1,350,000.00
		Integrated Food and Nutrition Security Programme in Wau and Raga County, Western Bahr el Ghazal, South Sudan	1	2,426,666.00
		Construction of an obstetrics ward and maternal and child health support, Kangi	1	183,773.00
		Distribution of emergency relief supplies in Dem Zubeir, Raga County	1	150,000.00
		Supplementary food for moderately and severely malnourished people as well as securing food supplies in Jur River County, Wau State	3	498,449.00
		Installation of a stabilisation centre for the treatment of severely malnourished children, Wau	1	250,000.00
		Health Pooled Fund South Sudan- phase II (HPF2), Tambura and Nagero	1	223,431.00
LATIN AMERICA				
ECUADOR		Creation of local capacities for sustainable management of sub-alpine ecosystems as a contribution to climate protection and adaptation of smallholding production systems to the changing climate, Regions in the Andes	2	2,184,341.00
		Psychosocial support and basic healthcare provision for earthquake victims, Portoviejo	1	42,955.04
		Health improvement training for women, facilitation of a preventative health-care campaign, Sucumbios Province	1	653,293.72
		Improved agricultural production, harvest processing and marketing in addition to basic and advanced agricultural training for women, Sucumbios Province	1	765,065.00
		Permanent sustainable drinking water provision in 20 indigenous highland communities, northern Andes	1	1,726,630.00
		Support for victims of Hurricane "Matthew", Brodequin and Aquin	2	348,844.00
HAITI		Humanitarian flight with humanitarian aid for the prevention of cholera in the wake of Hurricane "Matthew"	1	41,118.28
COLOMBIA		Construction and operation of daycare centres for the children of internally displaced persons and vulnerable groups, Medellin and the Montería, San Pelayo communities, Departamento Córdoba	2	1,720,069.00
		Basic healthcare provision, food and psychosocial care for Venezuelan refugees and internally displaced persons	1	1,092,000.00
NICARAGUA		Programme aimed at the rehabilitation and social reintegration of street children, Managua, Granada and San Marcos, Nicaragua	1	358,634.00

