January
Following the presidential elections on December 27, 2007, a wave of violence swept across western Kenya. Thousands of houses, businesses, and schools were destroyed. The fighting resulted in 1,000 casualties, and over 300,000 people were forced to leave their homes. St. John Ambulance Kenya was present to administer emergency medical treatment and provide medical transport, while Johanniter supported its sister organisation by donating medicine and blankets valued at 180,000 Euros.

February
More than 650 Afghans died following heavy snowfalls and temperatures of minus 25 degrees Celsius. In Herat, Johanniter distributed food, blankets, and clothing to families in need. A mobile team of physicians also provided medical care and transportation.

March
Together with local partners and government representatives, Johanniter handed over 23 newly constructed sample homes to needy families living in Kashmir, Pakistan. The project was started in April 2006 to help accelerate the reconstruction process in 23 villages. Aside from building a sample home in each village, Johanniter also provided counselling and support to the local population.

April
In response to the ongoing humanitarian crisis in the eastern part of the country, Johanniter opened an office in Goma, North Kivu. The office will be used to improve the healthcare and food situation for over 370,000 displaced people living in the region.

May
On May 2nd and 3rd, cyclone ‘Nargis’ swept across southern Myanmar. The storm claimed the lives of 140,000 people, and a total of 2.5 million were affected by its aftermath. Johanniter dispatched several assessment teams, and distributed medicine together with local and international partners, treating approximately 189,000 patients.

June
On behalf of the “Max Planck Institute of Evolutionary Anthropology” in Leipzig, a seven member Johanniter team and five rescue dogs traveled to Salonga national park in the Democratic Republic of Congo to search for a 23 year old female biology student who went missing following a trip to the jungle.
July
Throughout the year, Germany’s Foreign Office donated funds totalling over one million Euros to Johanniter for projects in Congo. The money was used to renovate seventeen hospitals and health stations in the provinces of Katanga and North Kivu, and stock the facilities with medicine, therapeutic foods, and medical equipment.

August
On August, 9th, Georgia and the Russian Federation engaged in an armed conflict over the breakaway regions of south Ossetia and Abkhazia. Tens of thousands fled the area, and hundreds were killed. Johanniter has ongoing projects in Tbilisi, and regularly treats patients for injuries or disabilities sustained during war.

September
Johanniter International Assistance held a three-day staff training seminar, during which employees of the International Assistance department simulated a disaster occurring in Latin America.

October
From October 2nd to 5th, alliance partners of Germany’s relief coalition “Aktion Deutschland Helft e.V.” convened at Potsdamer Platz in Berlin to showcase their response processes following a natural disaster. The presentation stood under the heading “Emergency Aid Close Up”. Johanniter International Assistance drew attention to the challenges facing physically disabled persons.

On October 27th, an earthquake shook the Pakistani province of Balochistan. Approximately 300 people were killed, thousands were injured, and 46,000 were rendered homeless. Mobile Johanniter teams ensured that medical care was made available.

November
Members of the German government as well as representatives from Germany’s Foreign Office, the Federal Chancellery, and Johanniter International Assistance attended a breakfast meeting on November 27th to discuss the successes and challenges of projects in the DR of Congo.

December
From December 4th to December 22nd, Johanniter held an exhibit at Hamburg’s town hall titled “Hope Following the Earthquake”. Dr. Volkmar Schoene, head of the state chancellery, invited 50 guests to the opening on December 4th, among them Ifat Imran Gardezi, a representative of the Pakistani embassy. Mrs. Gardezi expressed her thanks for Johanniter’s involvement in Pakistan.
Dear Reader,

What thoughts and feelings spring to mind when you reflect on 2008? Did you experience pleasant or sad moments? Do you wish you could forget the events of the past year or relive them again?

For the poorest people of the world, 2008 was a dramatic year. Hundreds of thousands died during natural disasters, famines, wars, and conflicts, and millions were rendered homeless, or had to flee their villages. Cyclone "Nargis" destroyed a large part of the Irrawaddy delta in Myanmar, and 10,000 were killed during the earthquake in China, and a million people fled from military conflicts in the Democratic Republic of Congo.

There is also no end in sight to the violence in Sudan, Afghanistan, and Pakistan, leaving the population to suffer. Medical facilities are looted or destroyed, schools and businesses are closed, and fields are laced with mines. This results in unemployment, hunger, and poverty.

To help break this vicious cycle, Johanniter supports people in need by providing food and income-generating measures, and also renovates and reconstructs health stations, equips orthopaedic workshops, and trains local technicians, physicians, and caregivers on professional treatment methods. In addition, Johanniter trains volunteer community health workers in regions difficult to access, and converts all-terrain vehicles and boats into mobile ambulances.

Over 600 fulltime employees and volunteers assist Johanniter locally and internationally by implementing projects, often under difficult circumstances, to benefit the needy. Without their commitment our work would not be possible.

We would like to express our gratitude to our donors who continued to show their support in 2008. With this report, we hope to illustrate how we have helped people in need around the world.

Berlin, July 2009

Preface

Hans-Peter von Kirchbach
President of Johanniter-Unfall-Hilfe e.V.

Volker Bredick Rainer Lensing Wolfram Rohleder
Federal Board of Johanniter-Unfall-Hilfe e.V.
Inhabitants of the Irrawaddy delta refer to the cyclone that destroyed an entire region in one night (May 2nd to May 3rd) as "Nargis the Terrible". Some were luckier than others: D’Aye Aye and her family were able to save themselves. They clung to a boat and drifted for six long hours, while their village was swallowed by waves reaching several metres in height. That night, every tenth villager lost his/her life, and several days passed before help reached the farthest southern parts of the delta.

D’Aye Aye was in the last stages of her pregnancy, and shortly after the cyclone hit she made her way to Labutta to give birth. Even before the cyclone swept across the delta, medical care in the vast region was insufficient at best: She had to travel several hours by boat to reach a health station. The storm made not only collapse the wooden huts in the village, but also destroyed hospitals and health stations. Many physicians, midwives, and nurses were among the 140 000 casualties.

Medicine for Hundreds of Thousands
By the time D’Aye Aye gave birth to a healthy baby boy on May 12, a Johanniter assessment team had already reached in Myanmar. “We urgently require medication to treat the many injured. Our partners told us that many suffered fractures, or extensive skin injuries on their backs, which were caused by palm leaves hurling through the air,” the Johanniter team reported. In response, the team visited local pharmacies, where it purchased antibiotics, medicine to treat diarrhoea, as well as dressing material. At the same time, Johanniter’s operation centre in Berlin organised the delivery of additional medicine and dressing material using an airplane of the “German Federal Agency for Technical Relief” (THW).

Initially, the government of Myanmar was sceptical towards foreign assistance, and only permitted short trips into the outskirts of the affected regions. As a result, Johanniter had to rely on its international and local partners to distribute the relief goods. Together
with its partners ADRA and "World Vision", Johanniter was able to finally deliver the relief items.

**Remarkable Dedication**

Johanniter was particularly impressed by the dedication the civilian population displayed. "Immediately following the cyclone, several groups were formed to help victims living in the delta," recalls Monika Eders, Head of the assessment team. People helped where they could: some donated goods, others lent their time to help load medical supplies or offered their facilities as treatment rooms. Physicians and nurses from across the country travelled to the hardest hit regions to offer their services.

With the assistance of the public, and the medicine provided by Johanniter, 169,000 people were treated in the first few weeks following the storm.

**Long-term Assistance**

Despite the efforts put forth during the disaster relief phase, health conditions remain dire for the population living in the delta. Some of the challenges include: infectious diseases, lack of clean drinking water, and malnutrition. In response, Johanniter supported a new project in November of 2008. The project is led by the local relief organisation "ADRA Myanmar", which has teams of physicians and midwives travelling to 96 remote villages where they administer medical care and educate locals on topics such as first-aid, proper nutrition, prenatal care, and hygiene.

During one such mission, we met D'Aye Aye again. She comes here regularly with her three children to take advantage of the medical checkups and counselling services. Her son who was born under such difficult circumstances just celebrated his first birthday.
2008 experienced its share of natural disasters and conflicts, which resulted in more than 220,000 lost lives, and included earthquakes in China, flooding in India and Brazil, cyclones in the Caribbean, armed conflicts in Sudan, the Democratic Republic of Congo as well as Afghanistan, and Iraq.

On a global level, Johanniter continues its involvement by preparing victims of natural disasters and conflicts for future catastrophes. Johanniter’s international assistance continues to focus on disaster relief and disaster preparedness. Healthcare continues to be the core area of expertise, will Johanniter also helps people regain or improve their standards of living. This may include rebuilding schools, health stations, and houses, or encompass start-up funding to help generate new income.

**Disaster Relief**

The term “Disaster Relief” includes the following: quick response time, relief measures, within a limited period of time, within a disaster area. The foremost aim is to save lives and provide basic humanitarian needs within as short a period as possible. In case of an disaster, Johanniter quickly dispatches an disaster relief team, delivers medical consumables, sets up emergency shelters, and distributes blankets, as well as kitchen and sanitary kits.

**Disaster Preparedness**

Disaster preparedness focuses on limiting the impact of future natural disasters. This includes preventing the loss of human life, and minimising damages to local infrastructure through earthquakes or cyclones. Persons residing in a high-risk area are taught how to conduct themselves in case of a disaster, and which logistic and organisational preparations to implement.

Johanniter not only supports the construction of earthquake-resistant health stations and houses or the acquisition and furnishing of ambulances, but also focuses on preparing the civilian population for potential disasters. This entails training of first-aid instructors to conduct first-aid seminars throughout regions susceptible to natural disasters. Basic first-aid skills can save human lives: as a rule, the local population is the first on scene to help after a disaster has struck. By partaking in a first-aid course they are able to provide crucial care to an injured person, which greatly increases his/her chance of survival.

