CAP ANAMUR
Deutsche Not-Ärzte e.V.

www.cap-anamur.org

Annual Report 2016

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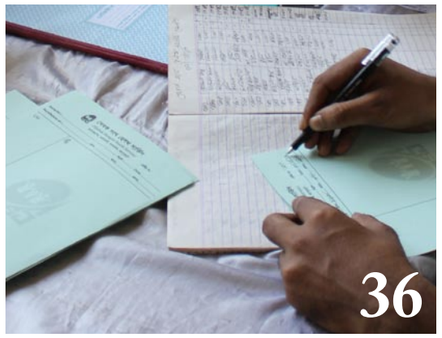

Reflection

Financials

Imprint

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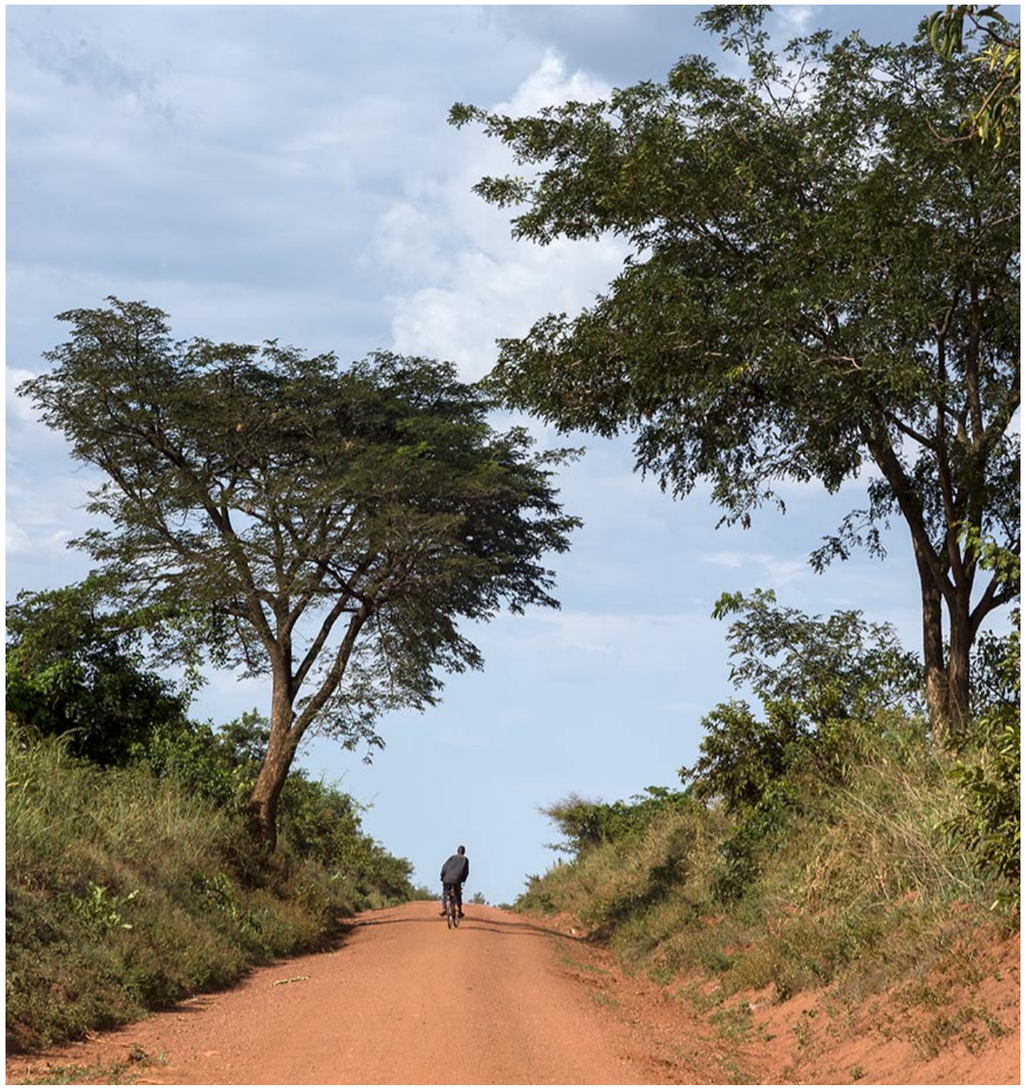
Vision

Small organization

In order to unbureaucratically realize its strategy of target-oriented and sustainable support for people who innocently got in need, Cap Anamur keeps its internal structures small with only five employees in its Cologne headquarters and three board members on a voluntary basis. Together with barely 25 sent out employees from the fields of medicine, care and technology we currently focus on ten projects worldwide. The trust from our donors enables us to remain politically, economically and denominationally independent.