Partners	Primary Target Group	Project Duration	Donors
DPS, ECZS, MUMAKI, UFEPROV	251,388 Health centre patients	15/02/2015-31/10/18	AA, JUH
DPS, ECZS, UFEPROV	206,628 Health zone residents	01/04/2017 – 31/03/2020	AA, JUH
DPS, ECZS	209,000 Health zone residents	01/12/2017 – 30/06/20	BMZ-ÜH
The Ministry for Women's Affairs Balbala Hospital	2800 Women, men, girls, boys 540 Orthopaedic patients	01/01/2017 – 30/06/18 01/11/2012 – 31/1/19	Else Kröner-Fresenius Foundation BMZ-PT, JUH
AICHM	64,247 Refugees at the Kakuma refugee camp and host community residents	01/01/2016 – 31/08/18	AA, JUH
AICHM, Bloodlink Foundation	26,000 People in six hotspot area	15/05/2017 – 30/10/17	AA, JUH
AICHM	11,550 Rural population	20/03/2017 – 30/05/18	ADH, Matthias-Tantau Foundation, JUH
AICHM	3,600 Rural population	01/07/2015 – 31/08/18	BMZ, JUH
Christian Care	15,000 Particularly vulnerable people	01/08/2015 – 31/07/18	BMZ, JUH
Vétérinaires sans Frontières (VSF)	20,000 rural population	01/04/2017 – 30/09/17	AA, ADH
Christian Care	1,868 Particularly vulnerable people	15/04/2016 – 31/03/17	AA, JUH
Vets without Borders	6800 Women of childbearing age	01/11/2016 – 31/08/18	GIZ
Vets without Borders	5200 female-headed households	15/11/2016 – 31/05/18	GIZ
Vets without Borders	31,454 Particularly vulnerable people	04/09/2014 – 31/03/18	BMZ-ESÜH
HARD	22,700 Rural population	01/05/2015 – 30/04/18	BMZ-ESÜH
German Ministry of Health	2392 Women, pregnant and breastfeeding women	01/06/2017 – 30/09/20	Swiss Chapter of the Order of St. John
Diocese in Wau, UNICEF	6000 Internally displaced people	15/07/2017 – 14/10/17	ADH
UNICEF	68,660 Children under 5 years of age	01/12/2016 – 31/12/18	World Food Programme, UNICEF, JUH
Vets without Borders, UNICEF, WFP	1325 Malnourished children under 5 years of age	01/07/2017 – 30/06/18	CONRAD Foundation
Health Pooled Fund 2	49,549 Pregnant women and children	16/11/2016 – 28/02/17	Health Pooled Fund 2
IEDECA, FHE	76,905 Indigenous people, technical personnel from nature reserves and government organisations	01/01/2014 – 31/12/18	BMZ, BMZ-EKF, JUH
Fundación Alli Causai	1450 Children and adolescents	15/05/2016 – 31/01/17	ADH, JUH, Losito Foundation
FMS	32,470 Women and their families	01/12/2017 – 31/12/20	BMZ-PT, JUH
FMS, PRODAS	6,000 Women and their families, refugees	01/04/2015 – 31/12/17	BMZ-SEWOH
IEDECA	9765 Smallholders in 20 indigenous highland communities	01/01/2016 – 30/06/18	BMZ, JUH
HPE, ASB	118,700 Peasants	01/12/2016 – 31/07/17	ADH
Médecins du Monde	700 People in the region affected by the hurricane	19/11/2016 – 28/02/17	ADH
Fundación Las Golondrinas	7,501 Children and adolescents	01/11/2014 – 31/08/18	BMZ, JUH
Fundación Las Golondrinas	22,470 Internally displaced people and Venezuelan refugees	01/12/2017 – 30/11/20	AA
Los Quinchos	592 Children and adolescents as well as Los Quinchos Association staff	01/11/2015 – 31/08/18	BMZ, JUH

Statistics for 2017

Project Spends by Country in €

AFRICA

Djibouti	543,118.64
Kenya	1,492,957.90
DR Congo	2,227,677.19
Zimbabwe	825,925.36
South Sudan	2,433,590.58
Uganda	72,539.26
Total	7,595,808.93

42.14%

LATIN AMERICA

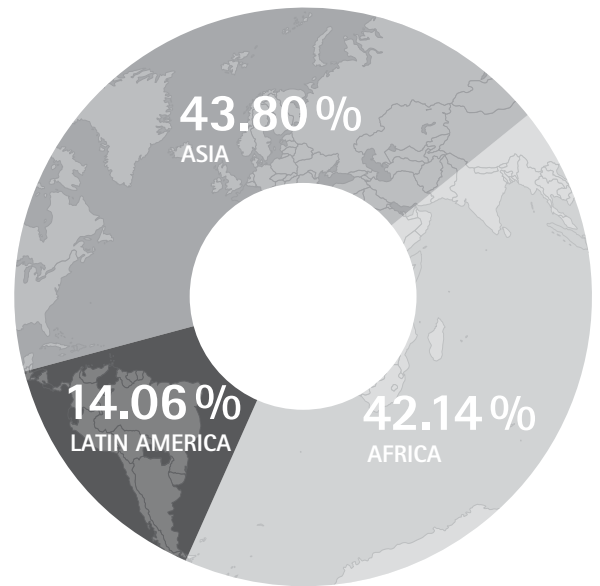
Ecuador	1,918,626.15
Haiti	14,101.87
Colombia	451,093.78
Nicaragua	150,414.32
Total	2,534,236.12

14.06%

ASIA

Afghanistan	729,331.74
Iraq	25,571.44
Jordan	1,059,436.09
Cambodia	1,248,506.65
Laos	7,825.44
Lebanon	255,687.06
Myanmar	1,792,678.83
Nepal	253,869.26
Pakistan	987,032.93
Palestine	103,853.44
Philippines	1,212,026.05
Syria	102,723.04
Sri Lanka	117,530.51
Total	7,896,072.48

