



Annual Report 2020

Cap Anamur / German Emergency Doctors

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editor and text:
Stephanie Berg / Cap Anamur

photos:
Jürgen Escher, Cap Anamur

layout:
Thomas Berghaus

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VISION

Working for maximum effect

Working for maximum effect

Before we embark on a new project, we take into account not just the emergency aid requirements, but above all the long-term effects on the people we are trying to help. This way we can achieve big results despite our limited organization size. These results are reflected in the number of patients treated, nurses and midwives trained, buildings erected and renovated, infrastructure renewed and quantities of medicines and food supplied. But it is equally important for us to see people regain hope in a better future, gain a new perspective, strength, trust and motivation.

Small organization

Cap Anamur keeps its internal structures small in order to provide fast and non-bureaucratic help, and to ensure that donations arrive where they are most needed. Five employees at our Cologne headquarters and three honorary board members take care of all administrative tasks: from the coordination of the different projects, fundraising, public relations to bookkeeping and administration of donations. Thirty employees from the fields of medicine, care and technology work on our various projects, currently in 11 countries. Our organiza-

tion operates independently of political, economic and religious interests to help the people who need us most.

... and society

Our goal is to make healthcare available to the entire population of a country. With our commitment, we create structures that not only benefit individuals, but can also make a lasting difference to society. At the end of each project, we leave behind functioning structures that can be used for the benefit of the whole population. Training staff not only serves their personal development, but patients also benefit from the new expertise of the local medical experts.





VISION

Editorial: Interview with Volker Rath – Chairman



Interview with Volker Rath, the chairman of Cap Anamur / German Emergency Doctors. The talk was conducted by our managing director Bernd Göken, who has been on many missions together with Volker Rath.

„On the 13.02.1983, the Rath family was invited to a Vietnamese New Year's celebration in Wilhelmshaven, how did this invitation come about and what connection did the Rath family have to the Vietnamese community?“

VOLKER RATH: I recently found this invitation in my mother's estate and remember it well. Especially the Vietnamese food on that day. Man, it was delicious - and at that time also very unusual for a young person from the fringes of the republic.

At that time, my parents had taken on a sponsorship for a Vietnamese family. They visited offices together and also organized the school enrollment for the children. This was a voluntary program of the government of Lower Saxony under Ernst Albrecht. During this time, I was doing community service in a home for disabled people and was about to graduate.

Since then I have followed the actions of Cap Anamur regularly, read Rupert Neudeck's books and watched the documentaries about the organization on TV. I always had the wish to do this

„someday“, but it took twenty years until I actually applied to go to Afghanistan as a technician at the beginning of 2002. I wanted to stay with Cap Anamur for six months. Now it's been almost twenty years.

“How did the decision to help in a Cap Anamur project come about?“

VOLKER RATH: Well, in retrospect I probably had a „crisis of purpose“. I was 40 years old, had a well running business in the professional music industry, a fancy office and too big a car. I asked myself „whether this can, must or should go on forever“. Then I asked my business partner if I could take six months off to do something „sensible“ again.

After that it went very fast. I introduced myself to Cap Anamur in December 2002 and in February 2003 I was on the plane to Afghanistan. I remember well my doubts about this decision during the flight.

When I was asked to extend my stay, after four months, I accepted very quickly because I really enjoyed the work, even under these extreme conditions.

„What are your memories about the mission in Afghanistan and how do you see things developing there today?“

VOLKER RATH: This is a very sad, almost unmanageable topic. In the internet you can still find my letter to the editor from the early days, when it was about sending the Bundeswehr to Kunduz. At that time, I suggested leaving the weapons at home and arriving with spades and water pumps. This was done to some extent - but it was still, in my opinion, a warlike operation.

I cannot find any consoling words for the families of the killed soldiers and also not for the families of the drug-related dead. As a conscientious objector, I have ever since had the opinion that violence is never a solution and that war exacerbates the conflict more than it resolves it. I do not know of any conflict-solving war from history.

We have built many schools in the Takhar region. We achieved, not with weapons, but with words, that girls could always attend school. The workers were hard-working and proud of the little wealth they had gained through their work. We saved many lives in our hospitals, treated people, trained professionals, and improved the structures for the country with our modest resources.

This country has been involved in armed conflict for more than forty years. Children have been born into the conflict and have experienced no-

thing but violence and, in some cases, oppression throughout their lives.

I hope that now is the time for words. I hope that Afghanistan, together with its neighbors and all political groups, will finally seek a way out of the crisis in which human rights are respected and not just a few can rise socially. Furthermore, I hope that Afghanistan will no longer be restricted to Kabul.

„Afghanistan was followed by the mission after the tsunami in Banda Aceh and many other missions for Cap Anamur. Where have you been active and what are the special moments you have experienced during the many missions.“

VOLKER RATH: Yes, the list is long. The longer projects were in Afghanistan, the Republic of Côte d'Ivoire, Somalia, the Central African Republic and now Lebanon. Then there were shorter versions in Sumatra, Pakistan, the Philippines, Congo, Somaliland, Burkina Faso, Uganda, Guinea and in Burundi. From all the projects I have sad, scary, beautiful, funny and remarkable things to report from people and the countries. There was the teacher who was sick with rabies and knew he had to die and then there were the mine victims and injured. There was the room I slept in - where just a few nights before the children who had lost their

lives in the tsunami, were sleeping in. There was the doctor with whom I quivered under a window-sill during combat operations and there were dead children lying in the hospital corridors. I have sung and danced with children, discussed with rebels and argued with politicians. I have enjoyed trips through the Hindu Kush or along the East African Lake District. Very poor people shared their food with us. I had severe diarrhea, malaria and painful encounters with scorpions and snakes. I met people who were full of life, lovable and friendly despite their poverty, diseases, wars and catastrophes. I was allowed to work with good people who give a part of their life to compensate the injustice in the world a little bit. I was able to experience joy and humility, along with the realization that there is no peace without approximate justice.

“Currently you are in Lebanon, what is the situation in the country after the heavy explosion, the economic problems and Corona?“

VOLKER RATH: Now it becomes complicated. This explosion last fall was, in my eyes, a terrible and tragic event-result of decades of mismanagement, corruption, and political gridlock in this country.

Lebanon is so rich in culture, in landscape and in religious diversity, in opportunity and, unfortu-

nately, in brokenness. Lebanon has been home to Palestinians for more than 75 years and has welcomed the most Syrian refugees to its own population. For this, the people deserve our respect.

However, the infrastructure is not designed for this mass of people, and the isolation caused by disputes in and with neighboring countries has been magnified by the economic crisis. The Lebanese constitution, with its fixed structure, already gives little room for democratic action and has consolidated calcified and lived structures for generations. With the start of the demonstrations in the fall of 2019, this system has been reduced to absurdity and the effects are becoming more and more noticeable. People are being hit very hard. Food, medicine and fuel are becoming scarce. The currency has lost 80% of its former value in 18 months and many people are leaving the country. People who cannot do so are sliding into poverty. The percentage of poverty among the Lebanese population has risen rapidly during this time, while Syrians and Palestinians are suffering more than ever before. The Covid19 pandemic has accelerated the economic fall once more, but the Lebanese are also experienced in crises and often find a solution within the prevailing structures. I hope that the rebellious, largely well-educated young generation will find a peaceful way out of the crisis and that the bang will not be too loud when the bubble bursts.



“After almost 20 years of working for Cap Anamur, you took over as chairman in September 2020 - what does that mean for you?”

VOLKER RATH: Yes, I was elected chairman with a healthy majority. I was very happy about this recognition of my previous work with the associated trust. I would like to pass on the experience, the methodology and the joint expertise of our staff within the various situations, the belief that this - I would like to call it passion - is right and important, so that in a seemingly increasingly unjust global situation, as Rupert Neudeck would say: „the have-nots“ are not forgotten.

Politics, in this case development politics, must face transition and be open to change and renewal. The most important thing is that we continue to give a voice to the voiceless and help the helpless.

VISION

Access to health services



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Our vision is a world in which our aid programmes are no longer required, and in which every country can provide accessible and sustainable health services for the entire population. A healthcare system that is accessible and affordable for the whole population is a cornerstone of an intact society. To ensure that our aid is no longer needed at some point, we are working at various levels to improve local health structures. Our commitment is sustainable and therefore goes far beyond acute medicine. That is why the training and further education of local staff is particularly important to us. Our local team of specialists passes on their knowledge in the fields of medicine, care and technology in workshops, training courses and in their daily work. In Afghanistan, we even run a three-year training programme for male and female nurses.

In addition to training local specialists, we work with our local partners to develop effective administrative systems that guarantee the independence of each facility in the medium to long term. This includes the optimisation of ward processes, the development of a documentation scheme and, last but not least, the implementation of a financial plan that identifies revenue opportunities and enables expenditure to be controlled.

We also create technical infrastructures to facilitate or in some cases enable medical work on site. Through the construction, repair and restructuring of building complexes and the installation

of an electricity and water supply system, we build safe rooms in which patients can be treated with confidence.

By supplying medicine, medical and technical equipment, and dressing materials, we make a further contribution to ensuring the care of patients. Vaccination campaigns, prenatal examinations and family planning advice as well as consultation hours for diabetics are part of our daily work in the projects.

Those who feel secure and adequately cared for in their home country only rarely leave it to face an uncertain future in a foreign country. Our work gives people in crisis regions hope for a better future, and improves living conditions both fundamentally and sustainably.

Working independently for our goals is an important factor in what we do. We are committed to helping all people in need - without being influenced by ethnicity or skin colour, political convictions, religion, language, social background, disability, age or gender. Also, our projects are financed entirely by private donors, which ensures our financial independence from interest-driven donations by large companies or institutions. As a small aid organization with a lean administration, we work with these principles every day to achieve our vision.