Huge impact for people...

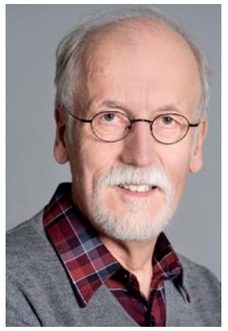
Despite our small organizational structure our projects have a huge impact for the affected people. Not only the number of patients, the educated nurses and midwives, the built and renovated facilities, the renewal of infrastructure and the supply with medication and food are proof for this. But also people's rising hope for a better future,the newly created perspective, their strengthened trust and their recovered motivation visualize the impact of our work.



... and society

The whole population should be able to participate in the health care system of its home country. With our commitment we build structures that are not only beneficial for individuals but can also change a society sustainably. After projects are finished we leave functioning structures that can be used for the well-being of the population. The training of staff does not only serve their personal development but the medical specialists' patients also benefit from their extended knowledge.

Dear readers,



Dr. Werner Strahl
Chairman

clever and sustainable development co-operation is not only based on aid in emergency situations, which are caused by wars, natural disasters and droughts. It is essential what happens afterwards. As very often behind the need for help there are national or even international crisis.

Therefore we try in all of our projects to see the big picture beyond the actual help and start structural improvements to improve the situation of the people long term. Doing this a solution- oriented dialog with political decision makers, regional authorities from different tribes and religions and the people involved is vital.

Only when a realistic picture of conflicting interests and administrative hurdles as well as of chances for structural changes for individuals and community ways of living is drawn, co-operation in development can contribute to our vision of a livable world for all people.

For example a look to Afghanistan shows a high mother-child mortality rate. Behind the misery of women and children there is a social problem. Thus the deficit of medical care mainly in rural areas is to a large extent due to the questionable role of women in the community. As long as women are bound in their traditional role and are excluded from working life, they are missing in the health care system as professionals. While male doctors due to cultural-religious reasons do not participate in birth assistance, pregnant women give birth in home surroundings with help from non educated women. The risk not to cope with complications is large. To initiate a social change and make people think different we have campaigned for integration of women in the male domain of the working life.

By providing an education for midwifes in Herat we not only improved the medical situation but advertised the acceptance for women in working life, too. In light of the effective work of the well educated midwifes the social potential of working women becomes obvious.

The traditional understanding of gender-related roles falters and degrees of freedom for a liberated and self responsible population is created. What was unthinkable years ago now is reality: 2016, in close communication with Afghanistan ministries we have initiated an education process, where men and women together are prepared for working in health care.

A similar severe situation we envisage in Bangladesh. Mainly women below the poverty level have rare chances to participate in social life, even more to be recognized by health care systems. Here too, we fight for women at the border of social life and support medical institutions, which provide cost free help for poor women and children.

Dear sponsors, our work is based on your engagement. We cordial thank you for your loyalty and your trust in our organization. With your support we will be able to help people in need worldwide in future, too.

Yours

Access to the health care system

Our effort holds true for the vision to create a world in which every country is able to secure the health care of its population by its own efforts.

Because: A health care system that opens up for the whole population and also includes those that are without any means is a keystone of an intact society. With this vision in front of our eyes we work on our projects on different levels in order to improve the local health care structures.

Our commitment is sustainability-oriented and thus clearly goes beyond acute medicine.

Which is why first, we set great value upon the training and development of local staff. In workshops, advanced trainings and daily work our employees pass on their expert knowledge from the fields of medicine, care and technology; in Afghanistan we even run a two-year training program for midwives and nurses.

Secondly, we support our local partners in the development of an effective administration program which ensures the independence of the facility in the medium to long-term. This includes the optimization of the infirmary processes, the development of a documentation scheme and last but not least the implementation of a financial concept that identifies earning potentials and enables the monitoring of spendings.

Thirdly, we develop a technical infrastructure that simplifies medical work or enables it in the first place. Through the construction, overhauling and restructuring of facility complexes as well as the installation of power and water supply we build secured spaces in which patients can be treated trustfully.

In order to ensure care of patients we, fourthly, support the health care facilities with the delivery of medication, medical and technological equipment as well as dressings. Furthermore, we run immunization campaigns, we offer prematernity medical care as well as consultation hours for diabetics and treat uncountable patients with chronic nutritional deficiency and undernourishment.