<table>
<thead>
<tr>
<th>Project Expenditures in Sector Disaster Relief and Preparedness (in Euro)</th>
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<tbody>
<tr>
<td>Disaster Relief</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
Projects Benefiting Victims of Natural Disasters

Afghanistan
During the winter months of 2007/2008 heavy snowfall and temperatures below 25 degrees Celsius caused the death of over 650 people in the western and central provinces of Afghanistan. A total of 220,000 families were affected by harsh weather conditions. In response, Johanniter provided food, blankets, and clothing to 1000 families living in the province of Herat for a period of one month. In addition, a mobile medical team treated patients at the Maslakh camp (a 20 km trip) near Herat. The camp, which was established in 2002, is home to 25,000 refugees and internally displaced Afghans.

Indonesia
Due to its geographical location, Indonesia is one of the countries most affected by natural disasters. Between 2000 and 2008, Indonesia recorded 49 floods, 30 earthquakes, 24 landslides, 9 volcanic eruptions, and 2 tsunamis. To protect the population from future disasters, Johanniter constructed earthquake-resistant houses, schools, and health stations on Java, Nias, and Sumatra. The health stations are used to conduct first-aid and disaster preparation courses, and to assist the local population in income generating activities.

Pakistan
During the early morning hours of October 29th, a 6.5-magnitude earthquake shook the Pakistani province of Balochistan. Many residents were asleep when the earthquake hit, and were subsequently buried under the rubble of their collapsing homes. Approximately 300 lost their lives, thousands were injured, and up to 70,000 were rendered homeless. Working in the area since the 2007, Johanniter was able to quickly dispatch an ambulance to the earthquake region and begin treating up to 500 patients daily.

In addition, Johanniter distributed transitional shelters, blankets, stoves, and warm clothing to 700 needy families. Johanniter also continues its endeavours in provinces previously hit by natural disasters. In the Kashmir region, for instance, Johanniter currently supports rehabilitation activities and also initiated several projects to strengthen civil society. Furthermore, Johanniter held first-aid and disaster preparation courses at schools and communities in the Northwest Frontier Province, Kashmir, and Balochistan.

Sri Lanka
Together with the local sister organisation St. John Ambulance Sri Lanka, Johanniter trained first-aid instructors who now share their knowledge with the local population. In future, St. John employees will be able to hold courses on disaster preparedness at four education centres currently being built throughout the country. To further improve the emergency response system jointly set up by Johanniter and St. John Ambulance, the german EMT instructor Volker Kleinert offered education courses for rescue workers and first-aid instructors.

Indonesia – Using a Personal Loan to Grow Vegetables

Johanniter and “SP Aceh”, a local organisation, help women by offering literacy courses and by providing information on income generating. Mrs. Ibu Hilmiah who lives in a village called Lambadeuk received a personal loan to purchase a piece of land. Now she grows cassava, chilli plants, and vegetables, which she sells at the local market.

Photo: Jörg Loeffke / Aktion Deutschland Hilft
Afghanistan is considered one of the poorest countries in the world. Due to ongoing fighting, displacement, destruction of local infrastructure, and a global increase in food prices, millions of Afghans rely on international assistance. 2008 was a particularly difficult year for Afghanistan. Following a long and hard winter, the summer months brought several periods of drought, which destroyed over 70 percent of the country’s harvest. Today, more than eight million are affected by the food crisis.

The situation is catastrophic. Approximately 235,000 people live in makeshift camps. They are either returnees from Iran and Pakistan, or internally displaced persons from various regions throughout Afghanistan. “26,000 people live without sanitation, medical care, or drinking water at camp Maslakh alone, which is located 20 kilometres from Herat.” reports Sarder Jahangir, Country director of Johanniter in Afghanistan.

In response, mobile Johanniter medical teams travelled to various camps throughout the province of Herat three times per week, where they provided medical care, and distributed food consisting of flour, rice, beans, and cooking oil. Particularly the food deliveries were of great help. Due to the food crisis, goods had to be purchased abroad, thus raising food prices immensely. A loaf of bread cost 9 cents in 2007 – today the same loaf costs 15 cents. “Neither international organisations nor the government can provide food aid, because the camps are located deep in the countryside, making travel very dangerous,” explains Jahangir.

The journey to the camps around Herat is also a major undertaking for the Johanniter teams. Only following an in-depth check of the route and after consulting with the local provincial government will a trip be approved. But Sarder Jahangir witnesses what this help means to the population on a daily basis. “Many mothers just sit crying in front of their houses, because they simply do not know what to feed their children. And when we arrive with our trucks they spend hours in line for a little bit of food.”
Kenya and the Democratic Republic of Congo – Help for Internally Displaced Persons

Natural disasters are not the only cause of hunger, epidemic outbreaks, or displacement. Frequently, conflicts also compromises the livelihood of people and forces them out of their villages. Catalysts may include ongoing armed conflicts, such as in North Kivu, a province in the eastern part of the Democratic Republic of Congo, or a sudden outbreak of violence, as occurred following the presidential elections in Kenya at the beginning of 2008.

In western Kenya, thousands of houses, businesses, and schools were destroyed in December 2007, when violence erupted between rivaling tribes. Thousands were killed, and over 300,000 were expelled from their homes, forcing them to find shelter with relatives in other parts of the country or at camps, churches, schools, and police stations. Johanniter and its sister organisation St. John Ambulance Kenya were present from the onset of the unrest to administer medical care. Equipped with six ambulances, they travelled into the affected regions to treat patients or transport them to hospitals. “At times, close to 150 volunteers worked around the clock to treat up to 300 patients daily,” recalls Eva Mwai, coordinator of St. John Kenya. During the course of the project, Johanniter treated 38,000 people (mostly children), and transported more than 1000 injured and critically ill patients to hospitals.

In 2008, fighting between government and rebel troops continued in the province of North Kivu, in the eastern part of the Democratic Republic of Congo, where villages were torched, and women and girls raped. More than one million Congolese fled and sought shelter in forests, temporary camps, or the provincial capital of Goma. Many of the displaced were traumatised and undernourished. To ensure medical care, Johanniter offered its support to St. Benoit hospital in Kitshanga, located 80 kilometers north of Goma, by providing additional beds, medicine, and food. Children and families also found shelter at the “Don Bosco” orphanage in Goma. The centre was already home to 2000 street kids and orphans, when it took in an additional 1000 families that had fled the fighting. Johanniter handed out kits containing household items to the families, and donated medicine to the facility.

1. Johanniter provided food and medicine to the people of Afghanistan during one of the harshest winters on record.
2. In November 2008, tens of thousands fled from their villages in North Kivu following a resurgence of violence.
3. Following an outbreak of violence in Kenya, tens of thousands were expelled from their homes. Many ended up living in camps, where they received care from Johanniter and St. John Ambulance.
The 1978 Alma-Ata declaration defines health as “a state of complete physical, mental, and social well-being.” The term “primary healthcare” refers to universally accessible essential healthcare. Primary health encompasses physical, psychological, and social aspects related to the state of health.

The Alma-Ata declaration states that every human being must be given access to primary healthcare, that the human right to healthcare is universal, and should be implemented equally on a worldwide level.

This is reflected in the eight “Millennium Development Goals” also, which were passed by 189 member states in September 2000 at the United Nations general assembly. The international community pledged to reduce poverty, hunger, disease, illiteracy, environmental damage, and discrimination based on sex. The timeframe to attain these goals was set for 2015.

Johanniter actively contributes to the above listed goals with healthcare projects in Asia and Africa. Johanniter is particularly committed to three millennium goals: lowering maternal and infant mortality, fighting HIV/AIDS, and reducing extreme poverty and hunger. Johanniter focuses on the following:

- providing essential medicine
- treating illnesses and injuries, and supporting medical facilities with materials, medicine, and personnel (e.g. offer assistance to health stations and ambulances)
- preventing and fighting infectious diseases (malaria, HIV, tuberculosis)
- offering prenatal care, obstetrics, and paediatric medicine
- providing supplementary food for the malnourished and undernourished
- offering educational courses on health and hygiene
- providing sanitation facilities
- offering psychosocial support

**Project Expenditures in Sector Primary Healthcare by Continent (in Euro)**

<table>
<thead>
<tr>
<th>Continent</th>
<th>Expenditures</th>
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</thead>
<tbody>
<tr>
<td>Africa</td>
<td>3,500,497.40</td>
</tr>
<tr>
<td>Asia</td>
<td>2,551,523.68</td>
</tr>
<tr>
<td>America</td>
<td>17,923.61</td>
</tr>
<tr>
<td>Europe</td>
<td>12,070.27</td>
</tr>
<tr>
<td>Total</td>
<td>6,082,014.96</td>
</tr>
</tbody>
</table>
Global Support to Sick and Injured Persons

**Afghanistan**
Despite efforts by the international community, Afghanistan continues to be ranked the fifth poorest country in the world. About 25 million Afghans live below the poverty line, 77 percent are without access to clean drinking water, and in many places medical care is lacking. In response, Johanniter continued to deliver medicine to three clinics in Herat, and trained 204 volunteers from communities throughout Herat province to become community health workers. The workers now provide primary medical care throughout 102 villages in the province. A health station was set up in each village. Patients requiring intensive treatment are transported to one of three clinics in the province. In order to better recognise diseases, such as tuberculosis, and to treat malnutrition, the clinic at Rawashan added a lab and nutrition centre. As a result, 106,329 patients were treated by qualified medical staff in 2008.

**Angola**
In March 2008, Johanniter opened a TB station in Bocoio. Aside from providing medicine, medical consumables, and equipment, Johanniter was also able to help the supporting Christian organisation integrate the facility into the national healthcare system (end of 2008). In 2009, Johanniter will concentrate on a new project in Benguela province: Two health stations in the rural communities of Bambi and Kasua will be renovated and furnished with medicine, medical consumables, and equipment, thus restoring medical care for 80,000 residents in the region.