Training and further education Infrastructure

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In order to ensure the sustainability of our projects, we attach great importance to training and educating local staff. Our team of trained and experienced specialists on site passes on their knowledge in the fields of medicine, care and technology in workshops, training courses and in their daily work on the projects.

Administration

We support our local partners in developing a sensible and effective administration system that guarantees the independence of the institution in the medium to long term. This includes the optimisation of ward processes, the development of a documentation scheme and, last but not least, the implementation of a financial plan that identifies revenue opportunities and enables expenditure control.

In many countries there is not only a lack of comprehensive medical care, but also a lack of basic technical infrastructure to enable the provision of health services in the first place. This is why we participate in the construction, repair and restructuring of building complexes and the installation of electricity and water supply systems. We create safe spaces where patients can be treated with confidence.

Equipment, precautions

Good work requires good basic materials. That is why we supply hospitals and healthcare posts with medicines and medical equipment. In addition, we carry out vaccination campaigns, offer antenatal check-ups and family planning advice, as well as consultation hours for diabetics. We also treat countless patients who suffer from chronic malnutrition.



ACTION

Medicine: Example Sierra Leone Building the health care system



Why we are here

A long civil war in the 1990s has destroyed large parts of the country. Social systems such as politics and economy or the health and education system had collapsed. There were no longer any future prospects, especially not for the traumatized children who were forced to participate in the war as armed soldiers. After years of rebuilding, the Ebola virus had raged in West Africa between 2014 and 2016 and killed nearly 4.000 people in Sierra Leone alone. Cap Anamur had remained in the country as an aid organization and has build an admission and isolation ward at the Ola During Children's Hospital (ODCH). However, the health system had collapsed in large parts after the epidemic and required reconstruction, which we accompanied continuously and conducted at the ODCH.

Moreover, in the capital Freetown countless children were living on the streets who had left their families due to diverse reasons and are now on their own. Being exposed to the dangers of the metropolis the children, which are predominantly minors, try to gain their subsistence with occasional jobs.

What we want to achieve

Since 2003 we have been supporting the reconstruction of the medical infrastructure in Sierra Leone and at the same time, we are extending the country's supply options. By providing medication, medical and technical equipment and bandaging materials, we make a further contribution to ensure the care of patients. With the targeted administration of medication, we can prevent the severe course of fatal diseases. In Freetown we work together closely with the Ola During Children's Hospital and support the medical work with dispatched specialists who work directly with the patients. Sierra Leone still has one of the highest mother-child mortality rates worldwide. Therefore, we improve the care of mothers and children with our work.

How we operate

In Freetown, the capital of Sierra Leone, we support the children's hospital "Ola During Children's Hospital" (ODCH). Here we organize and finance the delivery of medication and medical equipment as well as the construction and renovation of buildings and the hospital's infrastructure. Moreover, we send medical staff to take care for the young patients, to educate local staff and to optimize ad-



ministrative processes on the wards and in management.

A total of 180 beds is available for underage patients at the ODCH, most of whom are admitted in a seriously ill condition. For particularly severe cases, twelve beds are available in the intensive care unit, which however cannot be compared with an intensive care unit in Germany. The possibilities for treatment are very limited in Sierra Leone, apart from some oxygen, solely a few technical aids for administering infusions and monitoring possibilities are available. Our dispatched specialists especially supervise the work in the intensive care unit.

How successful we are

While we were still able to treat around 41,000 children at ODCH per year in 2019, we had to significantly limit the number of patients in 2020 due to a regulation issued by the Sierra Leonean government. This meant that we complied with requirements to control the Corona virus, but were able to provide medical care to significantly fewer children. As a result, the patient population in 2020 was only about 15,000 children. Through our continuous engagement, we were able to avoid the shutdown of the paediatric clinic due to the Corona pandemic and were on-site with medical staff to continue to optimize ODCH operations through training and continuous education of local staff. Our specialized staff was on constant duty in the intensive care unit to continue to provide the best possible care to patients. The acquisition and provision of vital medication was also one of our main tasks in 2020, with which we were able to save countless children from death or permanent damage.

How we control

In Freetown we also conscientiously monitor the flow of money, order lists, deliveries and distribution of goods in the individual wards. The prescription of medication is monitored, as is the presence and absence of staff. All transfers of goods and money - from ordering to handover to the facilities we support - are monitored by our staff on site. There are no transactions without the approval from our side. To document the number of patients, diagnoses and therapies as well as the consumption of medicines, all facilities keep separate books, which are checked by us and reconciled with the respective stock of goods. Regular project visits are another means of control.

What happens next

Even five years after Ebola, the health system in Sierra Leone has not yet been restored. In 2020, the Corona pandemic also led to significant restrictions in medical care. In 2021, we will therefore continue to support the hospital, which is so important for the country, with technical, personnel and financial support.

ACTION

Medicine: Central African Republic Support in a medical No-Man's-Land

Why we are here

Conflicts between hostile groups that've been lasting for years couldn't be settled once and for all by the election of President Touadéra in 2015, too. Again and again, disputes between different armed groups of interest emerge. The country can't come to rest under the predominant conflicts and the state of supply of the people needs to be labelled as precarious. Now as before, the Central African Republic counts as one of the poorest countries in the world, with an annual per capita income of 993 US dollars. And President Touadéra hasn't succeeded in calming the political situation as of yet.

This was proofed by anew armed unrests between government troops and rebels that took place in the middle of the Presidential elections in December 2020. Former President Francois Bozizé, who was removed from office in 2013, wanted to run for President, but was rejected by the Central African constitutional court. After he lost power by a rebel coup 8 years ago, he had to flee from the country and hadn't returned from exile until 2019.

After the rejection of his candidacy, Bozizé began supporting former militaries and rebel groups that marched towards Bossembélé on December 18th, 2020. The forays of these rebel groups made many thousands of people leave their villages in the region of Bossembélé close to Christmas in

2020. 1.500 people sought refuge on the Cap Anamur hospital grounds in Bossembélé, where we then provided them with medicine and groceries.

What we aim to accomplish

We want to create a focal point for health care in Bossembélé and reach those people who couldn't afford health care without us. We plan to achieve that by creating an interdisciplinary hospital complex in the region, as well as a stable medical network with other clinics in the surrounding areas.





How we operate

We began working on the severely decayed hospital of Bossembélé in 2013. The building had to be renovated in order to resume operations. Since then, our dispatched workers, in cooperation with the local staff, have been treating over 45.000 patients per year. Beyond that, they further educate the local employees. Our extensive vaccination- and elucidation campaigns additionally add to the prevention of diseases.

After the construction of Bossembélé's regional hospital was finished, we took on two others health care facilities in Boali and Yaloke.

Thereby we are able to offer adequate health care for the approximate 130.000 people in the commuting area.

How successful we are

Our constructional intentions for the hospital Bossembélé have all been realized by now. For our second post in Yaloke, we plan and realize further construction measures. In the past year, we were forced to pause our successfully established payment system, due to the Corona situation. Therefore, we were not only unable to offer children and pregnant women a free treatment, but also the rest of the population. Epidemiologically, Malaria still is the predominant disease. Especially in children, Malaria can be deadly when treatment doesn't happen early enough.

Over 16.000 patients were treated in our hospital in Bossembélé in 2020. The numbers are lower than in the previous year, due to the limitations and hygienic measures to fight the Corona pandemic.

How we control

Our employees in Germany and the Central African Republic thoroughly examine every step of the project schedule. Construction plans are laid out and examined by authorized experts and necessary resources are measured precisely and ordered from local dealers, following a comparison of different offers. A documentation system helps us to protocol all incoming and outgoing goods. The processing of all building stock is accurately protocolled, too. Thus, we ensure that stored work equipment like wood, steel and tools is neither wasted, nor stolen during the construction periods. Since our construction supervisor is present for the whole process, we accompany the progress of all construction measures at any given time and can, when a situation demands it, take corrective action. As in all of our projects, purchase follows the known principle: no expense without a receipt. Every cash flow is documented and shown to the accounting department in Cologne. Monthly accounting ensures transparency of the financing system.

What the future holds

Like in the years before, there's no lack of work in the Central African Republic in 2021. We continue to send medical professionals to train the local employees and work directly with the patients. Further than this, we look at the renovation of another elementary school. A new project visit is planned for 2021.

ACTION

Emergency relief: The Corona Pandemic A pandemic demands global emergency relief



With the outbreak of the COVID-19 pandemic in the year of 2020, we had to provide emergency relief in all of our project countries. This is because hygiene measures are not affordable for most private citizens in these countries. Thus, we equipped the people who visit our healthcare facilities in any of our areas of deployment with sanitizers, face masks and hand-washing stations.

Afghanistan

From March to August 2020, the vocational schools in Afghanistan had been closed. Our apprenticeship project in Herat was also affected and forced to pause until August. Cap Anamur appointed 45 local staff members for the training of the future nurses. The school closings would have wiped out their source of income, so in order to prevent that from happening, we decided on continuing to pay their wages fully or partially. By doing so, we were able to damp some personal and financial catastrophes.

Our work in the hospitals and our dialysis project in particular continued as usual. We put according measures in place that ensured the safety of our workforce and provided them with protective clothing.

The free tutoring and exam preparation courses for children and adolescents from low-income families had to shut down during the school closings. But in August 2020, these courses reopened, too.

Bangladesh

Bangladesh reacted quickly to the Corona pandemic by enacting a lockdown early on, but this also led to vast numbers of unemployment among the many peons in the country, who in consequence weren't able to provide for themselves and their families anymore. As a result, the living conditions and medical supply of the 'ultra-poor' deteriorated once more.