The fewest people leave their home to find themselves in a foreign country with an uncertain future when they feel save and well cared for at home. With our work Cap Anamur wants to improve the living situation of the people in need and thus give them hope for a better future in their own homeland. We set great value upon keeping our work independent - and in two different ways: on the one hand we support people regardless of their ethnic background and skin color, political opinion, religion, mother tongue, social background, disablement, age or gender.

On the other hand, our commitment only acts in the mandate of private donors who value and foster our projects. This kind of funding secures our independence from contributions led by interests of big companies or institutions.

Under these circumstances we, as a small organization with a lean administration, work every day to realize our vision.

Online

On our website, we provide detailed information about our work worldwide:

www.cap-anamur.org

Action

Individual

Every trouble spot in the world takes on a character and urgency of its own, depending on the political and economic situation, religious backdrop, tribal affiliations, culture and climate. For this reason, our day-to-day activities are conducted in a way that meets the specific requirements of the project country and we remain exclusively focused on the emergency at hand. Each mission is individual and can‘t be suddenly uprooted and moved to in another location. If the situation in a country changes, we adapt our strategy so that our activities address the new circumstances. By doing this, we maximize the amount of targeted assistance we are able to deliver to people in need.

Together

Our missions are vary greatly from one another, but they each share a common core that involves us carefully integrating our work into existing structures and incorporating the skills of local staff in the project. This not only facilitates the initial phase of a mission, it also paves the way for the people from the region to identify with the project, making the mission more effective. As a result, there is a greater likelihood that the work will continue at the same intensity after we have left and responsibility for the project is in the hands of local administrators. Furthermore, to stimulate the local economy, we usually buy all medicines, food and construction materials in the project countries themselves.

Diversity

As an organization whose core focus is on medical assistance, the majority of our projects deal with providing healthcare to people in distress. However, in order to make lasting change in our project countries, we are also dedicated to supporting education and construction. These activities are usually closely tied to the strategies of our medical missions, but sometimes take place as separate projects. The next few pages offer an overview of some of our projects and the main focuses of our work.

Care for refugees

www.cap-anamur.org/country/sudan

Why we are here

The Sudan region of South-Kordofan is hit by war between government- troops and rebels since decades. The fight was fueled again in 2011, when the State of South-Sudan was founded. Despite the intend of the inhabitants South-Kordofan was not assigned to the independent South-Sudan but remained in the power of Sudan.

The Sudan People Liberation Army North (SPLA-N) intends not to give up this area to the potentate Omar-El Bashir without fighting and therefore attacks the government troops.

The civilians suffer most from this war as their houses, fields and animals are frequently hit by the bombing of the government. Health care facilities were blown up or burned down, too.

Only the caves in the nearby Nuba-mountains give shelter from the attacks. A lack of food, water and poor medical care make life there a fight for survival. Caught in the mountain caves treatable diseases like malaria or pneumonia can lead to death without appropriate help, especially for children. But fleeing to the adjacent South-Sudan is no improvement as there is an ongoing civil war since the foundation of the state.

The people in this region are in a desperate situation which is rarely mentioned in the international media.

What we want to archieve

Basic medical care for as many people in the region as possible

Our prime target is medical care for the civilians in their hopeless situation. We intend to reach as many as possible with our medical facilities.

How we proceed

Center of our activities is the hospital in Lwere, built in 1997. With six external medical stations in a circle of about 100 kilometers we have created a net of support, which provides basic medical care to remote areas.

In these facilities we treat a wide spectrum of diseases. Especially in rain season there is an increasing number of malaria infections. But burn injuries, pneumonia and malnourishment occur frequently.

All facilities have well trained staff for diagnosis and therapy. Due to the difficult access of these areas we organize the delivery of food and medicines by semi-annual shipments to our central hospital. From there we distribute the goods to the external stations and educate the staff for proper use.

For longer training sessions the local employees gather in our hospital in Lwere. Here we run an emergency ward, a maternity unit, a mother- child department, a surgery station, a laboratory, a pharmacy and houses for stationary patients as well as rooms for consultations.

Pregnant women are treated by midwifes, nurses and doctors in pre-examinations, birth and after birth care. Ongoing training for local staff is essential for the future of the project- being it directly with patients, analysis of lab-results or operation of medical equipment. Finally a well planed vaccination program tops off our offers there.

How successful we are

The number of patients gives an idea of how many people are hit by the threatening situation in the Nuba-mountains. In our Lwere hospital we treated more than 62,000 patients in 2016.

More than double of this number we treated in our external stations, thus our project included over 202,300 people.

We conduct life saving surgery in our Lwere hospital, too. Our staff made 473 surgeries last year.