**Democratic Republic of Congo**
2008 was overshadowed by violence in the eastern parts of Congo. At the end of August 2008 fighting escalated in North Kivu, and more than a million Congolese fled their villages. Many found shelter around Goma, where temporary camps have been established. The refugees live off provisions they have either carried with them, or food provided by international relief organisations. Johanniter delivered medicine as well as therapeutic and supplementary food to St. Benoit hospital in Kitshanga. The “Don Bosco Ngangi” orphanage in Goma, which cares for thousands of street kids and orphans, also received medicine and food. Johanniter renovated four hospitals and twelve health stations in Katanga province, and stocked them with medicine, therapeutic and supplementary food, as well as medical equipment. In addition, Johanniter paid the salaries and education courses for the personnel. As a result, 15,000 patients were treated at the facilities.

**Mother and Child Care in Southern Congo**
During the rainy season, Mufunga-Sampwe, a village in Katanga province, is almost completely cut off from the outside world. Food and medicine has to be flown in with small Cessna planes. Due to undernourishment and a lack of medical care, many infants die during or shortly after birth. With the assistance of Johanniter, the local hospital now offers prenatal and postnatal care for pregnant and lactating woman.

1. Local community health workers provided initial medical care in Herat province, Afghanistan.

Photo: Johanniter

Photo: Johanniter
**Djibouti**
The slums of Djibouti City are home to over 200,000 people. They live in shelters made from animal hide, cardboard and corrugated iron sheets, and have to cope without clean drinking water or electricity. Conditions are particularly difficult for children. Approximately 30 percent of children under the age of five are malnourished or undernourished. In 2008, Johanniter supported seven feeding and health centres in the Balbala and Arhiba slums by distributing therapeutic and supplementary food, medical equipment, and household items, such as bed sheets, baby scales, hotplates, and therapeutic toys used for psychomotoric therapy. As a result, 3,500 undernourished children received care. An additional 20 people were trained to become community health workers. The goal was to heightening awareness concerning nutrition and hygiene, and to counteract malnutrition. The community health workers now perform house calls on a regular basis.

**Georgia**
There are few medical facilities in the rural regions of Georgia. In cooperation with the United Nations, Johanniter supported “SOCO”, a local organisation, which provides medical care in remote areas of the country. With a strong focus on mother and child care, mobile teams consisting of gynaecologists, general physicians, and nurses set out in 2008 to treat approximately 6,700 women living in northern and southern Georgia.

**India**
Without an old-age pension or social networks to fall back on, many seniors live below the poverty line in India. They cannot afford medical care, and fully rely on their children or younger relatives. If family members cannot look after their elders, seniors often find themselves in a life-threatening situation. In 2008, to remedy the situation, Johanniter worked together with “Samhathi”, a local organisation active in the

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**Mobile Eye Ambulance for Palestine**

Johanniter and “St. John Eye Hospital” treat eye disease in the West Bank. Three times per week, a seven member team travels into Palestinian territory to fit reading aids and glasses, dispense eye drops, measure intraocular pressure, and answer questions regarding healthcare – particularly diabetes. In serious cases, the patient is referred to the eye clinic in Jerusalem.

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1. In southwest India, Johanniter trained volunteers in home-based care.
2. Patients living in the region received care at a small health station on Nias, Indonesia.
province of Kerala, southern India, and trained 450 volunteer and 19 fulltime nurses in home-based care. The predominantly female nurses from rural communities in Alleppey were schooled on topics covering palliative care, complications during illnesses, caring for neighbours, medicine, treating wounds, and communication. Upon graduation, the volunteer nurses will care for over 2,000 bedridden patients from poor families in 92 villages across the Alleppey region. Another 210 social workers help families fill out forms, and also accompany them on official errands.

Indonesia
Despite much progress in the healthcare system, Indonesia still faces many deficits in caring for the broader public. The United Nations estimates that 23 percent of the population do not have access to medical care. In order to provide healthcare to people living in the remote regions of Sumatra and Java, Johanniter and a local organisation implemented several relief projects. This included purchasing ambulances and boats, equipping health stations, and offering courses on health and hygiene.

Kenya
Through home-based care patients living with AIDS or chronic illnesses can receive professional care in familiar surroundings. Johanniter and St. John Ambulance Kenya trained 400 volunteers to become community health workers. The volunteers visit patients in their communities, administer supplementary food and medicine, and pass along their expertise to family members who then in turn are able to provide care. This helps to remove the stigma attached to AIDS, and guides patients out of isolation. Johanniter also started a programme dispensing personal loans, with which the volunteers can start a business and generate an income.
Pakistan
During the past three years, natural disasters including earthquakes, floods, and cyclones destroyed a large part of Pakistan’s infrastructure. Numerous medical facilities were destroyed, and entire regions remain difficult to access due to landslides. In response, Johanniter’s medical projects focused on provinces that were particularly hard-hit, such as Kashmir, Balochistan, and the Northwest Frontier Province. In Kashmir, Johanniter built three mother and child care stations to ensure proper medical care for pregnant women and children. A community centre was also constructed to hold education and first-aid courses. A mobile Johanniter team distributed medicine and supplementary food among women and children in the districts of Chaghi and Nushki (Balochistan), in Peshawar and in the district of Charsadda (Northwest Frontier Province). Education courses on hygiene, family planning, and nutrition also take place.

Sri Lanka
In 2008, with financing from the “Federal Ministry for Economic Cooperation and Development”, Johanniter was able to lay down the foundation for the building and grounds of “Mahamodara maternity clinic”, which will stretch 7,108 square meters. The clinic had been severely damaged during the 2004 tsunami, and had to be rebuilt.

Sudan
The main challenge facing Sudan is the health of its population in the conflict zone of Darfur. The region has a shortage of medical facilities, medicine, and personnel. According to the Sudanese Health Ministry and the “World Health Organization” (WHO), there are only 34 health stations in the district of Ed Al Fursan in southern Darfur – at least 56 would be urgently required to cover the demand. To reach the hospital in Ed Al Fursan from either health station requires a journey of 15 to 90 kilometers. Depending
on weather conditions, patients will travel from a few hours up to two days on donkeys or by horse buggies. In response, Johanniter renovated six health stations and three hospitals in the Ed Al Fursan district, and also provided medicine and medical consumables. Furthermore, Johanniter also hired specialists, paid staff salaries, and offered continuing education courses. As a result, the health stations treated approximately 50,000 people in 2008, and held courses for close to 200,000.

Zimbabwe
Little is left of Zimbabwe’s former riches. Food, electricity, petrol, and medicine are scarce commodities. Medical facilities have shut down, or only offer treatment for money. The situation escalated in November 2008, when 60,000 fell ill with cholera. Due to a lack of medicine and clean drinking water over 4000 people died. Johanniter delivered medicine and medical consumables to four hospitals in rural regions, treating thousands of patients. Together with St. John Ambulance Zimbabwe, Johanniter also started a self-help initiative. Adolescents who care for severely ill family members can partake in a seven day home-based care course to learn how to properly care, feed, and wash their family members. They are also taught basic housekeeping skills and first-aid. At the end of the training, they receive an internationally recognised certificate, which allows them to apply as a auxiliary nurses throughout Zimbabwe and even globally.
Traditionally, birth attendants take care of pregnant women and newborns throughout villages in Pakistan. When complications arise they are often unable to help and quite frequently mothers die during or shortly after childbirth. A lack of hygiene, medical equipment, and medicine also contribute to this fact.

Johanniter set out to remedy the situation. Together with local agencies and the United Nations, Johanniter set up three mother and child care stations in the province of Kashmir. “We drove from village to village to inform women and mothers about our project. Today, many mothers and children take advantage of our services,” reports Naseer Ahmad Kakar, Johanniter Country director in Pakistan.

When women leave their mountain villages, often in their last trimesters, they have to travel for hours either by foot, camel, or even wheelbarrow to reach a mother and child care station. At the station they are examined, receive a sanitary kit, and participate in courses covering topics such as family planning, infectious diseases, how to care for a newborn, and the benefits of breastfeeding. “Family planning in particular is an interesting topic for the women. After giving birth to several children (often three to seven), many women wish to avoid additional pregnancies, and inquire about birth control options,” explains a staff member. Each station has ten employees and they are responsible for up to 19,000 women, and will also try to get partners and husbands involved in the project. “Husbands are asked to remain in the room during an examination, and encouraged to participate in education courses,” explains Kakar.

The children are born either at the station, or if complications arise, at a hospital. In 2008, a total of 464 children were born at Johanniter stations. To ensure their health and wellbeing, Johanniter offers vaccination programmes, regular medical exams, as well as growth monitoring and nutrition programmes for underdeveloped children.
Zimbabwe – A Day at a Hospital

It is eight o’clock on Monday morning, and the head physician at the small rural clinic in Zimbabwe just started his day with rounds at the maternity station. He examines infants born over the weekend, as well as all new patients. The midwife draws his attention to a woman who is nine months pregnant with elevated blood pressure. Following an in-depth exam, he decides to induce labour, and later that night the woman gives birth to a healthy baby.

Thirty-five patients wait at the male ward. Many of them have pneumonia, which is caused by tuberculosis, and can only be diagnosed with an x-ray. However, x-ray films and solution are scarce in Zimbabwe, and have to be imported from South Africa. But there is good news: A few days ago, the clinic received a delivery from Johanniter, and today all patients can be x-rayed.

Twenty-two year old Sibusisiwe is a patient in the female ward. Her family brought her to the hospital over the weekend. Like three million before her, Sibusisiwe had also travelled to South Africa to find work. When she became seriously ill, she returned home. She arrived at the clinic completely exhausted from the journey. During the medical exam, doctors diagnosed meningitis, and immediately began treating this life threatening illness.

In the next room Koziba waits to see the head physician. She has been in his care for over a month now. During a severe storm, her hut was struck by lightning, and the straw roof caught fire. The family was able to escape the fire, but Koziba was injured by a falling beam, and suffered severe burns. Her parents could not afford to take her to a specialised clinic. Here at the clinic, thanks to Johanniter, patients receive treatment free of charge.