Despite the circumstances surrounding the Corona pandemic, we and our cooperating hospitals always took care of the poorest people in Bangladesh. And right now, the availability of free medical aid is more important than ever.

To this day, we have also distributed about 90.000 face masks to the citizens of Bangladesh. This is an essential measure, because there's still a lack of masks in the country and the poorest can't even afford these.

Furthermore, thanks to our local project coordinators, we are always informed about current developments and are thus able to adapt our measures to the situation.

Lebanon

The economical and political situation in Lebanon's been getting increasingly catastrophic for years. With the gathering economical crisis, the ramifications of the Corona pandemic and ultimately since the Beirut explosion, things are getting worse. The ones suffering are the poorest of the population and the 1.2 million Syrian refugees, who are fighting for their lives on a daily basis. Since the outbreak of the Corona pandemic, their life situation's been getting even worse. Due to the lockdowns, earning an income as a peon is no longer a possibility. Groceries are no longer affordable because of the economic crisis and drugs are scarce goods. The state of supply for poor people is catastrophic. Our work is heavily influenced by the Corona pandemic, too. In 2020 during the lockdowns, we had to put the work of our mobile clinic completely on ice for some time. To abide by the hygienic measures regarding the pandemic, there was a daily limit of treating 50 patients per day. When visiting our mobile clinic, our patients receive fabric masks and hand sanitizers to protect themselves from the virus. The poorest families treated in our mobile clinic received grocery packs as further support. Our physiotherapeutic praxis, where we're treating children with a disability from Syrian refugee families for free, was temporarily closed. Since then, this has become another field

of our work in which we had to limit the numbers of patients we can treat each day, due to the Corona situation. Though we're able to contain these limitations through hiring new staff members, we can't nearly treat as many children as the situation demands.

Sierra Leone

Since 2014, Cap Anamur operates a number of 9 toilet and shower cabins in the slums of Sierra Leone's capital city. Most notably during the Corona pandemic, these are important installations, because they allow the citizens of the slums to take care of their daily hygiene. For some people, this is the only place where they get to wash their hands.

During the first stage of the Corona pandemic, we reinforced the hygienic measures. Families of children who work with the social workers of our shelter for street kids 'Pikin Paddy', received hand-washing stations.

Sudan

When the first Corona infections in Sudan were detected back in April 2020, Cap Anamur has immediately reacted and put hygienic measures in place. We installed hand-washing stations in front of our hospital in Lwere. Furthermore, we arranged educational measures to inform our patients how the virus spreads, and how they can protect themselves from an infection.

A Corona prophylaxis was built, where patients could receive a screening. Beyond that, we set up an isolation ward in close proximity to our clinic, where we harbored people with severe symptoms. All measures were enacted with regards to the WHO guidelines.

Central African Republic

In the Central African Republic, we set up hand-washing stations at central locations such as the city hall and the hospital. Our staff did the educational work and informed the public about the virus infection. In addition, we had face masks sewn and handed them out to the people.

Due to the school closings, we were able to finish the reconstruction of the elementary school in Bondio faster as we had planned. The school was torn down in a completely ruinous condition at the end of May 2020. Shortly after, in June, reconstruction began. In November, 400 students returned to the brand-new elementary school. A building complex with 4 class rooms, a principal's office, and most importantly, hygienic toilet rooms was created.





ACTION

Education: Example Sierra Leone School and professional perspectives for street children



Why we are here

The 11-year civil war during the 1990s largely destroyed Sierra Leone both economically and sociopolitically. The country is only slowly recovering from the consequences of the war. The healthcare system is still inadequately developed today, and the Ebola epidemic of 2014 - 2016 hit it hard again. The education system has also not been sufficiently restored. There are hardly any prospects for the future, certainly not for the traumatized children, thousands of whom were forced to participate in the war as armed soldiers. Seventy percent of the population lives in extreme poverty.

In the capital Freetown, and especially in the slums, these factors are multiplied. Most people there live in corrugated iron huts, without work, running water or sanitary facilities. Freetown has a large number of street children who leave their families because of the prevailing violence, lack of prospects or absolute poverty. They try to get by in the streets of the capital with small jobs, theft or even prostitution.

What we want to achieve

Our goal is to give the street children of Sierra Leone a perspective. With our street children's shelter Pikin Paddy we offer a contact point for the children. Our main task is contributing to their psychological strengthening and their (re-)integration into their families and school.

How we proceed

Since 2012, Cap Anamur has established a drop-in center for street children in Freetown, with a team of local and German social workers and in cooperation with the Sierra Leonean Ministry of Social Welfare. So-called trackings were designed to invite the children to come voluntarily to our shelter to end their life on the streets.

Our engagement is based on a 5-phase model. The first phase consists of establishing contact with the children concerned. In nightly rounds through the slums of Freetown, our social workers seek out the homeless children, approach them and invite them to our shelter. In „Pikin Paddy“ we offer them a safe retreat where their individual problems are carefully discussed and worked through in a solution-oriented manner. The psychosocial care is flanked by a variety of activities, ranging from



basic school lessons and creative work to sports and games.

All children receive a place to sleep and three communal meals for the duration of their stay at the shelter. simultaneously, our social workers locate the children's families and assess the socioeconomic situation of their relatives. The third phase is mediation. The social workers mediate between the children and their families, openly bring up points of contention, settle them and jointly develop plans of action for the future. Once a mutually acceptable solution has been found, we initiate the fourth phase, in which the children leave our shelter and return to their families. If the families are affected by extreme poverty, we support them by providing necessary goods such as mattresses, kitchen utensils, clothing, and hygiene articles. During this phase, our staff also hold talks with the local schools and plan the admission of the children to the school classes. We cover any fees incurred for classes and exams, as well as the cost of uniforms, textbooks, and stationery. Once this key step has been successfully completed, our social workers focus on ensuring that integration remains successful in the long term and enter the fifth phase of our model. We maintain close contact with the placed children, their relatives, and the teachers, so we are always informed about the children's development and can intervene with support if necessary.

How successful we are

In 2020, we were able to accommodate 75 children in the shelter. The number was lower in 2020 than in the previous year due to the restrictions and security requirements for the Covid pandemic. We were able to reintegrate 65 girls and boys into their families. 45 girls and boys received School Support. 15 teenagers started an apprenticeship. We cover the costs for these within Skill Support.

How we control

Our control system covers different dimensions of the project. The welfare of the children is paramount, so our work with them must also be carefully documented. For each street child we take into our care, we create a separate file, in which first the initial situation is noted when the child enters care. All of the children's activities in our shelter (e.g., participation in classes, sports programs or creative activities) are also recorded here. Based on this data, our social workers can track their development and use the findings to develop a viable perspective for their future. Above all, the psychosocial development of the children in our care is of great importance.

After the children have been integrated into the family, we also monitor and document the relationship dynamics between them and their relatives. This is especially necessary in cases where the child has previously gone to the streets due to domestic violence. If we support families financially or with material goods, this assistance is preceded by a comprehensive examination of the economic circumstances to avoid misuse of the program. In addition, we monitor the children's attendance and learning progress at school. Finally, all cash flows are permanently monitored. The on-site financial expert must announce each expenditure to his or

her supervisor, submit quotes from various vendors, and provide proof by voucher after approval. Regular cash counts take place. Requested project funds are transferred to the project account from the German headquarters via a secure transmission procedure. Each month, the responsible treasurer submits his accounts to our central accounting department, which again checks the use of funds.

How it continues

The statistics show how valuable and important our work is for the street children in Sierra Leone. Therefore, we will continue to adhere to our model in the future. We are planning to expand the program points that promote the children's creativity, for example, in music lessons, and to keep them physically active through an expanded range of sports activities. In addition, we plan to extend Skill Support in order to offer even more street children a perspective for the future.



ACTION

Contrsuction: Example Sudan

A new mother-child hospital in Lwere



Why we are here

For decades the Sudanese state of South Kordofan has been marked by the war between government troops and rebels. The separation of South Sudan from the North in 2011 further increased the conflict between these two countries. South Kordofan remained under the administration of Sudan and has been shaped by armed conflict ever since. Especially the civilian population is suffering from this war, as their settlements, field and animals had been regular targets of bombardements by the government. In the past, health facilities were blown up or burnt down. Only the caves, which can be found in the Nuba Mountains, offer a safe haven from the bombardements. Thousands of people sought refuge in the caves but because of the ongoing conflict were cut off from supplies and primary care. A lack of food, water and inadequate medical care quickly turn the refuge into a struggle for survival. Without adequate help, diseases such as malaria or pneumonia can quickly turn deadly, especially in children.

What we want to achieve

Our primary goal is to provide primary medical care to the people in war-torn Sudan. Our wish is to one day be able to hand over our hospital in Lwere into competent, local hand. This is why we put emphasis on the training of local staff in addition to the education of the population. With several health facilities and a working supply network we aim at reaching the maximum number of people in this region tired of war. Thus, we constantly expand our hospital structurally and medically.

How we proceed

In the hospital in Lwere, in addition to the emergency department and the maternity ward, we also run a mother-child ward, a separate operating room, a laboratory, a pharmacy and other bed houses for in-patient patients and various consultation rooms. Pregnancies are professionally accompanied by our midwives, nurses and doctors, starting with the pre-natal check-ups, through to delivery and post-natal care. Continuous training of the local staff is important for the sustainability of the project - be it directly on the patient, when evaluating the laboratory results or in handling the medical equipment. Over the years a well-functioning hospital complex has been developed, which

we regularly modernize and develop further.