Our vaccination campaign immunized about 42,700 children against polio, measles, tuberculosis, diphtheria, whooping cough, hepatitis and tetanus.

This high performance we achieve by recruiting, education and ongoing training of local staff. We employ 118 people from the Nuba-mountains in our hospital and the external stations.

How we control

Twice a year we ship medicines, goods, foods and construction materials to this remote and difficult to access area. The logistic process from purchase to delivery undergoes a strict control process.

After assessment of the needs we plan procurement and call for bids of various suppliers. Once a supplier is found our staff accompanies the shipment, loading, transport and downloading of the goods. After reaching the target area the shipment is checked for completion and is stored in our storage rooms.

Every step is separately checked by our Cologne headquarters, adjusted when needed and finally signed off. Mainly the payment procedure is managed from Cologne and follows the four eyes principle.

In our hospital only authorized staff has access to the medicines storage and is allowed to take out daily needs. Any withdrawal is documented. Cash in hand is kept safe and only accessible by our cashier.

Picture: Waiting-zone in the hospital of Lwere.

He produces a list of all cash out and cash in, documented by receipts.

Monthly cash reports are sent to the German headquarters, where a countercheck is performed. Statistics about patients and reports on medical and construction activities are sent to the project coordination in same frequency.

Furthermore there is ongoing contact by satellite based media to assess political situation and threat level in the region.

How to continue

There was no easing of tension of the political situation in 2016. There will be no change for the people in the Nuba-mountains in short run.

Long-term support for the population

As a cornerstone of the local community we will continue our basic medical support for the people. It depends on the threat level if we will be able to further expand our action area. Surely we will sent highly qualifies doctors to the project in 2017, too, to further educate local staff. In particular we thereby expand the spectrum of surgery in our central hospital.

Access to basic health care without cost

www.cap-anamur.org/country/bangladesch

Why we are here

Bangladesh is among the poorest nation in the world. Frequently occurring natural disasters alone don't explain the precarious situation of large parts of the population. Moreover the social-structured imbalance is the reason for many people to be excluded from education and health care. The unleveled distribution of power and resources enhances this situation.

Mainly women have disadvantages in this country. With an illiteracy rate of 45 % many women are anyhow excluded from decision-making in the community. Economically they depend on their husbands. When he dies or leaves his spouse, their situation becomes hopeless.

High food prices are the reason for malnourishment of the "ultra poor", which leads to a weak organism and makes them susceptible to diseases. Once symptoms of under- or malnourishment occur, there are no means to finance treatment.

The state does not provide free medical care.

For medical care of wounded or infections, necessary surgeries or pregnancies there is no concept to take over or leverage the cost.

What we want to archieve

Our target is to provide a cost free medical basic support for the poorest in the country.

How we proceed

To enable access to the existing medical institutions for the poorest we have established co-operations with governmental and non- governmental hospitals. The agreement is that we supply medicines, materials and and medical equipment for these institutions. In turn impecunious people get health care in these hospitals free of charge.

Especially for heavily discriminated women and children this offer is essential. Various diseases now are professionally diagnosed and treated. Births no longer take place in a non-hygienic surrounding and with unprofessional assistant in living houses, but are performed by professionals in the hospitals. The chances to survive increase significantly for women as well as children.

We support three governmental hospitals and five non- governmental institutions. These small organizations have specialized to support the "ultra poor" and have a good network in their areas.

How successful we are

The project is highly efficient: In 2016 we treated 153,000 patient in all 8 stations (in 2015 it were 118.900), who previously were excluded totally from health care.

While the NGO-hospitals could treat up to 600 patients per month before our co-operation, now the numbers have increased tenfold with our support.

Furthermore we implemented state of the art medical equipment in the hospitals to improve diagnosis and broaden the treatment spectrum. The worse equipped NGO-hospitals we improved with ultrasound devices and an x-ray facility. In one of these we established a dental care station and provide all necessary machines and instruments.

Picture: Children and women are waiting for their treatment.

How we control

Every transfer of goods and money – starting with ordering through to delivery to us- is monitored by our staff on site. There is no dealing without our approval. To document number of patients, diagnosis and therapies as well as consumption of medicines all institutions keep books, which are checked by us and are compared to the goods on stock. Our staff on site visits the partner organizations frequently and without prior notice. Twice a year a member of the executive board checks the project status and develops further plans.

How we continue

Our strategy is a successful model for a country, where we so far could not sent out our own doctors.

We want to strengthen co-operations with NGOs in future. They show a high engagement and target their work to the support of the poorest of the population.