In the afternoon the clinic is open to walk-in patients who often arrive in wheelbarrows or horse trailers. Today, 75 patients wait to receive treatment. The nurse can take care of 50 patients on their own, but 25 are seriously ill and require further treatment.

After all patients have been taken care of, minor and major surgeries must be performed. The attached HIV clinic holds 1,300 patients who also require care. Some need new prescriptions and others an in-depth medical examination.

The head physician cares for several hundred patients until late into the evening. Today, with the help of Johanniter, he was able to administer necessary medicine to all his patients, and there was enough water in the well, and was no power cut. All in all, it was a good day.

1. The new mother and child care station in Kashmir, Pakistan provides professional care to pregnant woman and newborn babies.
2. In Zimbabwe, physicians often have to treat patients without electricity, running water, or sufficient medical supplies.
Approximately 400 million people worldwide live with a disability. Two-thirds suffered debilitating injuries through war, natural disasters, illnesses, or accidents. Due to a lack in specialists, orthopaedic equipment, and medical facilities, proper orthopaedic care is often not provided. This can lead to social isolation, unemployment, and poverty.

Johanniter International Assistance has worked on improving orthopaedic care for physically disabled persons since 1985. The main focus is placed on orthopaedic technology: the support and correction of misalignments and damages to the musculoskeletal system. This also includes the construction and renovation of orthopaedic workshops, as well as equipment, medical consumables, and artificial limbs. As an additional measure, local orthopaedic technicians, physiotherapists, and surgeons receive training on treatment and production techniques.

**Orthopaedic Projects in Africa**
Orthopaedic technology is severely underdeveloped in many African countries. In response, Johanniter provided artificial limbs to an orthopaedic workshop in Kenya, and trained technicians and surgeons on the specialised treatment of club foot. This malformation must be treated quickly through the application of a series of casts; otherwise it may cause permanent walking disabilities.

**Orthopaedic Projects in Asia**
Around the world, increasing numbers of people suffer from diabetes. However, only few cases are diagnosed and treated. If left untreated, the disease may progress and lead to the amputation of a limb. As a result, many diabetes patients also require orthopaedic help. Johanniter constructed a new orthopaedic centre in Sri Lanka, which focuses on treating diabetes.

**Orthopaedic Projects in Europe**
A lack of expertise and facilities in Eastern Europe makes it difficult to properly treat the physically disabled. Ten years ago, Johanniter built the "Theranova" orthopaedic centre in Romania. The centre includes a surgical ward, a physiotherapy department, and a school.

<table>
<thead>
<tr>
<th>Number of Patients 2008</th>
<th>By Country</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of persons who received orthopaedic aids (prostheses, orthotics, breast prosthesis, crutches, or wheelchairs)</td>
<td>Georgia: 830, India: 87, Romania: 1115, Sri Lanka: 720</td>
<td>2752</td>
</tr>
<tr>
<td>Number of children treated for club foot</td>
<td>Kenya: 600</td>
<td>600</td>
</tr>
<tr>
<td>Number of persons who underwent surgery</td>
<td>Georgia: 399, Kenya: 1588, Romania: 298</td>
<td>2285</td>
</tr>
<tr>
<td>Number of diabetes patients who received care</td>
<td>Romania: 120, Sri Lanka: 1500</td>
<td>1620</td>
</tr>
</tbody>
</table>
Jaco du Plessis can vividly recall the year he moved to Romania. It was 1997, he had just completed his training as an orthopaedic technician in South Africa, and his wife and he had decided to move to Romania. It did not take long for him to recognise a lack of quality orthopaedic care in a country where 900,000 live with a physical disability.

Du Plessis moved into a small garage in Oradea, in the western part of the country, and started manufacturing prostheses and orthotics with the help of two friends. “Word spread quickly, and each day more and more patients came to visit us,” he recalls. “After two years in the garage, we had to look for a bigger building”. This was about the same time he came across Johanniter. Marcel Baeriswyl, who is Johanniter’s orthopaedic expert, met du Plessis’ during one of his trips. Shortly after their initial meeting, Johanniter began to support du Plessis work – not only financially, but also by sharing knowledge, and by negotiating with local authorities on his behalf. “Du Plessis had already created a large local network and knew what was required to practice in the orthopaedic field,” Baeriswyl explains.

Suddenly, things moved very quickly: On June 10, 2002 the “Theranova” orthopaedic centre opened its doors, and du Plessis was hired as director. With 600 square meters of clinic space, the team now has access to ten treatment rooms, new machinery to manufacture walking aids, as well as a selection of artificial limbs, and ample material. Johanniter also trained the technicians on the latest treatment methods.

Today the team of technicians has grown to eight members, and treats up to 1200 patients annually. “Our patients come from all over Romania, as well as neighbouring countries,” du Plessis explains proudly.

Due to the economic situation in Romania, the centre continues to rely on Johanniter’s assistance. “By raising awareness locally, Johanniter was able to secure a partial subsidy from the national health insurance. However, it only covers about 29 percent of our costs,” du Plessis reports. Every patient also contributes a small treatment fee, and Johanniter raises the remaining funds through donations. “Without Johanniter the centre could not remain open,” he summarises.
Projects of Johanniter International Assistance