Especially the previous maternity ward no longer offered enough space. In addition, there was no separation between the various treatment areas. For this reason we rebuilt the mother-child clinic last year and created separate rooms in the new ward. A surgery room has been created next to the delivery room, in which caesarean sections can be performed. A separate room has been created for around 6,000 pregnancy consultations a year. The wards, in which the expectant mothers or mothers with newborn babies are accommodated, are larger and offer more space. Patients can relax in the separate waiting area in the central corridor. The result is a light-flooded and air-permeable building with 25 beds, three examination places, two delivery places, a milk kitchen and a surgical intervention room. The sanitary facilities were generously rebuilt outside the station.

How successful we are

In the new mother-child station we can offer the women of the Nuba Mountains good and extensive pregnancy and childbirth support. With experienced midwives and good technical equipment, we can provide comprehensive obstetrics. Both preventive care and follow-up care are important to us, which is why, in addition to vaccinations, the pregnant women also receive iron supplements, regular blood tests and pregnancy counseling. In our central hospital in Lwere alone, we treated around 950 female patients in the mother and child clinic in 2020. About 6000 pregnancy counseling sessions were also carried out. A total of 350 births took place.

How we control

Twice a year, we supply the difficult-to-access region with large deliveries of medicines, food and building materials. The logistical process is subject to strict controls from purchase to delivery. After assessing the demand, we plan the purchase and obtain offers from various suppliers. Once a supplier has been found, our employees accompany the delivery and loading, transport and unloading of the goods. At the destination, the entire load is checked for completeness and deposited in our storage rooms. Each step is checked separately by the Cologne headquarters, corrected if necessary and finally approved. Above all, the payment transactions are subject to the control from Cologne and we process them in accordance with the four-eyes principle. In our hospital, only authorized personnel are allowed to enter our medicine depot and to take daily supplies.

All withdrawals are documented. Cash on site is kept safe and can only be accessed by the responsible treasurer. He/she keeps an account of all incoming and outgoing amounts, which must be verifiable by receipt. Monthly cash statements are then sent to the central accounting department in Germany and checked again. Patient statistics and reports on medical and structural activities are sent to the project coordination in the same monthly cycle. In addition, via satellite-supported

communication media, there is a permanent exchange about the political situation and thus about the threat situation in the region.

How it will continue

In 2020, a lot has happened politically in the Nuba Mountains, but it will take some time before we can speak of a relaxation in the area, which has been so troubled for years. As an integral part of the local community, we will therefore continue to support the local population with our offer of basic medical care. Whether we can expand our radius of action to include new areas will depend on the respective risk situation. What is certain is that in 2021 we will again send highly qualified medical professionals into the project to train local employees. In addition, the ambulance at the entrance to the clinic will be rebuilt.



ACTION

Further projects – Worldwide commitment



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Afghanistan

In addition to our training program for trainee nurses, we also operate a dialysis station in Herat, Afghanistan. Five treatment stations are available for the dialysis program, which was in permanent operation last year. In 2020, we funded a total of 3,895 dialyses. In addition, we have been offering a free tutoring program for students from low-income families since February 2018.

Bangladesh

In Bangladesh, we have currently worked out collaborations with four governmental and three non-governmental hospitals to provide the country's poorest with free access to the healthcare system. In return, we provide the hospitals with medications, technical equipment, medical instruments and supplies. For women in particular, who are severely disadvantaged throughout the country, this offer represents a rare opportunity to receive adequate medical care, on which they depend especially during pregnancy. In 2020, we treated a total of 179,677 patients with all cooperating hospitals.

Libanon

In relation to its own size, Lebanon is the country that has taken in the most Syrian refugees worldwide. While Syrian children are allowed access to the state education system, medical care for refugees in reception camps is not guaranteed, and treatment costs in clinics are prohibitive for many. This is where our project comes in: We organize daily transportation of Syrian refugees from camps in the Sidon area to health care facilities that cooperate with us and pay for the examination and treatment costs incurred. We also provide prescribed medication. In addition, we have established a project for Syrian refugee children with disabilities, which provides the children with unimagined progress and their parents with time to spend with other children or looking for work.

Central African Republic

In 2020, we built a new elementary school in Bondio, 100 kilometers from our site in Bossembélé. The 400 students previously went to school in the ruin of a building. With the construction of the new elementary school, two building complexes have been created with four classrooms, an office for the director, a storage room and new and, above all, hygienic toilet facilities. In the future, the children will be able to learn in a modern and clean environment.

Sierra Leone

Since 2014, Cap Anamur has been looking after a total of nine toilet and shower blocks in the slums of Sierra Leone's capital Freetown. These are an important contact point, especially during the Corona pandemic.

In the slums of Freetown, clean water is scarce, despite the proximity to the sea. The slums are a crowded collection of shacks, hovels and dilapidated houses built on and among piles of garbage. With the advent of Corona, sanitation facilities have taken on an important role in containing the virus. This is because they serve the slum dwellers for daily hygiene. In some cases, this is the only place where people can wash their hands.

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REFLECTION

Reflected, Active & Transparent



Reflected

Our professional and experienced team in Cologne accompanies each of our projects with theoretical guidelines that underpin our practical commitment. Any new experiences and reports from our local staff are directly incorporated into this process. The focus is on observing the course of each project, analysing and managing risks and dangers, monitoring the impact of our work, and observing a set of principles to which we are committed. These are explained in more detail on the following pages.

Active

For many years we have been active in war and crisis zones. In order to achieve our goals, we employ active, open-minded, hands-on employees who put their specialist knowledge into practice. In the event of famine, natural disasters or acute conflict situations, they must act quickly to help people in need. However, even under time pressure development cooperation projects require intensive preparation, consistent monitoring and self-critical follow-up to remain sustainable and effective. In short: constant reflexion.

Transparent

The greatest possible transparency at all levels of our operation is important - to give our donors, relevant institutions and organisations, and anyone interested in our work the opportunity to understand our approach both in theory and practice. To ensure this we make our activities, plans, thought process and financial situation available to everyone in our print and online publications, and last but not least in this annual report. In addition, the German Central Institute for Social Issues (DZI) regularly audits our organisation and for many years has classified us as unreservedly recommended.



REFLECTION

Controlled aid worldwide



Monitoring project progress

Humanitarian projects are of existential importance for the population in crisis regions, regardless of the type of emergency they face. In these situations, the affected population often depends on rapid and non-bureaucratic assistance. However, the mere distribution of relief goods is by no means sufficient. In order to ensure the sustainable success of the operations, each individual project must be monitored conscientiously and responsibly.

Cap Anamur has developed a comprehensive set of tools to meet this requirement. This enables us not only to provide meaningful and needs-based assistance, but also to fulfil our duty to use the donations entrusted to us appropriately and effectively.

In our operating regions we always work with a very high proportion of local aid staff. This has two big advantages over using only seconded employees in projects: Firstly, there is a high level of acceptance among the local population for our projects, which thus become their projects. Secondly, by creating employment opportunities, we help the staff involved to be part of economic life. At the same time, Cap Anamur employees are constantly on site during the course of projects and monitor the use of funds. This includes the appropriate use of building materials and the needs-based distri-

bution of relief supplies and medicines. Logs, and proofs of necessity and use ensure that there is official and traceable documentation of how goods are used at all times. The employees we dispatch have the appropriate specialist knowledge and the necessary experience to carry out these processes in a professional manner.

When selecting staff for foreign assignments, we check the professional and personal suitability of candidates as part of a multi-stage process. Our decisions are always informed by the key question: What is best for the project and thus for the people in the emergency situation?

Our international operating teams are in constant contact with our Cologne headquarters. A lively exchange takes place via telephone and e-mail, so that ad hoc assistance can be provided and decisions made jointly. Digital means of communication are intensifying contact between all employees involved in administration, coordination and projects.

In addition, monthly reports from the countries of deployment document patient statistics, aid consumption, progress of construction works and the general progress of projects as a whole. In this way, Cap Anamur ensures that projects can be tracked at any time. A project manager from the executive board or management regularly visits our current projects. Thanks to their medical expertise and project experience, they can quickly assess the

status quo on site and, if necessary, intervene to optimize it.

Despite forward-looking planning, it is not always easy to make forecasts for the future, even within individual projects. Crisis situations and the associated needs can change dramatically within a few hours. Cap Anamur, with its flexible administrative apparatus, short decision-making paths and independence from public institutions, has created a broad plan of action that allows individual adaptations to such changes. Thus, we are not powerless in face of the inherent degree of uncertainty of such projects, but instead maintain our ability to act to provide flexible and sustainable assistance.

With these principles Cap Anamur also guarantees the responsible handling of donations. Because only when adapting projects to the conditions at the place of action can the responsible use of the money be guaranteed. So project monitoring does not only take place in the crisis regions. A comprehensive control system has been put in place in the Cologne head office. Incoming donations are checked daily and analysed in monthly statements. Fluctuations in income can thus be identified in good time, and can be taken into account for further project planning. We reject donations from companies or institutions whose goals and principles are not compatible with the philosophy of Cap Anamur. In this way, we avoid undesirable influence by third parties on our work.

All expenses are monitored in the same way. Purchasing and procurement are also subject to a specific signature regulation. Management and admin staff monitor all cash flows on the basis of the four-eyes principle. In this way, we exclude the possibility that monetary control accumulates in just one person. If there is a violation by an employee at any point, the incident is examined individually and appropriate measures are taken with immediate effect.

REFLECTION

Managing Risk and Threats



Managing Risk and Threats

The work of an international aid organisation engaged in war and crisis regions is inevitably linked to risks and threats. Cap Anamur therefore attaches great importance to an appropriate analysis so that the organisation can continue to support existing projects and plan new deployments without putting social, economic or ecological structures at risk.