Online

Our project coordinator Uddin Ahmed explains in a video, how our project works.:

Project-Video Bangladesh

Von der Straße in die Schule

www.cap-anamur.org/country/sierra-leone

Why we are here

The civil war of the 1990s put the state into chaos. Numerous people lost their lives, families broke up und poverty increased. The education system was destabilized as 1,300 schools were destroyed. The country has a mandatory school attendance rule of 9 years, however due to lacking institutions and teaching staff this cannot be matched. Mainly for the poor people living in slums a school attendance fails due to cost for teaching, uniforms, books and exam fees. In most cases the money available is not sufficient for the daily support of the families with food and drinking water. This undersupply forces many children into the streets, either to make some money there for their families or to completely live on their own. But the poor economical situation is only one reason. Other factors like domestic violence, the illusion of a free life away from social conventions and duties or the painful loss of parents, which we experienced very often during the Ebola epidemic, created a matrix of problems, which makes children flee from the family life.

Varied reasons for life on the street.

What we want to archieve

Our engagement in Sierra Leone is aimed for these children who gather from all over the country in the capital of Freetown. Our target is to strengthen these children psychically and enable them to return and be integrated in the system from where they dropped out: Family and school.

How we proceed

In the middle of Freetown we run a protection house called “Pikin Paddy” – friend of the children. It is the central gathering point of the town, where we invite all street kids who are willing voluntarily to change their situation. Without pressure we work with the children towards our aim. Our engagement is based on a five phase program. In the first phase we start making contact to the children. During night patrols in the slums our social workers look for street kids, talk to them and invite them to our protection house. Ii “Pikin Paddy” we offer them a safe haven, where we carefully assess their problems and look for solutions. The psycho-social support is combined with manifold offers, which include basic school teaching, creative design as well as sports and plays. While staying in the house all of them get a place to sleep and three meals. In parallel our street workers try to find their families and analyze the social-economic situation of the relatives. Mediation follows as third phase. Our social workers mitigate between families and children, discuss frankly any issues, solve them and develop plans of action for the future. Once a solution acceptable to all parties is found we start phase four, when children leave our house and return to their families. In case the families are extremely poor we support them with goods such as mattresses, kitchen materials, clothing and hygienic materials. Our team also talks to local schools and plans the return of the children to the classes. We cover expenses for teaching, exams, uniforms, books and materials. Once this has been achieved our workers concentrate on a sustainable successful integration and start phase five. We keep close contact to the children, their relatives and teachers and thus are permanently informed about the development of the children and can interfere if needed.

> The goal is the sustainable integration of children into the systems education and family.

It is essential that not only parents and teachers are questioned but the feeling and the perspectives of the children are taken into consideration, too. We mediate new conflict which might occur in the families and support the children with homework, extra tuition and prepare them for exams, once they envisage difficulties in school.

How successful we are

In 2016 a total of 172 street kids passed our five phase program. With an integration rate of 92.4% we sustainably incorporated the children in families and schools. Only 13 children returned to the streets. We do not treat them as hopeless cases, but we still go for changing their mind and improve their situation.

How we control

Our control system comprises all dimensions of the project. The welfare of the children is the central point and as such our work needs to be documented carefully. We run a file for each kid, where we at first describe the starting point of our caretaking. Here we also keep track of all activities of the children in our house (like participation in school classes, sports or creative design). Based on this data our tem can reproduce the development of the children and use the results to work on a reliable perspective for the future. Mainly the psycho-social development of the children is in focus here.

After integration back into the families we document the relation dynamics between the children and their relatives. This is extremely necessary when domestic violence was the reason for going on the streets. To avoid misuse of the program we comprehensively check the economic status of the families before we provide financial support or deliver goods. Furthermore we check attendance and progress of the children in school.

Finally all flows of money are permanently supervised. The cash keeper on site has to announce any cash outlay to his chief, obtain offers from suppliers and after approval prove by receipts. The cash is checked constantly. Money requested is transferred from German headquarters by a safe transfer system to the project account. The cashier monthly transfers his cash report to central accounting, where use of funds is checked.

How we continue

The statistics show how important our work is for the street kids in Sierra Leone. Therefore we will continue our program. We plan an enlargement of the program in order to promote the creativity of the children and make use of their physical capacity by increasing the sport program.