<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
<th>Duration</th>
<th>Status</th>
<th>Financing</th>
<th>Budget</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Delivered medicine to four clinics and covered a portion of staff salary in Kabul / Herat</td>
<td>01.01.08 – 31.01.09</td>
<td>✓</td>
<td>JUH</td>
<td>101,584.29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Distributed food, blankets, and clothing to 1,000 families braving the winter, and provided medical care for refugee camps, Herat</td>
<td>04.02.08 – 03.03.08</td>
<td>✓</td>
<td>AA / JUH</td>
<td>81,425.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Constructed and furnished 102 health stations, Herat</td>
<td>01.03.08 – 31.01.09</td>
<td>✓</td>
<td>AA / JUH</td>
<td>173,631.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Opened a nutrition centre for undernourished children, furnished a laboratory for the diagnosis of TB, established an ambulance service between villages and cities, Herat</td>
<td>01.08.08 – 31.01.09</td>
<td>✓</td>
<td>AA / JUH</td>
<td>109,969.10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided medical care and distributed food for poor families, Herat</td>
<td>16.01.09 – 31.03.09</td>
<td>✓</td>
<td>AA / JUH</td>
<td>150,828.50</td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td>Supplied pharmaceuticals, consumables, and furniture to a TB station, Bocasio</td>
<td>01.07.07 – 31.12.08</td>
<td>✓</td>
<td>JUH</td>
<td>70,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donated malaria drugs, malaria tests, and mosquito nets to a district hospital and eight health stations, Lai</td>
<td>15.07.06 – 31.01.08</td>
<td>✓</td>
<td>JUH</td>
<td>114,200.00</td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td>Distributed non-food items to Central African refugees, southern Chad</td>
<td>15.11.17 – 28.02.08</td>
<td>✓</td>
<td>JUH / AA</td>
<td>276,982.18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided food, schooling and training for 65 street kids, Sarh</td>
<td>01.08.07 – 31.07.08</td>
<td>✓</td>
<td>JUH</td>
<td>13,573.30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donated pharmaceuticals, rapid diagnostic tests, and mosquito nets to a hospital and nine health centres in an attempt to fight malaria and raise awareness, Dono Manga</td>
<td>15.08.08 – 31.12.08</td>
<td>✓</td>
<td>ADH</td>
<td>8,360.92</td>
<td></td>
</tr>
<tr>
<td>DR of Congo Katanga Province</td>
<td>Renovated two hospitals and twelve health centres, and also provided medicine, therapeutic food, medical consumables and equipment, north / east / north-eastern part of Katanga province</td>
<td>15.03.08 – 14.09.08</td>
<td>✓</td>
<td>AA / JUH</td>
<td>516,857.66</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delivered medical, medical consumables, and therapeutic food to two hospitals in Nyumyu-Samphe, eastern part of Katanga province</td>
<td>15.05.08 – 15.02.09</td>
<td>✓</td>
<td>AA / JUH</td>
<td>397,106.72</td>
<td></td>
</tr>
<tr>
<td>DR of Congo North Kivu Province</td>
<td>Renovated the St. Benoit hospital and stocked it with medicine, medical consumables and equipment, as well as therapeutic food, Kishanga</td>
<td>01.08.06 – 31.12.09</td>
<td>❌</td>
<td>AA / JUH</td>
<td>640,401.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided medicine to 1,500 refugees, and distributed kits containing household items to 100 refugee families</td>
<td>01.11.08 – 30.11.08</td>
<td>✓</td>
<td>JUH</td>
<td>15,583.00</td>
<td></td>
</tr>
<tr>
<td>Djibouti</td>
<td>Delivered food and medicine to two orphanages and girl centres, as well as one health centre, Gamba</td>
<td>01.11.08 – 28.02.08</td>
<td>✓</td>
<td>AA / JUH</td>
<td>151,550.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delivered medical consumables, baby scales, sheets, and therapeutic food to seven feeding centres, Djibouti City</td>
<td>01.10.08 – 31.12.09</td>
<td>✓</td>
<td>AA / JUH</td>
<td>176,258.41</td>
<td></td>
</tr>
<tr>
<td>Georgia</td>
<td>Provided medical care for 6700 women in rural regions</td>
<td>01.01.08 – 31.12.08</td>
<td>✓</td>
<td>JUH</td>
<td>31,570.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trained two physicians on treatment methods for children with leukaemia, Tolisi / Freiburg</td>
<td>01.09.07 – 31.08.08</td>
<td>✓</td>
<td>JUH</td>
<td>20,900.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donated five infusion pumps to the children's ward at the ex-Digomi-2 hospital, Tolisi</td>
<td>15.02.08 – 31.04.08</td>
<td>✓</td>
<td>JUH / Rotarier-club</td>
<td>5,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delivered orthopaedic limbs, as well as furnishings to an orthopaedic workshop, and also trained the orthopaedic technicians, Tolisi</td>
<td>10.06.08 – 31.01.09</td>
<td>✓</td>
<td>JUH</td>
<td>100,000.00</td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>Trained 450 volunteers and 19 nurses on home-based care, Kerala province</td>
<td>01.11.08 – 31.10.09</td>
<td>❌</td>
<td>JUH</td>
<td>90,000.32</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delivered orthopaedic limbs and consumables to an orthopaedic workshop, Mylaaudi</td>
<td>01.03.06 – 31.08.09</td>
<td>❌</td>
<td>ADH</td>
<td>341,004.36</td>
<td></td>
</tr>
<tr>
<td>Indonesia Aceh / Sumatra</td>
<td>Provided first-aid training to population, Medan, Aceh, and Nias</td>
<td>01.04.05 – 31.05.09</td>
<td>✓</td>
<td>JUH / ADH / AA</td>
<td>594,363.38</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Presented income-generating possibilities and constructed a school</td>
<td>15.09.07 – 31.12.08</td>
<td>✓</td>
<td>ADH / others</td>
<td>57,938.91</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided personal loans in Aceh</td>
<td>15.05.07 – 14.04.08</td>
<td>✓</td>
<td>ADH</td>
<td>30,926.75</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided personal loans and offered job training for women in Aceh</td>
<td>01.08.01 – 31.12.08</td>
<td>✓</td>
<td>ADH</td>
<td>44,966.25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supported education and job training for needy in Banda-Aceh</td>
<td>01.03.08 – 28.02.09</td>
<td>✓</td>
<td>ADH</td>
<td>19,043.77</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Offered education courses to women and children affected by the tsunami, Aceh</td>
<td>01.11.07 – 31.10.08</td>
<td>✓</td>
<td>ADH</td>
<td>18,429.52</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided mobile medical care in remote areas of the Teloio island group</td>
<td>01.11.07 – 30.05.09</td>
<td>❌</td>
<td>ADH</td>
<td>18,022.20</td>
<td></td>
</tr>
<tr>
<td>Indonesia Nias</td>
<td>Built an elementary school on Nias, which was affected by the earthquake in 2006</td>
<td>01.06.06 – 31.01.08</td>
<td>✓</td>
<td>ADH</td>
<td>113,891.73</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided mobile medical care and education to rural villages on Nias</td>
<td>01.01.08 – 31.12.08</td>
<td>✓</td>
<td>ADH</td>
<td>84,311.77</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided healthcare and offered education courses to children and women in remote villages on Nias</td>
<td>01.07.01 – 30.04.09</td>
<td>❌</td>
<td>JUH / ADH</td>
<td>178,518.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided healthcare and education to villagers on Nias</td>
<td>15.04.07 – 30.06.08</td>
<td>✓</td>
<td>ADH</td>
<td>67,408.12</td>
<td></td>
</tr>
<tr>
<td>Indonesia Java</td>
<td>Purchased books for disaster preparedness courses in schools and health centres on Java</td>
<td>05.12.07 – 31.01.08</td>
<td>✓</td>
<td>JUH</td>
<td>2,137.54</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided Disaster Relief to flood victims in various districts of Java, December 2007</td>
<td>01.01.08 – 31.01.08</td>
<td>✓</td>
<td>JUH</td>
<td>2,723.51</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Purchased books for disaster preparedness courses on Java</td>
<td>22.11.07 – 31.01.08</td>
<td>✓</td>
<td>JUH</td>
<td>2,443.20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided disaster relief to the victims of floods and landslides (occurred in December 2007), Kapetakan / Java</td>
<td>28.01.08 – 27.02.08</td>
<td>✓</td>
<td>JUH</td>
<td>9,030.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided primary healthcare and education in the slums of Jakarta</td>
<td>01.11.07 – 14.11.09</td>
<td>❌</td>
<td>ADH</td>
<td>30,215.58</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Description</td>
<td>Duration</td>
<td>Status</td>
<td>Financing</td>
<td>Budget*</td>
<td>Allocation</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------------------------------------------------------</td>
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<td>--------</td>
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</tr>
<tr>
<td>Israel/ Palestine</td>
<td>Treated patients with eye diseases in the West Bank and Gaza</td>
<td>01.08.07 – 31.01.10</td>
<td></td>
<td>ECHO</td>
<td>822,860.00 €</td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>Trained 400 community health workers on caring for and providing home-based care to people with infectious diseases, Nairobi</td>
<td>01.10.08 – 30.09.09</td>
<td></td>
<td>JUH</td>
<td>80,844.00 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fistula surgeries, Nairobi</td>
<td>15.04.07 – 04.02.08</td>
<td>✓</td>
<td>JUH</td>
<td>53,928.00 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provided medical care to 38,000 refugees and transported 1,000 injured people to clinics, Nairobi and surrounding area</td>
<td>01.01.08 – 31.06.08</td>
<td>✓</td>
<td>JUH / AA</td>
<td>182,677.68 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treated children with clubfoot, Nairobi</td>
<td>01.06.08 – 30.04.09</td>
<td></td>
<td>JUH</td>
<td>18,000.00 €</td>
<td></td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>Trained physicians on the treatment of children with leukaemia</td>
<td>01.09.07 – 31.08.09</td>
<td></td>
<td>JUH</td>
<td>89,000.00 €</td>
<td></td>
</tr>
<tr>
<td>Maldives</td>
<td>Constructed six health stations</td>
<td>22.01.05 – 31.01.09</td>
<td>✓</td>
<td>ADH</td>
<td>576,436.00 €</td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td>Provided disaster relief to the victims of cyclone &quot;Nargis&quot;</td>
<td>06.05.08 – 30.06.08</td>
<td>✓</td>
<td>JUH</td>
<td>42,261.15 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(distributed WHO kits, rice, mosquito nets, 200 malaria tests, and 900 packages containing medicine)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Provided healthcare to the population affected by cyclone &quot;Nargis&quot;</td>
<td>01.11.08 – 30.11.09</td>
<td></td>
<td>JUH / ADH</td>
<td>288,009.27 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>in the Irrawaddy delta, together with ADRA Myanmar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Namibia</td>
<td>Trained 60 children with HIV/AIDS, and cared for their families, Windhoek</td>
<td>15.02.06 – 15.02.09</td>
<td>✓</td>
<td>JUH</td>
<td>122,940.25 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cared for 80 children with HIV/AIDS, Windhoek</td>
<td>01.04.05 – 31.03.08</td>
<td>✓</td>
<td>JUH</td>
<td>6,551.87 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trained medical personnel to provide better psychosocial care to persons living with HIV, Windhoek</td>
<td>01.08.07 – 28.02.08</td>
<td>✓</td>
<td>JUH</td>
<td>14,580.00 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Renovated and restructured the children's ward at St. Mary's District hospital, Rehoboth</td>
<td>01.10.07 – 31.03.08</td>
<td>✓</td>
<td>JUH</td>
<td>164,489.29 €</td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td>Improved the education and recreational offering for AIDS orphans and street kids at Baumgartbrunnen school, Windhoek</td>
<td>01.06.07 – 31.05.09</td>
<td></td>
<td>JUH</td>
<td>26,000.00 €</td>
<td></td>
</tr>
<tr>
<td>Northwest Frontier</td>
<td>Helped to rebuild earthquake-resistant houses in 23 villages, Kashmir</td>
<td>01.03.06 – 30.06.06</td>
<td>✓</td>
<td>JUH / Tp. / UN-Habitat</td>
<td>855,938.00 €</td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td>Constructed a community centre, and held first-aid and education courses, Chinari</td>
<td>01.06.08 – 31.03.09</td>
<td></td>
<td>JUH</td>
<td>98,073.85 €</td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td>Constructed and furnished five first-aid stations, Kashmir</td>
<td>01.09.06 – 30.12.09</td>
<td></td>
<td>JUH / H. helps</td>
<td>63,980.89 €</td>
<td></td>
</tr>
<tr>
<td>Balochistan</td>
<td>Helped three mother and child care stations, Bach and Poonch districts</td>
<td>01.01.08 – 31.12.08</td>
<td>✓</td>
<td>UNICEF / JUH</td>
<td>170,000.00 €</td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td>Dispatched mobile teams to care for malnourished women and children, Chaghi and Nushki districts</td>
<td>20.01.08 – 31.12.08</td>
<td>✓</td>
<td>WHO / JUH</td>
<td>64,000.00 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Helped first-aid and disaster preparedness courses</td>
<td>15.09.08 – 14.09.09</td>
<td>✓</td>
<td>JUH</td>
<td>90,800.00 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensured medical care for people living in the area affected by the earthquake</td>
<td>29.10.08 – 30.11.08</td>
<td>✓</td>
<td>ADH</td>
<td>12,000.00 €</td>
<td></td>
</tr>
<tr>
<td>Romania</td>
<td>Supported Theranova orthopaedic workshop, Oradea</td>
<td>01.01.07 – 31.12.09</td>
<td></td>
<td>JUH / AA</td>
<td>99,980.00 €</td>
<td></td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Laid down the foundation for the Mahamodara maternity clinic, Galle</td>
<td>01.11.07 – 30.09.08</td>
<td>✓</td>
<td>BMZ / JUH</td>
<td>1,333,322.00 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rebuilt block A of Mahamodara maternity clinic, Galle</td>
<td>15.10.07 – 30.08.09</td>
<td></td>
<td>JUH</td>
<td>2,000,000.00 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delivered orthopaedic limbs and consumables to the orthopaedic workshop, and also trained local technicians, Galle</td>
<td>01.11.05 – 31.12.08</td>
<td></td>
<td>ADH</td>
<td>418,000.00 €</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Initiated education campaigns against the neglect, exploitation, and sexual abuse of children</td>
<td>01.04.07 – 31.03.08</td>
<td>✓</td>
<td>JUH</td>
<td>136,000.00 €</td>
<td></td>
</tr>
<tr>
<td>Sudan</td>
<td>Renovated and furnished six health stations, southern Darfur</td>
<td>01.08.07 – 30.09.09</td>
<td>✓</td>
<td>AA / CHF / JUH</td>
<td>1,851,673.00 €</td>
<td></td>
</tr>
<tr>
<td>Ukraine</td>
<td>Delivered medicine, consumables to four mission hospitals, north/south Matabeleland, Midlands</td>
<td>01.11.08 – 29.05.09</td>
<td>✓</td>
<td>JUH</td>
<td>60,000.00 €</td>
<td></td>
</tr>
<tr>
<td>Vietnam/Laos</td>
<td>Trained adolescents to become nurses, Harare</td>
<td>15.01.08 – 30.11.09</td>
<td></td>
<td>JUH</td>
<td>32,440.12 €</td>
<td></td>
</tr>
</tbody>
</table>