43.80%

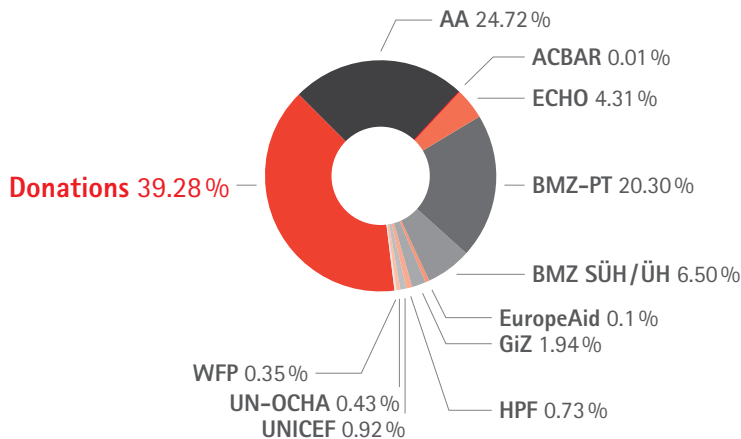


Overall: 18,026,117.53

Origin of funds in €

Donations	7,081,393.78
German Federal Foreign Office (AA)	4,456,171.72
Agency Coordinating Body for Afghan Relief and Development (ACBAR)	1,331.29
The European Commission's Humanitarian Aid and Civil Protection Department (ECHO)	777,137.27
Private Institutions at the Federal Ministry of Economic Cooperation and Development (BMZ-PT)	3,659,449.32
Development Promoting and Structural Capacity Building Transition Assistance at the Federal Ministry of Economic Cooperation and Development (BMZ ÜH)	1,171,300.87
EuropeAid Cooperation Office (EuropeAid)	91,102.91
German Corporation for International Cooperation GmbH (GiZ)	348,863.51
Health Pooled Fund (HPF)	132,179.16
United Nations Children's Fund (UNICEF)	165,857.43
United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA)	77,474.43
World Food Programme (WFP)	63,855.84

18,026,117.53



Our Financial Backers



EUROPEAID

EUROPÄISCHE KOMMISSION



Humanitäre Hilfe



german cooperation
DEUTSCHE ZUSAMMENARBEIT



german humanitarian assistance
DEUTSCHE HUMANITÄRE HILFE



giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH



Development overview of the utilised donations and third-party funds in €

	DONATIONS	TOTAL	THIRD-PARTY FUNDS
2017	7,081,393.78	€ 18,026,117.53	10,944,723.75
2016	8,173,528.77	€ 17,677,496.67	9,503,967.90
2015	7,405,548.44	16,771,515.16	9,365,966.72
2014	8,954,919.52	17,436,409.85	8,481,490.33
2013	10,843,713.71	19,913,825.74	9,070,112.03
2012	9,359,514.76	14,223,489.17	4,863,974.41

Our sponsors in 2017



Every year, more than **120 non-salaried truckers** from all over Germany come forward to volunteer to drive the **Johanniter Christmas trucks** in long convoys during the festive season to deliver Christmas presents to the needy in Romania, Albania, Bosnia-Herzegovina and the Ukraine.