Nursing staff for undersupplied regions

www.cap-anamur.org/country/afghanistan

Why we are here

Since many years Afghanistan is among the first ranks in “Global Terrorism Index”. Unfortunately the development since 2010 shows an increase of attacks. The last official statistic shows 1,715 terroristic attacks in 2015 with 6,249 people wounded and another 5,312 dead. For most of it the Taliban militia is responsible. Thus the people are highly insecure. Many people flee from this country with no perspective. As mainly the group of financially well situated people can afford the high cost of exodus, Afghanistan looks at a major loss of talent academics, artists and professionals, who are missed for a political, social and infrastructural restructure of the country.
Mainly in the anyhow poorly interlaced rural areas we note this development in the medical sector. Most hospitals are located in urban areas, which are not or only rarely accessible for the people from the 34 provinces. For the rural population the long distance trips are not only dangerous, but also expensive and for heavily sick or pregnant women not makeable. Sickness, which could be well treated by medical experts, can be a death penalty in undersupplied regions.

What we want to archieve

Our aim is to improve the medical care basic support in rural regions of Afghanistan. Since we were successful with our education program for midwifes, we now start a comprehensive program for nursing staff.

How we proceed

Together with local authorities for education and health care we have developed a curriculum, which includes the rules to enter, the content, the structure and the final examination for the education. In a tendering process 47 future trainees have been selected in an approval test out of 200 applications. For the first time we could break the gender separation as we now have 19 male participants besides 28 women.

Local teachers, who had been qualified by our staff, now teach independently and lead every class through the concept with theoretical and practical parts. Central part for example are sewing of wounds, attaching infusions, injection- and dressing techniques, surgery assistance, shock-management as well as health education and hygienic.

After three years of nursery training the candidates return to their home villages as certified and highly qualified nurses and they commit themselves to work at least for three years there to improve medical care. Cap Anamur pays for the whole education program. This includes salaries for teachers, working materials, power and heating as well as accommodation and caretaking for their children.

How successful we are

With similar education programs we have educated 130 midwifes and 76 Community Health Nurses and thus improved the basic medical care in rural areas. As we noted a saturation of such trained people in our activity radius, we now concentrate on the qualification of the 47 trainees in the new class. In order to enable the participants to learn even more we have extended the curriculum from two to three years and enlarged the content as well as increased the intermediate and final examinations.

How we control

In order to have the certification acknowledged by state authorities we have developed the curriculum together with the ministries in charge. We continuously train our teachers professionally and didactical to hold the knowhow level and the teaching methods at state of the art. Term exams and examinations secure growing knowhow of all participants. In light of a “kidnapping industry” in Afghanistan there is a high risk for foreign staff of aid organizations. Therefore we employ only local staff in our project. Our Afghan project coordinators supervise all project activities. They talk to ministries, select teachers by special criteria, organize exams, keep project cash, document money flow, approve salary payments and coordinate procurement of teaching materials. Every aspect is documented in detail and coordinated with executive management. Central accounting checks every in- and outflow of funds. Members of executive and supervisory management visit the project at least twice a year.

How we continue

After successful trainings for midwifes and Community Nurses we started the new training program for highly qualified nursing staff in autumn 2016. Alike the previous programs we aim to educate several age groups in midterm to achieve a similar saturation in our activity radius like with midwifes.

Lighthouse project in the heart of Africa

www.cap-anamur.org/country/zentralafrikanische-republik

Why we are here

Since 2013 Central African Republic is the stage for fights between competing rebel groups. The enemy groups can roughly be distinguished along their religion as Muslims and Christians. But it is not only the religion which could explain the dimension of the conflict. In fact it is the principle of the enemy militias, who fight for political power, resources, land and money.

In a climate of constantly changing power a preliminary government, installed in 2014, was not able to cease the fights between the groups. Open fights all over the country cause many victims, among them many civilians. After elections have been postponed many times due to security issues in 2015, they finally took place peaceful. The independent politician Touadera won and became President. But he could not achieve an easing of the situation in this country, which according to United Nations with a per capita income of 582 $ is the poorest in the world. Health care for a large part of the population is sensitive.

During our fact finding missions the small town of Bossembele, located some 160 kilometers north-west of the capital Bangui and heavily suffering from the conflict, came to our attention. With a dilapidated district hospital the town was no longer able to provide adequate health care for about 130,000 people living in this area. Caused by the riots, lots of clinic-employees fled and wages for remaining staff could not be paid. The medicine storage was empty, there was lack of materials and technical equipment and the buildings were in bad shape.

What we want to archieve

Our construction target is to build a multidisciplines hospital in Bossembele to achieve a reliable basis for long term health care in this area.

How we proceed

By medicine deliveries, education, vaccination campaigns, assignment of medical staff, implementation of a mobile hospital and restructuring of administrative procedures, we at first secured a basic health care for the people in the actual situation of the conflict.