Legend

- ✓: completed
- ✓: ongoing
- !: Disaster Relief and Disaster Preparedness
- !: Primary Healthcare
- !: Orthopaedics

Financing:
- AA = German Foreign Office
- ADH = Germany’s relief coalition
- BMZ = Germany’s Federal Ministry for Economic Cooperation and Development
- CHF = Common Humanitarian Fund, ECHO = European Community Humanitarian Aid department
- H. helps = Hamburg helps
- JUH = Johanniter Unfall-Hilfe
- UNICEF = United Nations Children’s Fund
- UNFPA = United Nations Population Fund
- WHO = World Health Organisation

* Costs for planned project time

Dated: April 2009
### Project Statistics/Data

#### 2008 Expenditures

The total expenditures for 2008 are 8,883,659.81 Euro. The expenditures are distributed across different continents as follows:

**Africa**: 43.52% (3,866,168.44 Euro)

- Angola: 188,690.16 Euro
- Chad: 161,503.76 Euro
- DR of Congo: 1,502,221.61 Euro
- Djibouti: 133,434.02 Euro
- Kenya: 325,621.20 Euro
- Namibia: 187,110.91 Euro
- Rwanda: 43,119.42 Euro
- Sudan: 1,073,649.84 Euro
- Zimbabwe: 250,817.52 Euro

**Total for Africa**: 3,866,168.44 Euro

**Asia**: 53.49% (4,751,514.28 Euro)

- Afghanistan: 532,950.67 Euro
- Bangladesh: 79,779.29 Euro
- China: 2,965.24 Euro
- India: 73,428.12 Euro
- Indonesia: 1,207,904.18 Euro
- Israel / Palestine: 254,012.05 Euro
- Maldives: 169,914.41 Euro
- Myanmar: 268,914.89 Euro
- Pakistan: 563,780.74 Euro
- Sri Lanka: 1,594,365.47 Euro
- Vietnam: 3,499.22 Euro

**Total for Asia**: 4,751,514.28 Euro

**Europe**: 2.79% (248,053.48 Euro)

**America**: 0.20% (17,923.61 Euro)

**Total Expenditures**: 8,883,659.81 Euro
DZI Donation Seal of Approval
Each year, a certified accountant verifies the annual financial statement, appendix, and management report of Johanniter-Unfall-Hilfe. The publicly funded projects are regularly reviewed by their financial backers. In order to obtain the DZI seal of approval, Johanniter-Unfall-Hilfe has to present its documents to the German Institute for Social Issues (DZI). Following an examination of the 2007 fiscal year, the seal was re-awarded in December 2008, deeming Johanniter-Unfall-Hilfe funding-eligible. The issued explanatory statement finds that the administrative expenses, measured against the total expenditures, comply with DZI standards. In the case of Johanniter-Unfall-Hilfe, these expenses amounted to less than 20 percent. In addition, the institute also judged the manner in which funds were raised and dispensed as properly documented.
Development of Funds 2003 – 2008

Project Expenditures by Sectors

Orthopaedics
357,375.16 Euro | 4.0%

Disaster Relief / Disaster Preparedness
1,263,287.47 Euro | 14.0%

Total Country Expenditures
8,883,659.81 Euro

Primary Healthcare
6,082,014.96 Euro | 69.0%

Others
1,180,982.22 Euro | 13.0%
We conducted an audit of the annual financial statements for the financial year from January 1, 2008 through December 31, 2008, and the management report of Johanniter-Unfall-Hilfe e. V., Berlin, and offer the following auditor’s opinion without reservation:

“...We issued the above mentioned report, including the auditor’s opinion, in accordance with statutory provisions and standards applicable to an annual audit (IDW PS 450). Unless approved by us, the auditor’s opinion may not be stated separately from the report. If the annual financial statement and/or management report are to be published in an altered form, we must be consulted, if the audit or auditor’s opinion has been mentioned. Duesseldorf, April 24th, 2009

CURACON GmbH
Auditing Company

Wendt              Grabow
(German Public Auditors)
Financial Statement by Categories (in Euro)

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Donations &amp; Third-Party Funds</th>
<th>Project Funding Abroad</th>
<th>Project Monitoring</th>
<th>Public Relations, Projects</th>
<th>Sub-Total</th>
<th>Administra-</th>
<th>Foreign</th>
<th>Operation</th>
<th>Centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>5,371,893.62</td>
<td>5,371,893.62</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Third-Party Funds</td>
<td>3,511,766.19</td>
<td>3,511,766.19</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Uncommitted Donations</td>
<td>10,000.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>10,000.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Other Operating Income</td>
<td>101,982.05</td>
<td>0.00</td>
<td>0.00</td>
<td>30,124.49</td>
<td>0.00</td>
<td>71,857.56</td>
<td>71,857.56</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Income</td>
<td>8,995,641.86</td>
<td>8,883,659.81</td>
<td>0.00</td>
<td>30,124.49</td>
<td>0.00</td>
<td>81,857.56</td>
<td>81,857.56</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

*Foreign Operation Centres
Johanniter set up two centres to support international Disaster Relief efforts: The logistics centre in Hamburg organizes supplies needed in an emergency situation. The International Staff and Training Centre in Muenster coordinates education and training courses for volunteers, and also administers their data.

**Annotations Pertaining to the Financial Statement by Expenditure**

As a separate department Johanniter International Assistance is an integral part of the Johanniter-Unfall-Hilfe e.V. organisation, and is thus included in the annual statement of account published by Johanniter-Unfall-Hilfe e.V.

**Projects**
Expenses include actual project costs for international and regional offices, as well as personnel costs for local and international staff.

**Project Management**
This includes proportionate local personnel costs, as well as project expenses applied towards the preparation, selection, and monitoring of projects.

**Public Relation for Projects**
This includes proportionate expenses incurred during the publishing process, such as the annual report, flyers, web presence, and promotional material.

**Administration**
Johanniter International Assistance is a department within the Johanniter-Unfall-Hilfe e.V. organisation that profits from the administration of Johanniter-Unfall-Hilfe without being fully invoiced for it. This includes a portion of personnel expenses, bookkeeping, HR, marketing, communication, donor administration, IT, as well as proportionate office, phone, mailing, and IT costs.

For this reason, Johanniter International Assistance only lists few expenses under sections Administration and PR. Personnel expenses include staff salaries that do not pertain to a project. Any additional costs largely pertain to office supplies, advertising and travel expenses, which are partially applied to a project. Such allocations are summarised under general office expenses in sections project management and PR projects.

Administration costs and expenditures for supporting foreign operation centres are covered by Johanniter-Unfall-Hilfe e.V. profits and allocations.
In addition to Johanniter International Assistance, which pursues projects worldwide, Johanniter’s national, regional, and local associations also participate in various projects. Volunteers transport relief goods to Romania, Poland, or Ukraine, often on their own initiative, where they assist social institutions and people in need. The local association in Bavaria, for instance, supported a homeless shelter and hospital in Budapest/Hungary, and Johanniter Brandenburg started an occupational therapy programme in a psychiatric clinic in Mocrea, Romania. Even members of the Johanniter youth division participate actively: In 2008, members of the national association of Baden-Wuerttemberg drove more than 1,000 km to Lodz in Poland to deliver wheelchairs, crutches, and clothing to a local welfare station.

Many volunteers participate in international relief projects on a continuous basis, and often invest years of their own time. They work closely together with sister organisations, churches, and local authorities. Volunteering fosters friendships, youth exchanges, cross-border training, and joint projects.