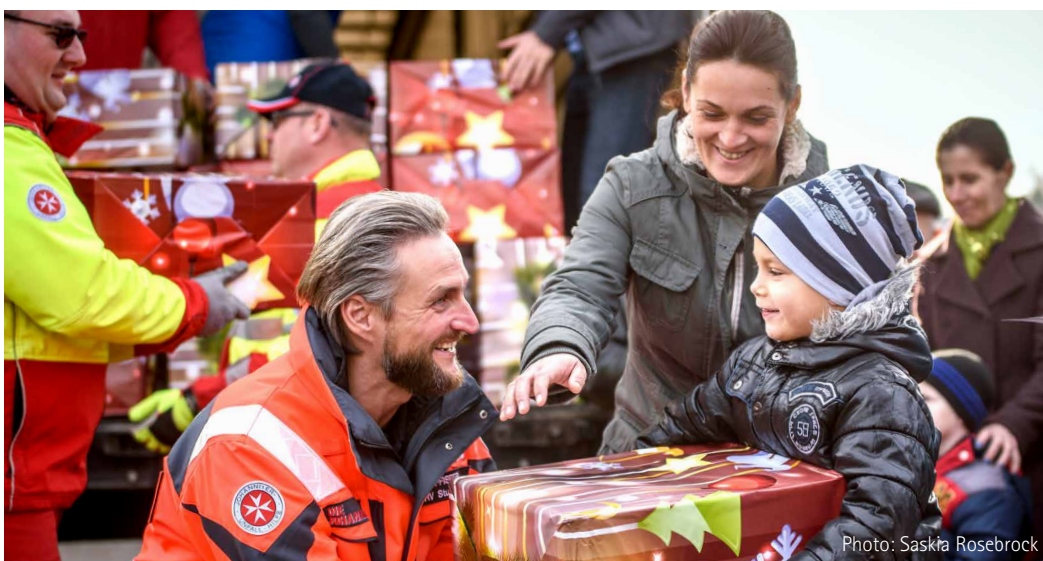


Photo: Saskia Rosebrock

In 2017, **54,901 packages** donated in Germany and containing flour, sugar, oil, hygiene products and sweets provided families with the bare essentials for a time.

Financial Report

On the following pages you will find Johanniter-Unfall-Hilfe e.V.'s income statement and balance sheet for the fiscal year 2017 with details of relevant positions and year-on-year changes.

General Information

Johanniter-Unfall-Hilfe e.V., Berlin, has compiled its annual accounts, comprising a balance sheet, income statement, appendix and situation report on the 31st of December 2017 in compliance with German Commercial Code (HGB) guidelines.

In voluntarily compliance with the HGB guidelines for large corporations, Johanniter-Unfall-Hilfe e.V. structures its balance sheet and income statement in accordance with §§ 266 and 275 HGB as a matter of principle. The allocation and classification requirements for the balance sheet, income statement and evaluation methods have not been changed from the previous fiscal year.

Explanatory Note on Income Statement

Revenue

Sales revenue is generated by emergency services, child day-care centres ground and air transportation, support and social care services, nursing care, home medical alert services, transportation and flight services, meals on wheels, training, other social services, as well as subsidies, grants and other sources of revenue. The increase in revenue compared to the previous year is primarily attributable to growth in emergency services, day-care centres,

nursing care, home medical alert services as well as subsidies and grants. The main areas of decline are support and social care services primarily due to the reduced number of immediate and longer-term accommodation facilities for refugees.

Other operational income includes revenue that is not classified as revenue or financial income under German trade law, and stems primarily from membership fees, donations and bequests, in addition to income generated from the reversal of special reserves and staff expenses as well as profits from asset disposals. Upon receipt of earmarked donations, they are first entered as liabilities

until their final settlement in the balance sheet. The increase in revenue compared to the previous year is primarily attributable to higher income generated from the reversal of special reserves as well as profits from asset disposals.

Expenditures

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

Income statement for the period 01/01/2017 to 31/12/2017

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

	2017 T€	2016 T€	Discrepancy T€
Sales revenue	984,352.1	1,054,491.1	-70,139.0
Other operational income	136,705.3	129,425.8	7,279.5
Expenditure on raw materials, supplies and rendered services	-143,254.6	-199,205.2	55,950.6
Personnel expenditure	-698,547.3	-658,865.9	-39,681.4
Depreciation on intangible fixed assets and tangible assets	-52,521.3	-71,801.7	19,280.4
Other operating expenditure	-208,775.7	-235,222.6	26,446.9
Financial result	-1,531.5	-1,350.2	-181.3
Pre-tax result	16,427.0	17,471.3	-1,044.3
Income and other taxes	-451.8	-1,162.4	710.6
Annual result	15,975.2	16,308.9	-333.7
Allocation to reserves	-15,975.2	-16,308.9	333.7
Balance sheet result	0.0	0.0	0.0

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

Expenditure on **depreciation and amortisation** was due to the depreciation and amortisation of intangible and tangible fixed assets. The decrease is attributable to a fundamental standardisation of the service life of buildings, in which context amortisation in 2016 was compensated by means of non-scheduled write-downs. In addition, the partial value depreciation of properties in 2016 was calculated on the basis of expert valuations.