Thereafter the planning for construction could start. Our architects first checked the conditions of existing buildings. They wrote a report showing which building could be refurbished, which needed comprehensive repairs and which had to be newly erected. Besides refurbishment of the surgery room and surgical ward, the plan contained an enlargement of the pediatric ward by an additional building. Furthermore a pharmacy, a patients' kitchen, an internist ward as well as toilets and shower facilities were planed. Thereafter the extension of the maternity station and the implementation of a new power- and water supply will follow. Our construction supervisor now had to purchase the materials from local suppliers, built a team of local craftsmen and start the construction phase and monitor it.

How successful we are

We were able to finalize some of the construction plans successfully. The extension building of the pediatric station is complete and in operation. Besides examination-, consultation-, storage- and kitchen rooms we established a station with 12 beds, where highly infected children can be separated from other young patients. Shortly later in March 2016 the pharmacy and the kitchen for patients could be completed. Till October we addressed the renovation of the surgery station as well as drilling and start up of the water well. Since then we can fill up two large water storages. Last we achieved the extension of the maternity ward and we installed a new light system for the pediatric station, maternity station, birth room and laboratory. With this large extension program we have significantly improved the support in Bossembele and we reached 45,798 patients last year. In addition we treated 28,858 patients in our medical station in Yaloke. Our immunization program was very successful as we vaccinated 438 people average per month. In December we started vaccination in Yaloke, too and reached 348 people in the first month.

How we control

Every step of the project is closely monitored by our staff. Construction plans are made by experts, materials needed are exactly defined and after comparing various bids ordered from local suppliers. Documentation is kept to follow all goods coming in and going out. There is exact bookkeeping of all construction. Thus we ensure that during construction wood, steel and tools are not wasted or stolen. As our construction manager is permanently on site, we follow the construction at all times and can take corrective measures when needed. Alike in all other projects the procurement follows a principle: No expense without voucher. Every cash flow is confirmed and proven to accounting department in Cologne. Monthly statements make the financial system transparent.

How we continue

For 2017 we plan the finalization of more constructions. This includes the erection of a new internist station, a staff building and toilets and shower facilities. Furthermore we will install a solar device, in order to make the power supply independent from the diesel generators and contribute to change to regenerative energy sources.

Creating Perspectives

www.cap-anamur.org/country/nepal

Why we are here

At the end of April 2015, the pressure resulting from the friction between two continental plates was discharged in an earthquake of magnitude 7.8. As the epicenter was about 80 kilometers northeast of Kathmandu, Nepal was the country most affected in the region. Almost 8,800 people lost their lives and 22,300 more people were injured - some of them severely. Residential buildings, schools, temples and business premises were in ruins. Many buildings belonged to the UNESCO World Heritage. Most of the roads were buried in rubble, the electricity and water supply in many places had collapsed. On their evaluation trip, our employees quikkly identified two remote mountain villages, which were severely affected by the earthquake, but still cut off from the help of the international community to date. In addition to the care of the injured and ill as well as the distribution of food in the acute phase immediately after the quake, the need for long-term reconstruction of the destroyed villages was high. After the end of the aftershocks many residents began re-building their huts. However, the erection of public buildings exceeded their capacities.

What we want to archieve

After completion of the emergency medical care phase, we put our focus on the construction of two schools which had been completely destroyed by the earthquake. In order to secure the water supply for the school pupils and the rest of the villagers, two wells are to be built and a water guidance system established. In setting these goals we are creating a future perspective for the young people in the villages.

How we proceed

After our team had completed the emergency care of the injured and the distribution of food in the phase of acute threat, we were able to begin work on building the schools. Together with a local architect, we first set up the plans for an earthquake resistant construction. Initially we focused on the reconstruction of the school in the Judeegaun mountain village. To start with we removed the debris of the destroyed school buildings and upgraded the access roads to enable the delivery of building materials. Then the construction of the five school buildings began, in which we housed classrooms, offices, storerooms, a canteen and sanitary facilities. By the beginning of 2016, the construction work was so far advanced that we were able to work on the interior fittings until the opening of the school in the spring. At the same time, the drilling work for the well began which was planned to provide the school with water.

> The earthquake has destroyed not only schools but also prospects. We are rebuilding them with our project.

The concept for the construction of the second school in the village of Chandeni was based on the successful model in Judeegaun. The construction here is also earthquake resistant and work proceeded rapidly with the support of the local inhabitants. However, securing the water supply for this high-up village was a challenge. We therefore hired a company specialized in deep boreholes and they are to prepare a 150 meter deep borehole for the well. The water pipelines can then be installed, which will provide both the school and the rest of the village with water.