Our analysis is based on a basic distinction between the terms risk and threat. While we actively take risks as a side effect of making decisions, threats mostly affect our work from the outside. We can therefore consciously take or avoid risks, whereas we cannot influence the emergence and extent of threats, but can only react appropriately to them.

Risks and Risk Management

An obvious example of a risk that we must take to make balanced decisions is the handling of the donations entrusted to us. Every investment carries the risk of loss. We must pay special attention to how we use funds at least on three levels: when purchasing goods for our projects; when spending funds on administration and public relations; and when we invest cash reserves that are not needed straight away.

The risk incurred by unnecessary financial losses is obvious: imprudent purchases of materials that are not required, disproportionately high administrative expenses or a speculative investment on the stock exchange may result in donations not actually reaching their proper destination - the people in need. For this reason, our decisions are strictly based on evaluating the actual requirements. This significantly minimises risk. Before we purchase goods such as building materials, medicines and technical equipment, we carry out an inventory which shows which supplies are already in stock. Taking into account the number of people affected and our targets, we then calculate any additional purchases required.

To gain insight into local pricing, we obtain quotes from various suppliers, compare risk and threat analyses, and finally decide on the supplier with the correct price to quality ratio for our purposes. Administrative expenses cannot be completely avoided. Without a functioning and effective administration the implementation of projects is not possible. For example, we need a cash register system in each country of operation, and staff to administer it.

Especially at our head office in Cologne we have to invest funds to enable the administration of donations, book-keeping, coordination and public relations activities necessary to control and steer our projects. However as we are convinced that a

lean administration team can offer maximum effectiveness and adaptability, we deliberately keep our office staff - and thus costs - small, with just five employees. We do not operate branch offices, but coordinate all processes from our head office. In addition, our public relations work is modest and targeted. We do not invest in cost-intensive television or poster advertising where it is not clear which target groups are reached. Instead, we focus on providing factual information provided to our donors and other interested parties by means of newsletters, mailings or flyers.

We take the same care when managing our cash reserves, which enable us to act in the event of an unplanned emergency such as a natural disaster. With these money reserves we apply a consistently low-risk investment strategy. Risky stock market transactions are out of the question for us. Our donors' mandate to support people in need worldwide is too important to rely on the promise of share price increases. Following the advice of a number of banks and independent advisors, we invest the money in a way that ensures that it retains its value.

Threat and Threat Management

We also focus our attention on dealing with threats so that ongoing projects will not suffer any damage. Examples of possible threats include a

massive decline in donations, or the intensification of a military conflict in the vicinity of our projects. What all these threats have in common is that we have no significant influence on whether they occur or not. However, we can take measures to react appropriately to them. The causes for a decline in donations can be manifold: changes in the private finances of individual donors; additional financial burdens due to unforeseen events; or the deterioration of the general economic situation in a country which causes an increase in uncertainty and a focus on individual financial security. Elderly donors may suddenly have to find additional funds for long term care. Demographic change will further intensify this effect and is likely to have a negative effect on donors' willingness to give to charity.

As an organisation financed almost exclusively by private donations, we are dependent on donors. If they fail to materialise or decline significantly we must react accordingly. True to the ideal of far sighted planning, we are already extending our fundraising efforts to other avenues. For example, we apply to private foundations, international competitions and public donors for part financing of projects, always taking into account that the thematic orientation of the potential donors have to align with our own philosophy. It is very important that our self-determined work in the crisis countries is not influenced or even impaired by these new financing models. In addition, this type of

fundraising must not be linked to a disproportionate increase in administrative costs.

Cap Anamur is active in countries where the security situation is often extremely sensitive. If conflicts in our regions of operation escalate they can seriously impact our work - especially now that health facilities and civilians are often the victims of targeted bombings. We address this threat by means of a close-meshed communication and networking strategy. All information at Cap Anamur is collected at a central location so that we can quickly identify potential threats. This enables us to react in a timely and appropriate fashion. Using short decision making paths we can intervene flexibly and adapt rapidly to the situation on site. This way we can change the nature of the deployment at short notice, or even prematurely terminate the deployment and withdraw our employees. On site, we protect our employees with security guidelines aimed at de-escalation, and by networking and co-operating with other organisations and public institutions worldwide.



REFLECTION

Chronology of a project



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Success and Impact control

In all its projects, Cap Anamur pursues a course of action that has a particular focus on ensuring that the impact of operations is sustainable. Irrespective of the situation, we try to use existing structures found in crisis regions and expand them for long-term use. We permanently monitor processes during our missions: and offering support far beyond the duration of each project enables us to monitor success on an ongoing basis.

1. Evaluation journey

The reasons for a humanitarian mission in a crisis region can be manifold, and the needs of the affected people are just as diverse, ranging from acute medical emergency aid to the reconstruction of destroyed buildings and the delivery of professional training. As a rule, Cap Anamur first sends a team of experts to evaluate the situation on the ground, to formulate goals and to develop effective options for action. Based on this, each project can be adapted from the very first minute to the specific situation.

2. Leverage of existing structures

We always aim to implement new projects using existing structures. This avoids creating a temporary relief action, which is taken away from the local people after the project is completed. Instead, our approach is to integrate any project carefully into the existing infrastructure and staff situation, taking the local situation into account. This means that we can integrate local craftsmen, doctors and nurses into the project right from the start. Available buildings and equipment are also put to good use. The necessary building materials are purchased from local suppliers and transported in cooperation with local logistics companies. Together with the affected population, we reconstruct and expand a system that can continue to be used long after the project has been completed.

3. Staff training

If local doctors and nurses lack sufficient professional qualifications, our employees carry out intensive training. The range of training is very broad and is geared to fill the knowledge gaps of the learners. This could involve instruction in the use of new medical or technical equipment, all the way to a three-year training course with a state-certified qualification. In accordance with the principle of „helping people to help themselves“, this enables local staff to make diagnoses and carry out appropriate treatment themselves.

4. Transfer of projects

As soon as the work can be done completely by the local population, we organize the gradual transfer of the project into local hands. Even after the departure of our employees, the project will not be left to their own devices as we continue to monitor progress. We continue to visit regularly, and deliver medicines. We also offer financial support for special expenses that cannot be covered locally, such as the purchase of medical equipment. We maintain contact with local decision-makers for many years after the end of each project. This approach has proven to be a successful and sustainable method of implementing projects.

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REFLECTION

Principles of our work

Fundamentals of our work

For over 40 years Cap Anamur has been giving humanitarian help. Within this timespan we were able to build up a rich treasure trove of experience. Out of this fund we crystallised a range of fundamentals and principles which have proven to be indispensable acting maxims for the daily work of our employees in Germany and our countries of operation worldwide.

Strengthen regional initiative and promote self-help.

We are independent - maintaining our own freedom of choice and free from military and economic influence by third parties.

Our aim is to strengthen the local people's own initiative, as well as those of the organization, in order to support self-empowerment.

No project is over as soon as the operative phase is completed. We remain close and active striving towards a sustainable quality assurance throughout each stage of the project, until completion.

We help people in need, regardless of their ethnical, religious or political affiliation.

We work hand in hand with other Non-Governmental Organizations that share our values.

Careful budgeting as well as financial transparency towards the public and the donors is essential for us.

Continuous development of projects and employees.

We improve the infrastructure of individual projects by developing future-oriented sustainable formations, which are run by our professionally experienced staff.

We are always open to hear new ideas and innovations from the local people. As an organization, we see ourselves as constant learners and strive to improve our knowledge base day by day.

We construct our activities close y with the people in need and alongside the local authorities. Our work is purely demandoriented

Being politically independent does not mean 'having no opinion' at all.

REFLEXION

Our organisational structure



General assembly

The general assembly is the highest organ of our association. Regular general assembly meetings take place at least once a year. It is responsible for the following tasks:

- 1. Formal approval of the executive board’s actions after presentation of the annual report
- 2. Election of the executive board
- 3. Passing resolutions on amendments to the articles of association and the dissolution of the association
- 4. Determining the framework conditions and remuneration of the executive board

Executive Board

The executive board is responsible for all affairs of our association, as far as these do not fall within the area of responsibility of the general assembly. It is also responsible for the implementation of the statutes, and the use of donations in accordance with the statutes.

The executive board consists of three members. According to § 26 of the German Civil Code (BGB) the association is legally represented by two executive board members. Members are elected to the board for a term of two years. Board members act in an honorary capacity. They can be compensated for services that go beyond normal board business. No such compensation was paid in 2018. Specific tasks of the board are:

- 1. Establishing guidelines for the use of donated funds
- 2. Approving the annual budget
- 3. Appointing an independent auditor
- 4. Deciding on the admission of new members
- 5. Calling General Meetings
- 6. Drawing up the agenda for the regular general assembly
- 7. Monitoring the implementation of decisions

Head office

The Cologne head office is responsible for the association’s administration, as well as for coordinating all projects in the operating areas. There are five salaried employees, one of whom works part-time. The internal management was transferred from the board to Bernd Göken.

Audit

As in previous years, our accounts were audited by an independent auditor. The fee for the 2020 financial statements was €12.968,03 €.

Remuneration structure

In 2020, the total annual remuneration of head office employees amounted to € 69,705.53. Although there are only very few full-time employees, there is a clear structure with regards to salary brackets. Employees’ remuneration is based on their level of responsibility and length of service. 13 monthly salaries are paid.