A range of items are included among the **other operating expenditures**, including vehicles, premises, upkeep and maintenance, membership acquisition and fund-raising campaigns, cleaning and cleaning materials, taxes, security contributions and insurance, advertising as well as extraordinary expenditures. Other expenditures include telecommunications, training, general staff expenditure, business travel costs, hospitality, representation as well as legal and consultancy costs. The extraordinary expenditures for risk provisioning for eventual reclamations due to the "30 /53" pricing regulations have sunk drastically due to declining

turnover. Servicing and maintenance costs have gone down in the wake of comprehensive maintenance and servicing measures carried out at business premises and offices as well as additional expenditure for the purchase and exchange of home medical alert devices in the previous year. Cleaning costs have gone down due to reduced service provision in the refugee aid sector.

Based on allocation criteria set out by the German Central Institute for Social Issues (DZI), the total expenditure for public relations and marketing as well as administration for the reporting year expressed as a percentage of total expenditure, was 13.3 percent (administration: 9.9 percent; public relations and marketing: 3.6 percent).

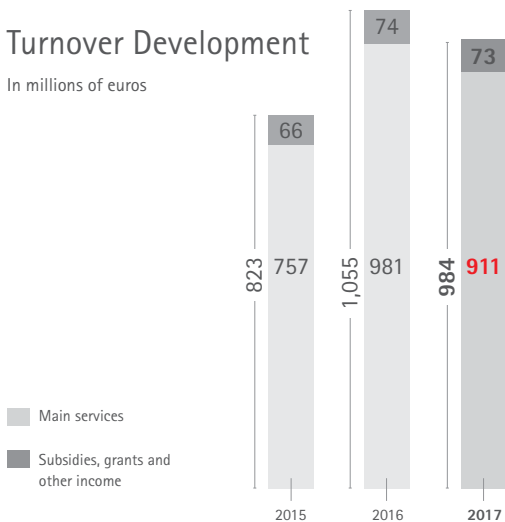
On the income side, the **financial result** is primarily based on revenue generated from financial assets and, on the expenditure side, on interest payments on long-term investment loans.

Balance sheet result

The income statement shows an annual surplus of €16 million. This will be set aside as reserve funds to safeguard the charity's future viability.