### 2008 Transports of Relief Goods – By Association

<table>
<thead>
<tr>
<th>Country</th>
<th>Association</th>
<th>Content</th>
<th>Value in Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bosnia Herzegovina</td>
<td>Bavaria</td>
<td>567 kg relief goods for orphanage in Bihac (technical supplies, disposable diapers, toys, children’s clothing)</td>
<td>1,858.00</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Baden-Wuerttemberg</td>
<td>Furniture and religious items for a monastery</td>
<td>n/a</td>
</tr>
<tr>
<td>Hungary</td>
<td>Bavaria</td>
<td>115 tons dispatched a total of 43 trucks carrying relief goods to various facilities in Budapest (Medicine, food, bedding, blankets, clothing, sanitary products, hospitals beds, wheelchairs, furniture, and crutches)</td>
<td>166,280.00</td>
</tr>
<tr>
<td></td>
<td>Baden-Wuerttemberg</td>
<td>16 tons relief goods for various nursing homes and homes for disabled people (Sporting goods/games/arts and crafts supplies, jackets, therapeutic equipment, incontinence products, and care products)</td>
<td>15,000.00</td>
</tr>
<tr>
<td></td>
<td>Hamburg</td>
<td>36 tons relief goods for a children’s home and two clinics (medical equipment, clothing, food)</td>
<td>18,121.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>199,401.00</td>
</tr>
<tr>
<td>Latvia</td>
<td>Hamburg</td>
<td>34 tons relief goods (medical equipmente, clothing, food)</td>
<td>8,887.50</td>
</tr>
<tr>
<td>Mongolia</td>
<td>Bavaria</td>
<td>537 kg relief goods for various facilities (medical equipment and consumables, dental instruments, medicine, dressing material, and gloves)</td>
<td>6,074.00</td>
</tr>
<tr>
<td>Poland</td>
<td>Baden-Wuerttemberg</td>
<td>3 tons relief goods for welfare stations in Lodz (wheelchairs, walking aids, clothing, beds, incontinence products, sterile disposable material)</td>
<td>42,000.00</td>
</tr>
<tr>
<td></td>
<td>Lower Saxony</td>
<td>12 tons relief goods for various facilities in Poland (clothing, shoes, candy, toys, beds, bedding, fridge, washing machine, and dishes)</td>
<td>45,000.00</td>
</tr>
<tr>
<td></td>
<td>Lower Saxony</td>
<td>55 tons relief goods for various facilities in Poland (clothing, toys, walkers, 300 comforters and pillows, dishes)</td>
<td>45,000.00</td>
</tr>
<tr>
<td></td>
<td>North Rhine-Westphalia</td>
<td>18 tons dispatched with a total of six trucks carrying relief goods to welfare stations in Slupsk (medicine, disposable diapers, beds, wheelchairs, bedding, towels, blankets, glasses, clothing, toys)</td>
<td>96,405.25</td>
</tr>
<tr>
<td></td>
<td>North Rhine-Westphalia</td>
<td>Dispatched a total of two trucks carrying relief goods for the first Johanniter rental station in Wielkopolska (material, clothing, toys)</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Berlin/Brandenburg</td>
<td>2 tons relief goods for the volunteer centre in Słonsk (clothing, children’s supplies, medical equipment, care products, consumables)</td>
<td>5,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>233,405.25</td>
</tr>
<tr>
<td>Republic of Moldova</td>
<td>Bavaria</td>
<td>17,000 boxes relief goods for 50 communities and social institutions</td>
<td>332,520.00</td>
</tr>
<tr>
<td>Romania</td>
<td>Bavaria</td>
<td>156 tons dispatched with a total of 61 trucks carrying relief goods for various facilities in Romania (Medicine, medical consumables and equipment, beds, first-aid supplies, protective wear, food, sanitary products, building material, school furniture, teaching supplies, clothing, bikes)</td>
<td>332,520.00</td>
</tr>
<tr>
<td></td>
<td>Lower Saxony</td>
<td>50 tons relief goods for various facilities (frozen food, canned food, medical consumables, children’s clothing, protective gear for fire department, wall and floor tiles)</td>
<td>60,000.00</td>
</tr>
<tr>
<td></td>
<td>Thuringia</td>
<td>60 tons relief goods for medical institutions (hospital beds, medical equipment, ergonomic instruments, a complete medical office, furniture for the office, anaesthetic breathing system, medical consumables)</td>
<td>250,000.00</td>
</tr>
<tr>
<td></td>
<td>Berlin/Brandenburg</td>
<td>Occupational therapy by way of farming to foster and improve creativity, concentration (at the psychiatric clinic in Mocrea)</td>
<td>2,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>644,520.00</td>
</tr>
<tr>
<td>Ukraine</td>
<td>Baden-Wuerttemberg</td>
<td>50 wooden church benches and metal window frames for the reconstruction of St. Paul church in Odessa</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Hamburg</td>
<td>30 tons relief goods (medical equipment, clothing, food)</td>
<td>8,865.50</td>
</tr>
</tbody>
</table>

Total: 1,435,531.25 Euro
2008 was marked by a financial crisis that continued to develop into a global economic crisis. According to the World Bank, the impact of the crisis will be felt strongest by developing countries, which lack the necessary resources to absorb the social consequences, and stave off a rising poverty rate.

Nevertheless, we are pleased to report that in 2008 Germans continued to consistently donate to people in need despite the economic situation. They donated to the victims of cyclone “Nargis”, the earthquake in Balochistan, or unrest in the Democratic Republic of Congo. While the percentage of private donations in 2008 (5.5 million Euros) to Johanniter remained comparable to the previous year, the percentage of public donations clearly increased. Germany's Foreign Office, the Federal Ministry for Economic Cooperation and Development, the European Union, and the United Nations donated more than 3.5 million Euros towards Johanniter projects – a total of 1.3 million Euros more than the previous year.

Public Relations/Fundraising
For Johanniter it is important to clearly state the purpose of its donations. As part of our PR work, we use internal media channels and the Internet to regularly report on ongoing relief projects. Our donors receive a quarterly report about our relief projects, which we complement with up to six emailed newsletters containing current information on the project region.

We received much support from the media when cyclone “Nargis” swept across Myanmar in 2008. Numerous interviews and exposés increased media coverage on the subject, which positively affected donations. We also find it beneficial to publish a project report and newsletter for our donors as the disaster occurs to keep them informed on our progress.

As an additional transparency tool and to further build confidence, we produced a five-minute film on our orthopaedic projects in Sri Lanka. The film was first presented on German Unification Day at Potsdamer Platz in Berlin as part of an event put on by Germany’s relief coalition “Aktion Deutschland Hilft”. Visitors and media representatives were invited to stop by a tent specifically set up to showcase Johanniter's orthopaedic projects in Sri Lanka.

Another important event of 2008 was a breakfast meeting with members of the German government, where we were able to discuss the situation in the Democratic Republic of Congo. In December, Johanniter opened a photo exhibit about Pakistan at Hamburg’s town hall, which also attracted many visitors.

Strategy
In October 2007, the federal board approved the draft for a new strategic direction for Johanniter International Assistance. In 2007 and 2008, the draft was further developed by setting annual targets. Several
meetings were held to set measurable goals towards meeting the 17 strategic goals put forth in the initial paper. For each field, a working group was assigned to develop annual targets that included performance indicators, a timeframe, and a schedule of responsibilities.

By January 2008, all annual goals were presented and prepared for implementation. However, during the course of the year it became apparent that some timeframes could not be met and had to be revised. The final version of the new strategic concept was completed in June 2008. Simultaneously, a budget was created and approved by the board. The implementation and monitoring of the project was assigned to the working group leaders and the director. Monthly meetings ensure regular reporting, and allow for corrections to the annual targets. Following initial difficulties, due to the extra work load and internal coordination issues, we are back on track to meeting our annual targets, and have integrated the development of the strategic concept into our daily work.

Country-Specific Strategies
An important aspect of the new direction includes regional and country-specific strategies. Johanniter International Assistance is committed to opening and expanding regional and international offices and to delegate various responsibilities to the offices. This will increase capacities, and tap into local and regional expertise, put structures into place, and optimise all aspects of an assignment – from disaster relief to long-term development.

As part of this strategy, the Indonesian office was converted into a regional office in 2008, and now encompasses Southeast and East Asia. In addition, a new office was opened in Goma, in the eastern part of the Democratic Republic of Congo. In 2009, a regional office will open in Ecuador, which will oversee projects in Latin America and the Caribbean.

When cyclone "SIDR" swept across Bangladesh in November 2007, Johanniter was present to administer medical care. Following the disaster relief phase, Johanniter, the local relief organisation BRAC, and Germany’s Foreign Office developed a project to teach first-aid and disaster preparedness to the population. During the implementation phase it became apparent that both organisations favoured a different approach. After consulting with the Foreign Office and BRAC, Johanniter terminated its involvement in the project and returned all funds.

EU Disaster Preparedness
Together with "Cyprus Civil Defence", Johanniter was nominated to assemble a “European Technical Assistance Cooperation Team” (EUTAC). The EUTAC team is made up of twelve specially trained members who will assist the EU during its disaster relief assignments. The team will arrange telecommunication, office support, accommodation, food provisions, and transport support. The team will be fully assembled by July 2009. The project will last 24 months, includes cooperation with international partners, and requires a sum of 460,000 Euros.

Rescue Dogs in the Democratic Republic of Congo
In May 2008, Johanniter-Unfall-Hilfe was part of a special assignment. The Max Planck Institute requested the help of rescue dogs to search for a German woman who went missing in the Democratic Republic of Congo. With support of the German Embassy in Kinshasa, the Congolese Embassy, and the United Nations Johanniter flew in an experienced team of seven handlers and five canines to search the area. When the team arrived, the missing woman had already been located.

Volker Bredick

Johanniter-Unfall-Hilfe e.V.

federal board

Responsible for Johanniter International Assistance.
Johanniter Community

Johanniter’s long history can be traced back to 1099, when Christian knights formed a brotherhood to care for poor and ill pilgrims in Jerusalem. St. John the Baptist became the patron saint, lending his name to the order.

The Johanniter Order

Germany’s order of St. John is comprised of a Christian community that draws strength from the Christian faith to treat the ill, care for the needy, and administer first-aid. To fulfil this mandate, Johanniter established several agencies: Johanniter-Unfall-Hilfe e.V., Johanniter-Sisterhood, Johanniter Welfare Organisations, and Johanniter GmbH.

Johanniter-Unfall-Hilfe e.V.

Johanniter-Unfall-Hilfe was founded in 1952, and is the largest enterprise of the order. Its headquarters are located in Berlin and Johanniter-Unfall-Hilfe operates across Germany. The organisation is divided into nine national associations and approximately 300 regional and local associations. The organisational structure consists of the delegate assembly, the executive committee, and the federal board. The national associations elect delegates that make up the delegate assembly. The assembly convenes annually, and represents the highest authority within Johanniter-Unfall-Hilfe. The executive committee is elected by the assembly. It is the decision-making body regarding internal policies, and also monitors the federal board. All members of the executive committee are volunteers, and must be active members of Johanniter-Unfall-Hilfe. The president spearheads the committee. He must be a member of the Johanniter order, must have been nominated by the assembly and confirmed by the “Herrenmeister” (master of the knights). He is also the main representative of Johanniter-Unfall-Hilfe. The federal board runs Johanniter-Unfall-Hilfe. It consists of three members, two of them must be members of the Johanniter order. Upon nomination by the executive committee, the board members are confirmed by the “Herrenmeister”. The federal advisory board, which includes a physician, a trainer, a clergyman, a youth leader, a day-care representative, and a representative for disaster relief and civil protection advises the federal board. Members of the federal advisory board may not be employed by Johanniter-Unfall-Hilfe.