Gross annual salary from € to €

Interns:	9.600,-	
Clerical assistants:	27.800,-	45.600,-
Trainees:	26.000,-	30.000,-
Coordinators:	43.800,-	56.600,-
Department heads:	47.200,-	68.900,-
Managing Director:	64.300,-	78.300,-

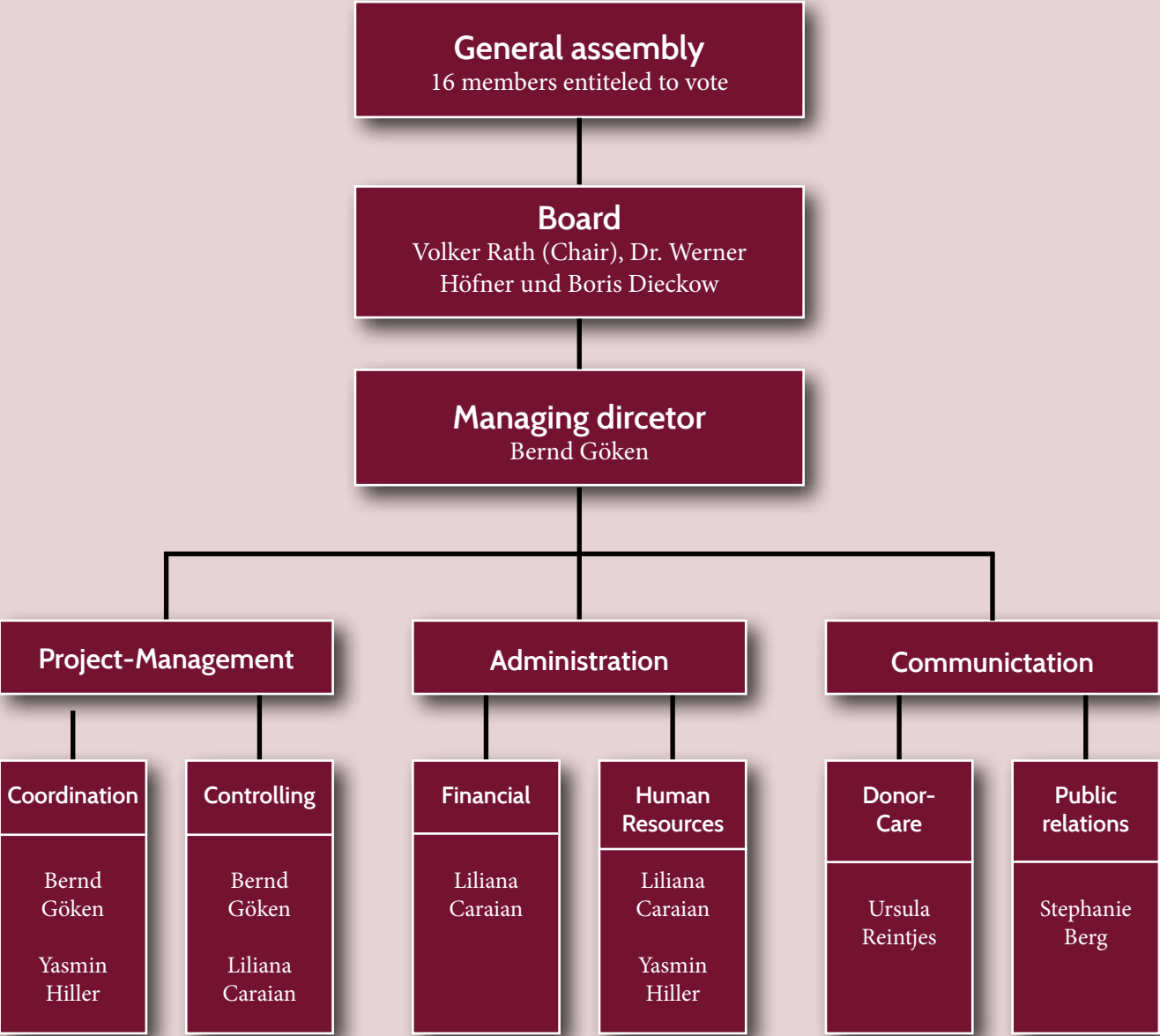
REFLEXION

The main bodies and their functions

Cap Anamur/Deutsche Not-Ärzte e.V. is active worldwide as a non-profit non-governmental organisation. We are incorporated as a registered non-profit association. The head office is located in Cologne. The organisation chart shows the composition of the association as of 31.12.2020.

All voters of the general assembly, as well as the executive board, which is elected members, work for Cap Anamur in an honorary capacity. The six employees of the office are salaried employees of the association, of which four work full time and two works part time.

Our employees outside of Germany are not represented in the organisation chart. In 2020, we had an average of 15 seconded employees worldwide, working in the fields of medicine, healthcare and technical support. As a rule, they commit themselves to a minimum of six months' secondment, and receive the same salary regardless of their profession.



FINANCIAL Principles



Independently examined

Our financial system annually takes an independent and thorough audit. During this, projects as well as the accounting are examined carefully. Besides the coherence of the settlement, the transparency and traceability of the internal processes are assessed as well. As in every previous year, our financial accounting also passed the examination for 2019 and once again we received unrestricted auditors' report.

No entry without receipt

We are aware of the fact that by accepting donations, we also take on the responsibility to use the funds wisely and effectively. Because of this, we work with a transparent cash and record system in all of our projects, to have the control over incoming and spent means at all times. In a monthly rhythm, the people in charge of the projects submit their cash settlements to the central accounting department in Cologne. Here, all financial flows are examined and documented. Within the financial administration we always act according to the principle: No entry without receipt.

Traceable

To illustrate our expenses as well as the donations entrusted in us for everybody, we trace the most important facts of the development of our financial position in the following pages. In so doing, we want to make it traceable for our donors by showing them concrete numbers which means they provide for us and how we allocate them to our projects.



	Free funds	Earmarked funds	Total
Africa			
Mozambique	65.443,67	2.938,75	68.382,42
Sierra Leone	480.468,06	131.266,22	611.734,28
Somalia	90.291,10	5.961,95	96.253,05
Sudan	748.725,44	260.955,00	1.009.680,44
Uganda	21.866,08	1.142,76	23.008,84
Central African Republik	695.987,91	24.405,00	720.392,91
Asia			
Afghanistan	253.301,47	7.456,50	260.757,97
Bangladesh	150.333,97	7.625,00	157.958,97
Jordan	2.777,25	16.609,30	19.386,55
Lebanon	165.390,81	27.406,50	192.797,31
Nepal	-	2.104,10	2.104,10
Europe			
Ukraine	2.500,00	-	2.500,00
Central America			
Guatemala	-	477,31	477,31
Corona	37.144,69	19.996,50	57.141,19
project monitoring			53.960,44
Total expenses project countries	2.714.230,45	508.344,89	3.276.535,78

FINANCIALS

Expenses by project country (in Euro)



Expenses for project management,
Administration and public relations

	Expenses (in Euro)
Project management	3.276.535,78
Administration	108.427,63
Public Relations	152.453,97

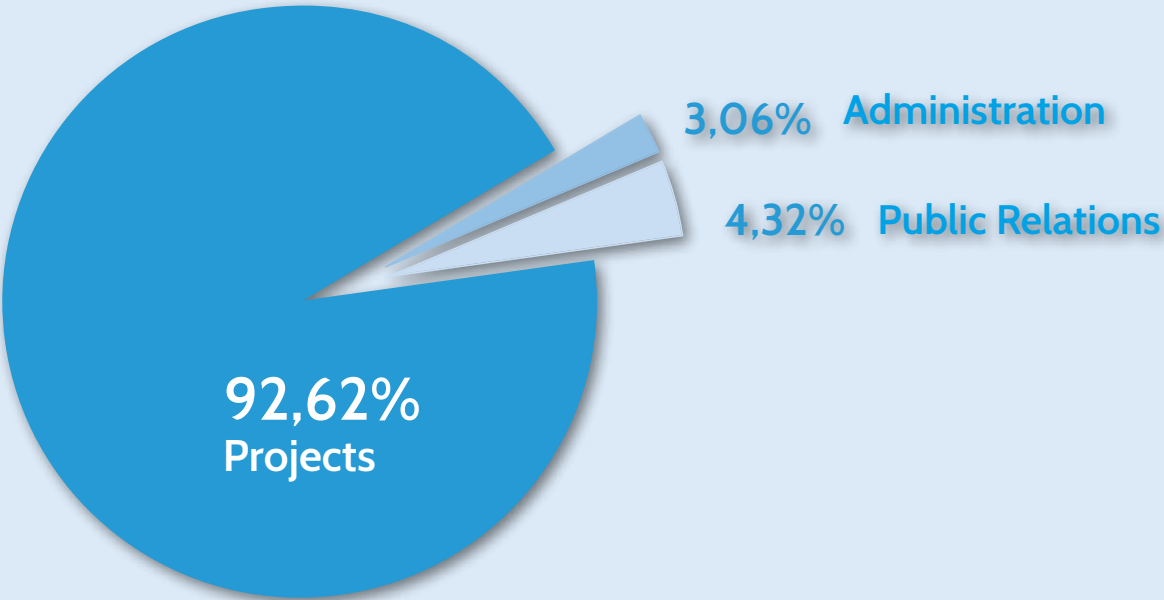
Expenses in %

	Expenses (in Euro)	percent
Projects	3.276.535,78	92,62 %
Administration	108.427,63	3,06 %
Public Relations	152.453,97	4,32 %
Total	3.537.417,38	100 %