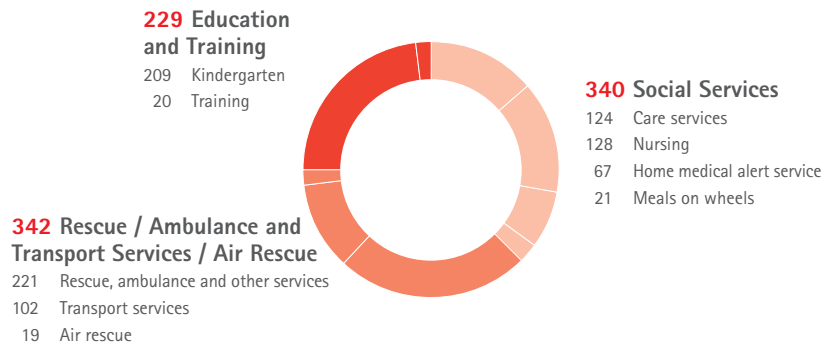
Turnover Development

In millions of euros



Breakdown of Main Services

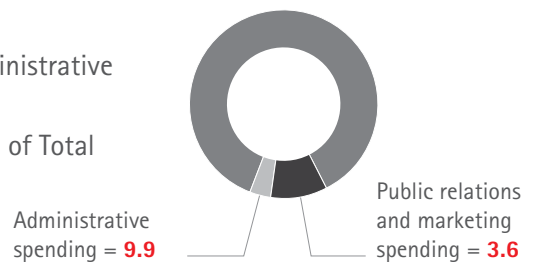
In millions of euros



Total Marketing and Administrative

Spending as a Percentage of Total

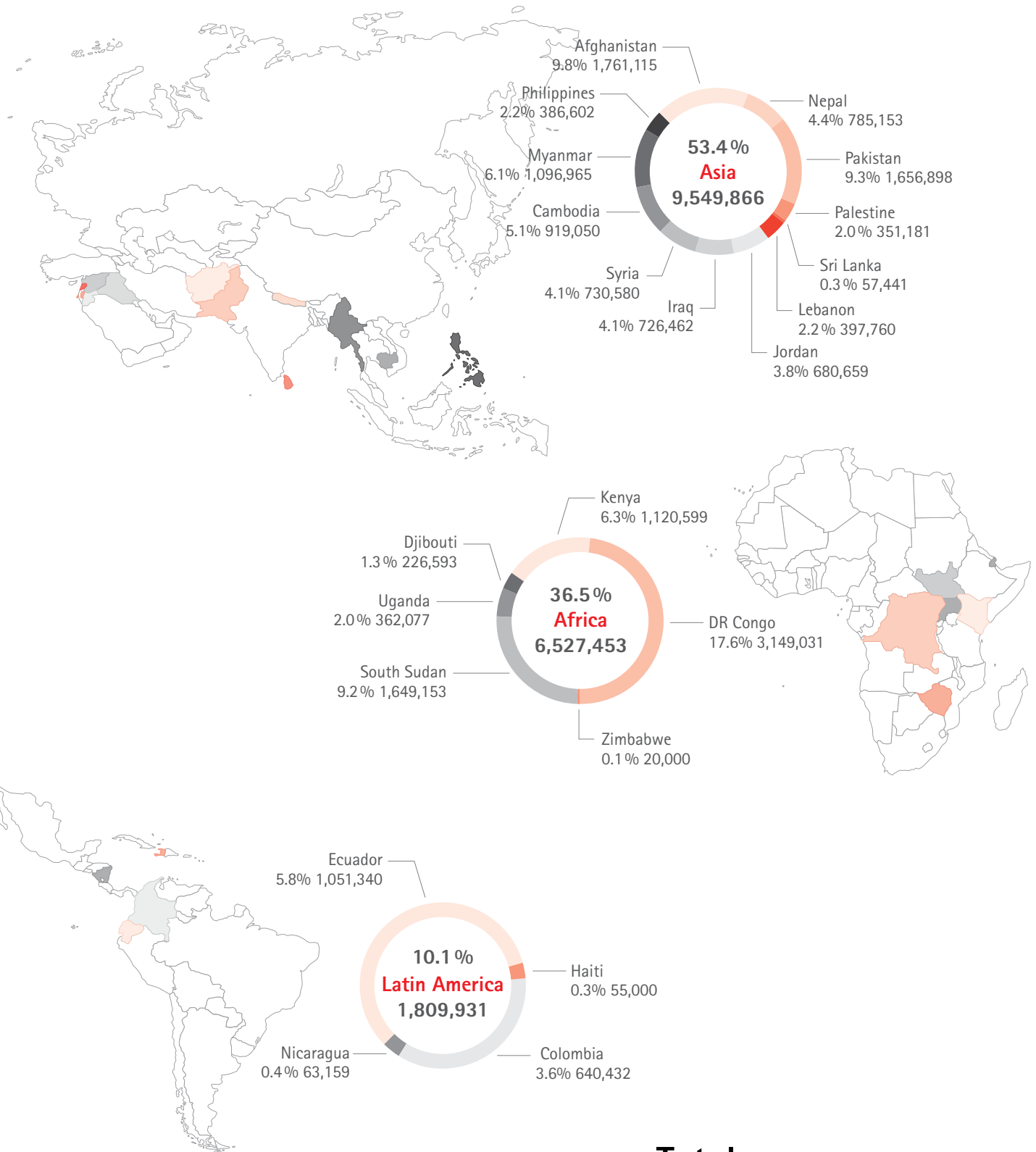
in per cent



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

Outlook for 2018

Planned Regional Expenditures in euros



Total
17,887,250 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.