Johanniter International Assistance

Providing international assistance is one of the statutory tasks of Johanniter-Unfall-Hilfe, and is implemented by the department of international assistance at Johanniter headquarters in Berlin. Johanniter International Assistance reports directly to the federal board, and is divided into seven sections: Africa, South Asia/America, Central Asia/Middle East/Europe, Orthopaedics, Safety/Logistics, Finances/Personnel, and Planning/Quality. In 2008, 21 fulltime staff members were employed at headquarters Berlin. An additional 19 international and 500 local staff members worked at offices around the world.

Structure of Johanniter-Unfall-Hilfe

Delegate Assembly | 27 Delegates

Executive Commitee | 12 Member (ea)
President: Hans-Peter von Kirchbach (ea)

Federal Board
Volker Bredick (ha), Rainer Lensing (ea), Wolfram Rohleder (ha)

9 National Associations

Regional and Local Associations

Johanniter International Assistance

Board of Presidency (ea)

Federal Advisory Board (ea)

National Advisory Board (ea)

ha: full-time, ea: volunteer
Network of Johanniter International Assistance

Johanniter-Unfall-Hilfe has joined the following associations and alliances to synergise and improve efficiency pertaining to international assistance:

**St John**

The "Most Venerable Order of St John", also known as "Order of St. John", is present in all former Commonwealth countries. The order established "St. John Ambulance", which focuses on first-aid education, and emergency and youth services. St. John Ambulance has approximately 300,000 members in 42 countries. During the past few years, Johanniter International Assistance increased its cooperation with St. John Ambulance, and has worked on projects with St. John in Kenya, Sri Lanka and Zimbabwe.

**Johanniter international**

Johanniter International (JOIN) is a cooperative of 14 European Johanniter and St. John organisations, and also includes "St. John Eye Hospital" in Jerusalem. JOIN was founded in Vienna in February 2001, and has its headquarters in Belgium. JOIN counts over 100,000 volunteers who work throughout 15 organisations and focus on emergency medical services, first-aid, social services, youth services, and humanitarian aid.

**Technisches Hilfswerk**

As part of their strategic alliance Johanniter and German Federal Agency for Technical Relief (THW) will expand their national cooperation to also include international assignments, such as missions led by the European Union or INSARAG. In addition, the two partners will support each other during disaster relief operations. In 2008, when a cyclone hit Myanmar, THW took over the air transportation of medical goods for Johanniter.

**Auswärtiges Amt**

Since its foundation in 1994, the "Coordinating Committee for Humanitarian Aid" has met regularly every two months with Germany's Foreign Office. It also assembles for special sessions, such as during a humanitarian crisis. The committee is unique in Europe. It fosters dialogue and encourages coordination between participating ministries and non-governmental organisations in matters regarding humanitarian aid.

**VENRO**

Association of German Development Non-governmental Organisations (VENRO) is the umbrella organisation of independent and church related NGOs. Currently, the association counts 100 German member organisations, which all work nationally.

**NGO VOICE**

Voluntary Organisations in Cooperation in Emergencies (VOICE) is a network made up of 84 European non-governmental organisations that work in the humanitarian aid sector. Johanniter regularly participates in conferences, and at workshops held by VOICE, and also contributes to the organisation's policy documents.
Project Cycle Management

For quality assurance purposes on all programme and project levels, Johanniter International Assistance adheres to the Project Cycle Management method.

The method covers all project stages, and begins with project identification. This might be the request by a local health ministry for a new health station. Subsequently, a Johanniter team would analyse the situation, and if feasible the parameters and financing for the project would be determined. Then, Johanniter International Assistance would approach for public funds, apply for subsidies, and also access donations. Once the funds are approved, the project can be implemented.

The results of the evaluation will be integrated into new projects, project extensions, or future strategic plans for the region.

Internal monitoring of ongoing activities by partner organisation or Johanniter staff
- verify time schedule
- review targets, rework if necessary

Internal/External evaluation upon completion of project
- review effectiveness of targets
- impact analysis

Implement a schedule of operation
- hire and train staff
- procure material/relief goods
- transportation
- distribution
In the case study above, the search for a suitable property would take place, the station would be built, fitted with equipment and medical goods, and staff would be hired and trained.

The Johanniter team would travel to the country on several occasions to monitor the project’s progress, and intervene, if necessary. Upon completion of the project, Johanniter would verify bills, and survey the building and its inventory. Most importantly, an impact analysis would be conducted to determine whether the construction of the health station truly improved medical care in the region. The results of the evaluation would be included in upcoming projects involving the construction of a health station, and also play a role in medium-term strategic plans for the region.

---

1. Identification

- In-depth Assessment of
  - current situation
  - demand
  - target group
  - general economic, social, and political climates
  - security situation

2. Formulation

- Project Parameters
  - determine project target and sub targets
  - determine target group (who / how many)
  - create activity and time schedules
  - create a financial plan (personnel / material / transportation and administration expenses)

3. Financing

- Set aside project funds
  - set up a cost centre
  - research external capital
  - file an application
  - acquire third-party funds
  - sign a contract with partners / authorities / public sector institutions
Johanniter Worldwide

Africa
1 Project office in Angola
Rua Monsenhor Keilling No. 7, Benguela, Angola
benguela@thejohanniter.org
2 Project office in Chad
Quartier Klemat, B.P. 5041
N’Djamena, Tchad
ndjamena@thejohanniter.org
3 Project office in Democratic Republic of Congo
Avenue des Orchidées, No 81
Quartier des Volcans, Goma, RD du Congo
goma@thejohanniter.org
4 Project office in Djibouti
Rue de Dikhil, 669 Dijbouti
djibouti@thejohanniter.org
5 Project office in Sudan
House No. 148, Block 1, Hai Wadi Sharq
Nyala, South Darfur, Sudan
coordinator.sudan@thejohanniter.org
6 Project office in Zimbabwe
St. John Association of Zimbabwe
102 Baines Avenue, P.O. Box 536
Harare, Zimbabwe
harare@thejohanniter.org

Hildi Schätti
(Country Director)

Uwe Schiwek
(Country Director)

From left: Mr. Fridoon (Guard), Mr. Wahid (Driver), Dr. Rouhullah Noori (Medical Coordinator), Mr. Hossain Ali (Guard), Mr. Sarder Jahangir (Country Director), Dr. Sediqullah Akbarzai (Senior Medical Coordinator), Mrs. Laila (Cleaner), Mr. Shams Ayubi (Logistic Officer)

First row from left:
T. Manurung (Project Coordinator), Misni (Cook/Cleaner), M. Arlinda (First Aid Trainer), M. Widiyanti (Secretary), C. E. Sari (First Aid Trainer), E. Lutzke (Controlling), Nasir S. (Driver), M. Silalahi (Finance/Administration), S. Zuiyana (Administration), Z. Azhar (Project Coordinator), D. Aruan (Finance Assistant), S. Anita (First Aid Trainer), Tura (Cleaner), S. Tanjung (First Aid Trainer), R. Tampubolon (Guard); S. Anwar (Guard), M. F. Ionescu (Project Coordinator), Y. Riza (First Aid Trainer), D. Buck (Regional Director), G. Jonson (First Aid Trainer), D. Arsenius (First Aid Trainer), Z. Matondang (Logistic), Desridal (Driver), H. Ramli (First Aid Trainer), Omer Ali Rahama (Project Assistant), Mohammed El Neil (Logistician), Mariam Mohamed (Midwife), Bediriya Adam Mohamed (Midwife), El sina Haron (Health Educator), Shaiba Hassa, Handa, Haideria Ayub (Middle East), Golshani Ma’ana (Medical Coordinator), Alawiya Yahiya (Nurse), Amin Mafi (Director), Awwal Hussein, Abdullah (Health Educator), Alama-Abdulhamid (Administrative), Dr. Bahit (Medical Coordinator)

Nerio Nyabvure
(Project Coordinator)

Habiby Sali
(Country Director)

First row from right:
Sherif Abdalkarim (Health Educator), Mahadi Ali Bakhti (Health Educator), Abdullah Rehaim (Health Educator), Darwi Al Ahrar (Project Coordinator), Khwaja Mohammad El habi (Head Coordinator), Sabran Mohammed Sabih (Badr), Adnan Mohamed (Midwife), El amin Hamez (Health Educator), Rabia Hassa, Mohammed (Midwife), Hamza Mohamed (Medical Coordinator), Uta (Medical Coordinator), Awwal Hussein, Abdullah (Health Educator), Alama-Abdulhamid (Administrative), Dr. Bahit (Medical Coordinator)
America
7 Regional office in Ecuador
(responsible for Latin America und Caribbean)
Juan Bayas 142 y 10 de Agosto, Quito, Ecuador
christian.biederbick@thejohanniter.org

Asia
8 Project office in Afghanistan
House No.15, Road D, Karte Sih, Kabul, Afghanistan
kabul@thejohanniter.org
9 Regional office in Indonesia (responsible for South-East Asia)
Jl. Karim M.S., No.2, Medan 20152, Indonesia
median@thejohanniter.org
10 Project office in Pakistan
House No. 272B, Street 53, Sector F 10/4
Islamabad, Pakistan
islamabad@thejohanniter.org

Europe
11 Headquarters in Germany
Johanniter-Unfall-Hilfe e.V., Headquarters
Luetzowstraße 94, 10785 Berlin, Germany
info@johanniter-auslandshilfe.de
Johanniter

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Johanniter-Unfall-Hilfe is a registered association in accordance with German legislature. JUH is a professional association of “Diakonisches Werk” of the “Evangelical Church in Germany” (EKD), and is recognised as a voluntary relief organisation in accordance with the first Geneva Convention (article 26), dated August 12, 1949. JUH was solely founded for charitable and non-profit purposes. JUH is a neutral party and does not pursue commercial goals.

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Phone: + 49 30 26997-0, Fax: + 49 30 26997-444
info@johanniter-auslandshilfe.de
www.thejohanniter.de
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