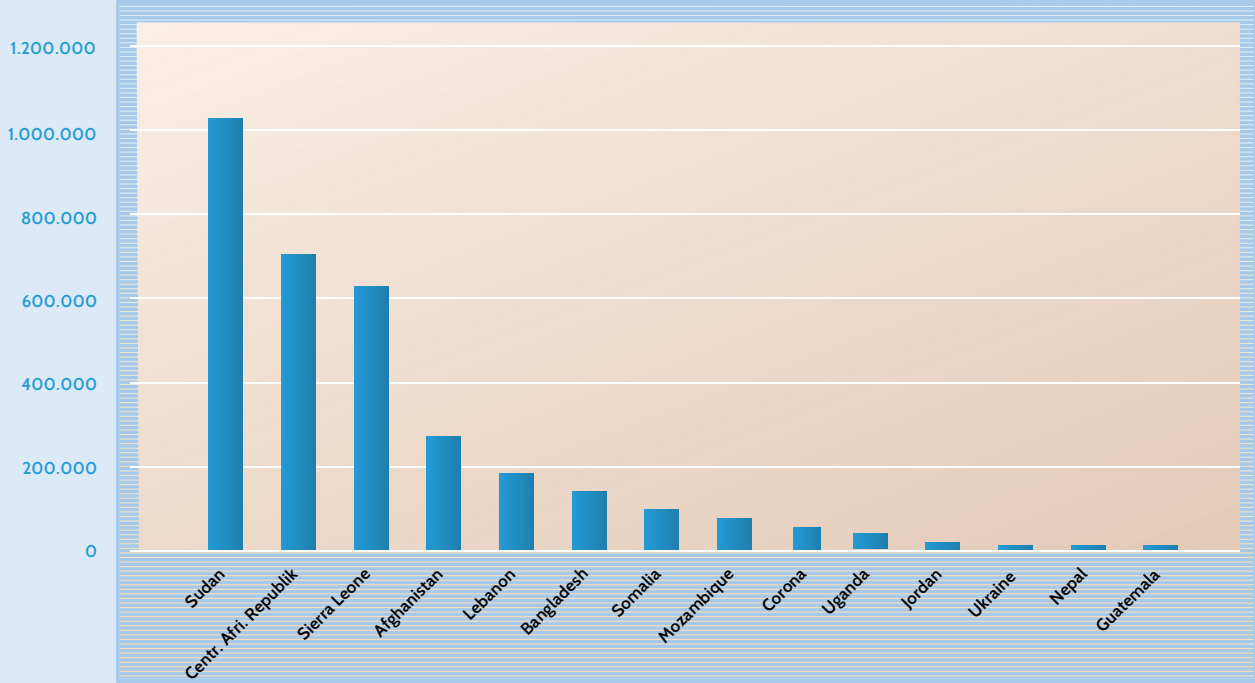
FINANCIALS
Expenditures



Expenses in %



Expenses by project country (in %)



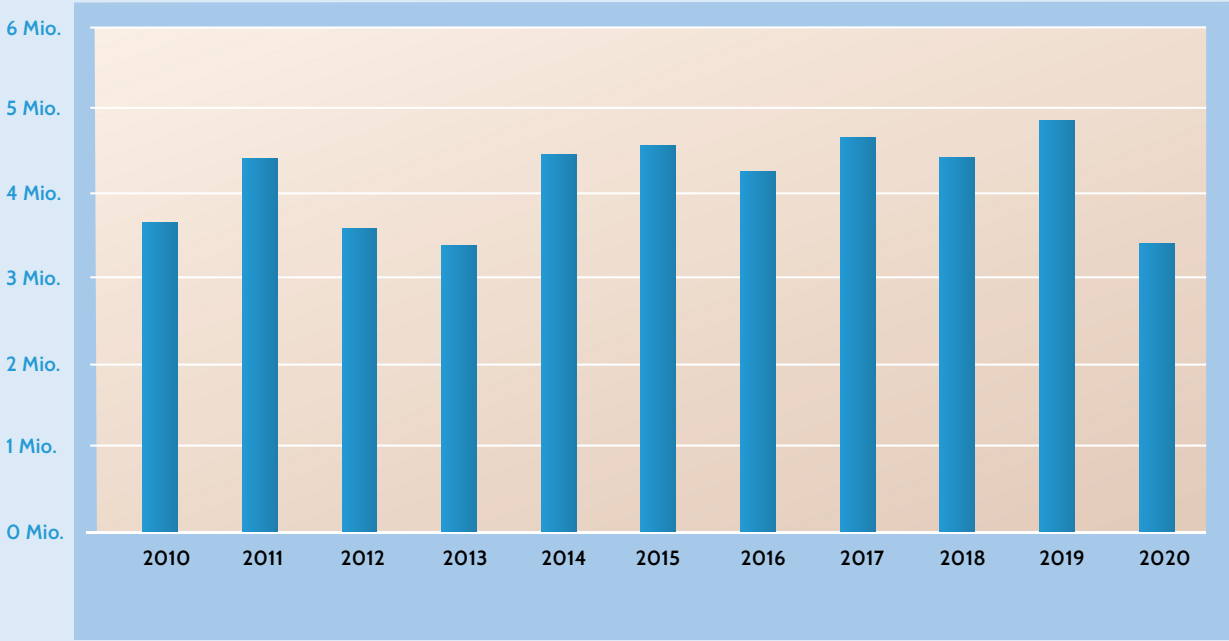
FINANCIALS
Expenditures



Development of expenses

Year	Expenses by project
2010	3.858.912,32
2011	4.301.632,22
2012	3.721.774,82
2013	3.217.785,74
2014	4.338.035,21
2015	4.390.561,55
2016	4.184.413,62
2017	4.515.879,10
2018	4.313.296,72
2019	4.779.054,98
2020	3.537.417,38

Development of expenses (in Mio. Euro)



FINANCIALS

Expenditures by activities and country (in Euro)



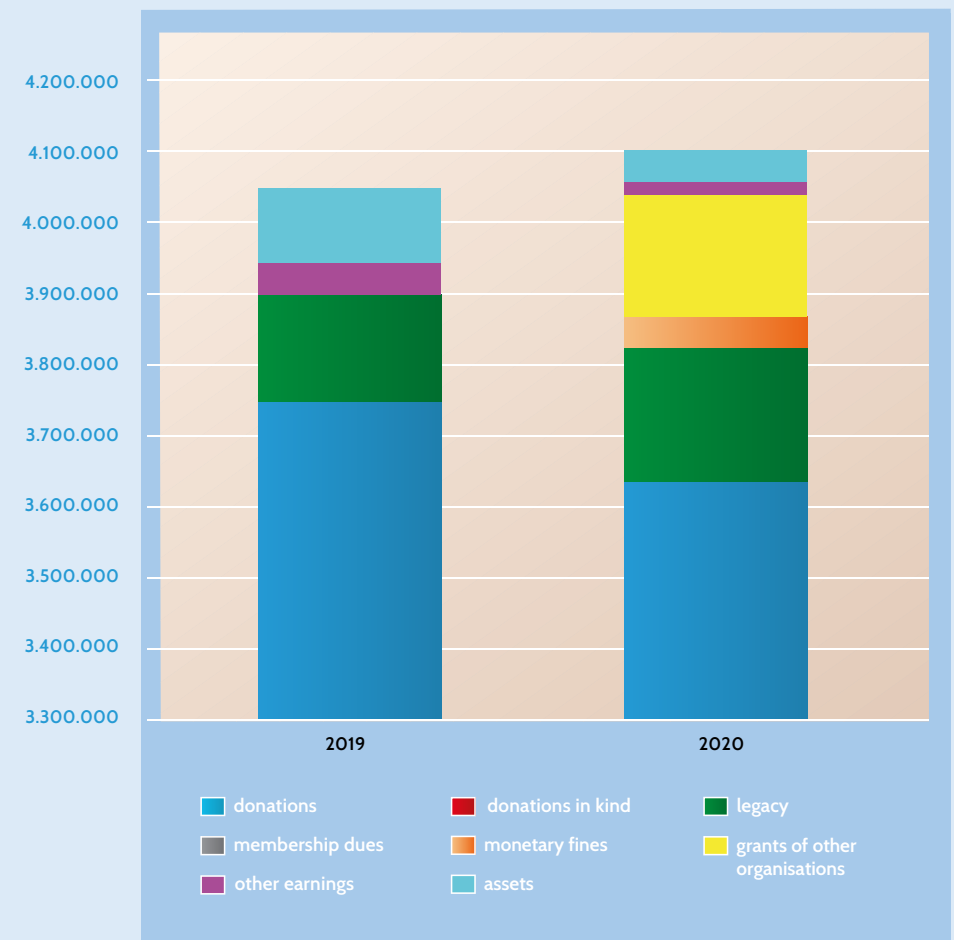
Country	Region	Activities	Project expenditures (in Euro)
Afghanistan	Herat, Shade	Midwives- and nurses education, extra tuition, support for a hospital, support for a dialysis ward	260.757,97
Bangladesch	Joypurhat, Noagaon, Cox's Bazar	Care and supply for four governmental and three non-governmental hospitals	157.958,97
Corona	Afghanistan, Bangladesh, Lebanon, Sierra Leone, Sudan, Central African Republic	Provision of hygiene measures, hand washing stations, disinfectants, protective clothing for employees.	57.141,19
Jordan	Various locations	Basic medical care and training on health topics for employees in the waste sector	19.386,55
Lebanon	Sidon	Transportation of refugees from camps to medical facilities, payments for medical treatment and medicines. Physiotherapy treatment for handicapped refugee children	192.797,31
Mosambik	Buzi	Emergency aid after cyclone "Idai", reconstruction of a hospital	68.382,42

Nepal	Judeegaun, Chandeni	Construction and support of two schools	2.104,10
Sierra Leone	Freetown	Support for a children's hospital, supply of medicines and technical equipment, caretaking for a street kids-project and an hygienic project in the slums of the city	611.734,28
Somalia	Saba-wanaag, Caynabo	Supply of drinking water and food for the people, support for a hospital and a mobile klinik	96.253,05
Sudan	Nuba mountains, Lwere	Operation and support for several hospitals, operation of a Feeding-Center, caretaking for pregnant women, vaccination program	1.009.680,44
Uganda	Kiryan-dongo	Repair and operation of the district hospital, supply of medicines and technical equipment, staff training	23.008,84
Ukraine	Donezk	Support hospital in Svitlodarsk	2.500,00
Central-African Republic	Bangui	Refurbishment, construction of pediatric station and supply for the district hospital in Bossembélé and the hospital in Yaloké, New construction of an elementary school in Bondio	720.392,91

FINANCIALS

Income

Development of income (in Mio. Euro)



* less unused earmarked donations

The majority of our income is donations of funds, which our sponsors provide either free or earmarked for specific projects. Earmarked donations which can be used only in following years are deducted. In addition there are donations in kind, inheritances, membership fees, interest income and income from assets as well as fines. Other income comprises among others income from sale of books or cups.