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

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

Founded in 1952, **Johanniter-Unfall-Hilfe e.V.** is an organisation within the Order of St. John. It is supported by over 20,000 full-time staff and some 36,000 volunteer workers. Around 1.3 million people make regular donations to Johanniter-Unfall-Hilfe e.V.

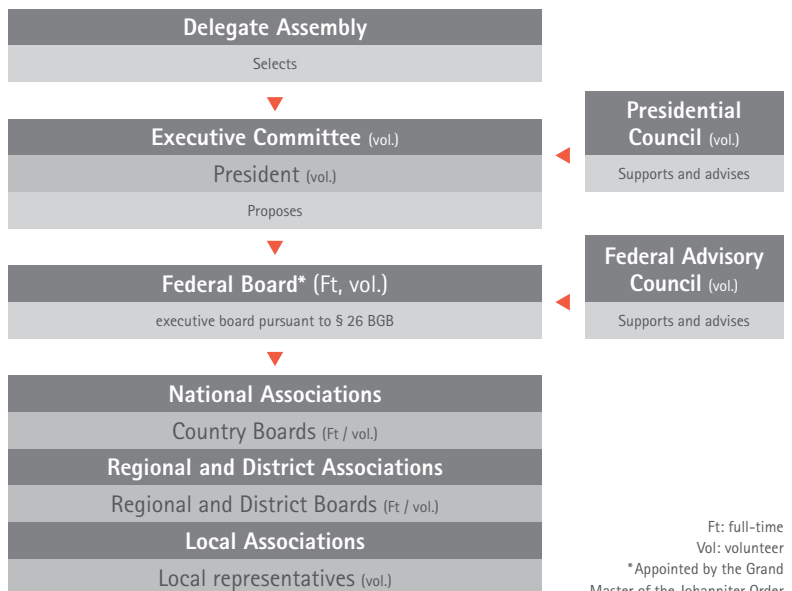
Johanniter-Unfall-Hilfe is subdivided into nine federal associations and around 300 regional, district and local associations. Its executive bodies include the Delegate Assembly, the Executive Committee and the Federal Board. The Delegate Assembly meets once a year and is the most senior decision-making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

The Executive Committee, which is elected by the Delegate Assembly, is responsible for taking fundamental decisions concerning the association's policy, and also monitors the activities the Federal Board. The Executive Committee is headed by the President, who is also the most senior representative of Johanniter-Unfall-Hilfe e.V. Johanniter-Unfall-Hilfe e.V. is managed by the Federal Board whose members – three at most – are appointed by the Grand Master of the Order of St. John on the recommendation of the Executive Committee.

Johanniter International Assistance

Johanniter-Unfall-Hilfe e.V., is bound by statute to provide humanitarian relief abroad: Johanniter International Assistance is responsible for implementing this task from its national headquarters in Berlin. This organisational unit reports directly to the Federal Board and is subdivided into project departments, support departments (logistics, finances, public relations, HR), consultants (public health, medical disaster response and monitoring) and the management level, which includes staff units dedicated to strategy and quality as well as policy and liaison. In 2017 there were 221 international and local staff working in Berlin and in the 12 country offices.

Structure of Johanniter-Unfall-Hilfe e.V.



Ft: full-time
Vol: volunteer

*Appointed by the Grand Master of the Johanniter Order



This project report has been prepared using climate-neutral resources including 100% green energy, 100% plant-oil-based inks and printed on 100% FSC® paper.

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

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