Development of income (in Euro)	2020	2019
Donations	3.623.352,11	3.746.938,60
Free donations	3.285.776,80	3.188.706,14
Earmarked donations	491.975,18	526.149,65
Use of earmarked donations from previous years	1.076,00	33.158,81
Unused earmarked donations from previous years	-155.475,87	-1.076,00
Deduction of membership fees	-	-
Donations in kind	-	188,76
Inheritance	197.497,88	149.202,83
Membership fees	1.140,00	1.140,00
Fines	39.975,00	3.136,70
Governmental Subsidies	-	-
Subsudies from other organizations	170.138,27	-
Other income	12.204,71	36.598,23
Operational income	21.400,09	75.948,35
Deduction for currency fluctuations	-9.195,38	-39.350,12
Interest- and asset income	54.370,11	99.511,16
Income from securities	37.977,15	51.293,08
Other interest and similar income	7.197,58	8.867,96
Income from currency valuations	9.195,38	39.350,12
Totasl income*	4.098.678,08	4.036.716,28

FINANCIALS
Aktiva / Passiva



AKTIVA	31.12.2020	31.12.2019
Property, plant and equipment	1.490,00	2.555,00
Financial assets and securities	4.773.840,63	4.728.819,63
Cash on hand and bank balances	2.773.058,22	2.099.573,87
Claims	34.706,23	46.971,50
Accruals and deferrals	26.305,02	19.888,56
	7.609.400,10	6.897.808,56

PASSIVA	31.12.2020	31.12.2019
Free reserves from inheritances	7.353.383,47	6.792.122,77
Accruals	80.819,16	92.500,80
Commitments	175.197,47	13.184,99
	7.609.400,10	6.897.808,56

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Independent Auditor's Report



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We have audited the annual financial statements of Cap Anamur / Deutsche Not-Ärzte e.V., Cologne, comprising the balance sheet as of December 31, 2020, and the profit and loss statement for the fiscal year from January 01, 2020, to December 31, 2020, as well as the appendix, including a description of the accounting policies.

In our opinion, based on the findings of our audit, the attached annual financial statements comply, in all material respects, with the German commercial law and fairly presents, in accordance with the German principles of proper accounting, corresponding to the true circumstances the asset and financial position of the association as of December 31, 2020, as well as its financial performance for the fiscal year from January 01, 2020, to December 31, 2020.

In accordance with Section 322 (3) sentence 1 of the German Commercial Code (HGB), we declare that our audit has not led to any reservations concerning the regularity of the annual financial statements.

Basis for the audit opinion

We conducted our audit of the annual financial statements in accordance with Section 317 HGB and under consideration of the German generally accepted principles for the audit of financial statements promulgated by the Institut der Wirtschaftsprüfer (Institute of Public Auditors in Germany) (IDW). Our responsibility under those provisions and standards is further described in the „Auditor's Responsibility for the Audit of the Annual Financial Statements“ section of our auditor's report. We are independent of the association in accordance with the German commercial law and professional regulations and have fulfilled our other German professional obligations in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the annual financial statements.

Responsibility of the legal representatives for the annual financial statements

The legal representatives are responsible for the preparation of the annual financial statements, which comply, in all material respects, with the German commercial law, and for the fair presentation of the annual financial statements, in accor-

dance with the German principles of proper accounting, of asset, financial position and financial performance of the association corresponding to the true circumstances. Furthermore, the legal representatives are responsible for the internal controls, determined as necessary in accordance with the German principles of proper accounting, to enable the preparation of the annual financial statements free from material misstatement, whether intended or unintended.

In preparing the annual financial statements, legal representatives are responsible for assessing the associations' ability of the continuation of its business activities. In addition, they are responsible for disclosing, as applicable, matters related to the continuation of business activities. Furthermore, they are responsible for preparing a balance sheet of the continuation of business activities on the basis of the accounting principle, as long as not opposed to factual or legal circumstances.

Responsibility of the auditor for the audit of the annual financial statements

Our objectives are to obtain reasonable assurance about whether the annual financial statements as a whole are free from material misstatement, whether intended or unintended, as well as to issue an auditor's report that includes our audit opinion on the annual financial statements.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with section 317 HGB and German generally accepted standards for the audit of financial statements promulgated by the Institut der Wirtschaftsprüfer (Institute of Public Auditors in Germany) (IDW) will always detect a material misstatement. Misstatements can arise from non-compliance or inaccuracies and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of addressees taken on the basis of these annual financial statements.

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Auditor's Report



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During the audit, we exercise professional judgment and maintain a critical basic attitude. Furthermore

- we identify and assess the risks of material misstatement of the financial statements, whether intended or unintended, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our audit opinion. The risk of not detecting material misstatements is higher for noncompliance than for inaccuracy, as noncompliance may involve fraudulent collaboration, forgery, intentional omissions, misleading presentations, or rather the overriding of internal controls.
- we obtain an understanding of the internal control system relevant to the audit of the annual financial statements, in order to design audit procedures that are appropriate under the given circumstances, but not for the purpose of expressing an opinion on the effectiveness of this associations' system.
- we evaluate the adequacy of accounting policies used by the legal representatives as well as the justifiability of presented estimated values and related disclosures made by legal representatives.
- we conclude on the adequacy of the accounting policies used by the legal representatives for the continuation of business activities, as well as whether a material uncertainty, based on the audit evidence, related to events or circumstances may cast significant doubt on the Association's ability for the continuation of business activities. If we conclude that a material uncertainty exists, we are required to draw attention to the related disclosures in the annual financial statements in our auditor's report or, if such disclosures are inadequate, to modify our particular audit opinion. We draw our conclusions on the basis of the audit evidence obtained up to the date of our auditor's report. Future events or circumstances may, however, result in the association being unable to continue their business activities.
- we assess the overall presentation, structure, and content of the annual financial statements, including the disclosures, and whether the annual financial statements represent the underlying business transactions and events in a manner that the annual financial statements give a true and fair view of the net assets, financial position, and financial performance of the association in accordance with German principles of proper accounting.

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We discuss with those charged with governance, among other matters, the planned scope and timing of the audit and significant audit findings, including any deficiencies in the internal control system that we identify during our audit.

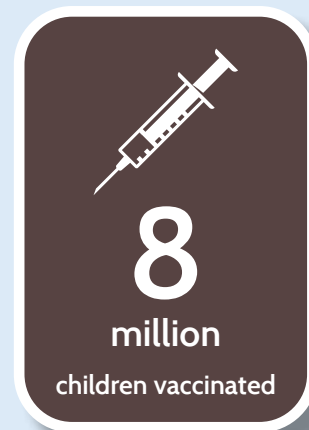
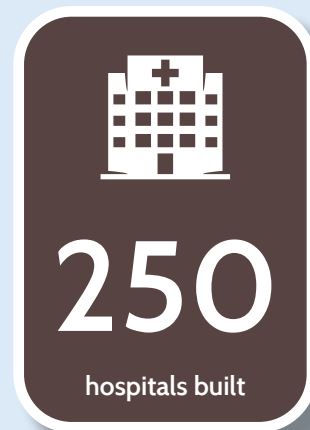
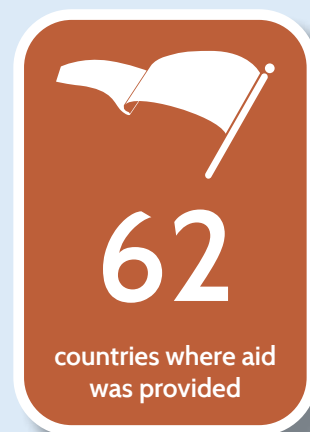
Bonn, 25th of June 2021.

W I R O G GmbH
Wirtschaftsprüfungsgesellschaft
(Auditing company)

Daniel Hübner
Wirtschaftsprüfer
(Auditor)

IN NUMBERS

over 40 years Cap Anamur in numbers



CONTACT



SPARKASSE KÖLN/BONN
IBAN: DE85 3705 0198 0002 2222 22
BIC: COLSDE33

Feel free to contact us:

Cap Anamur
German Emergency Doctors e.V.
Thebäerstraße 30
50823 Cologne
Germany

Phone: +49 (0) 221 - 9 13 81 50

Fax: +49 (0)221 - 9 13 81 59

E-Mail: office@cap-anamur.org

www.cap-anamur.org

www.facebook.com/CapAnamur/

www.twitter.com/capanamur_org/



Cap Anamur / German Emergency Doctors e.V.

Thebäerstraße 30 • 50823 Cologne • Phone: +49 (0)221 913815-0 • office@cap-anamur.org • www.cap-anamur.org