How successful we are

In just eleven months, our team built the school in Judeegaun and opened it for the pupils. The opening ceremony took place in spring 2016. Additionally, in cooperation with the Ministry of Education, we were able to overcome some administrative hurdles: in the old school of Judeegaun schoolchildren were given primary education only. Older children had to hike two hours a day to the secondary school. By expanding the curriculum, the new school is now able to offer tuition up to school leaving age. The enlarged teaching staff now tends to approximately 300 pupils. In conclusion, in the early autumn of 2016, we connected the school up to the water network, which is fed by the specially built well.

With the experience gained from the construction of the first school, we were able to construct the school in Chandeni even faster. After nine months of construction, we opened the school in autumn 2016. 380 pupils are taught here from the first year of primary education right up to advanced secondary level. At the same time we had started the planning and sample drillings for the well and these efforts were successfully completed at the end of the year. We therefore assume that the well will be ready for operation in 2017. We are carrying out the well project together with the organization Grünhelme e.V. which was also founded by the founder of Cap Anamur, Rupert Neudeck.

How we control

Das Projekt unterliegt in seinem gesamten Verlauf einer strikten Kontrolle. Sie beginnt The project is under a strict monitoring process throughout its entire duration. The process includes the selection of the appropriate project location, which is done by our evaluation team in consultation with head office. The aim is to support undersupplied regions and to avoid superfluous overlap with projects run by other organizations. After deciding on the sites of Judeegaun and Chandeni, there was a documented evaluation of demand in order to estimate the effort and costs for the project in advance. Our logistics specialist and coordinator first gathered several offers and then ordered all the necessary building materials from a local trader who supplied the goods in the required quality at the typical local price. There was a „second set of eyes“ at inspection and payment of the delivery of goods and each payment is acknowledged by means of a corresponding receipt. Progress on the construction site, the issuing and use of the materials as well as the signing-off of individual construction phases were also continuously monitored and documented by our construction manager. In addition, our head office accounting department has continually checked the entire payment flow on a monthly basis.

How we continue

Our work in the two mountain villages is almost complete. In addition to medical assistance and food supplies, we have built two schools and a well. Work on the second well is underway and continues in 2017. We will also install a water pipeline system to provide drinking water to the school and village community of Chandeni. Once this has been achieved and the project has been handed over to the local community, we will have completed our mission in this region.

Worldwide Activity

Afghanistan

In addition to our training program for nursing students as described above (pages 18-19), we continue to run a hospital in Imam Sheshnoor and a dialysis unit in Herat.

We built the hospital ourselves and provided it with medicine and equipment. Until we hand over the clinic to the State in about a year's time, we will continue to manage it ourselves offering the local inhabitants a broad spectrum of medical care.

Five treatment rooms are available for the dialysis program in Herat - all of which were in permanent use last year. In 2016 we financed a total of 2,082 dialyses. For 2017 the acquisition of three further dialysis machines is planned so that we can expand our offer.

Ivory Coast

Over 10 years ago, we renovated the hospital of Doukoue, extended it and handed it over to the State after completion of the project. Even though the clinic's budget is very tight the day to day operation still works to a large extent without any problems.

Last year, however, the hospital's power supply collapsed. The hospital management could not handle the necessary repairs on its own. As is the case for all our projects, we are stay in touch with the local decision makers years after project conclusion, so that we learnt about the incident at an early stage and were able to react in good time.

In addition to repairing the electrics, we have also installed a stabiliser that compensates for voltage fluctuations and thus protects sensitive medical equipment in the operating room and in the laboratory.

Iraq

Over the last few years many Syrians have fled from the war in their own country to northern Iraq. There are numerous refugee camps in the region around Dohuk. The city lies about 75 kilometers north of the metropolis of Mosul, which is still occupied by the IS terrorist militia to this day. Towards the end of last year, we supplied several of the camps with medicines that were missing in order to care for the refugees.

Lebanon

In relation to its own size, Lebanon is the country that has taken in the most Syrian refugees worldwide. While access to state education is granted to Syrian children, medical care for the refugees in the detention camps is not ensured, with the treatment costs in clinics being prohibitive for many. This is where we can help.

We organize daily transport for Syrian refugees from camps in the Sidon area to cooperating health care facilities and cover the costs for examination and treatment.

We also provide any medications that are prescribed. About 1,000 consultations a month have been possible since the start of the project, a number which we will more than double in the course of 2017.

Sierra Leone

In addition to our work with street children in Freetown (pages 16-17), we also supported the Ola During Children's Hospital in Sierra Leone's capital in 2016. The hospital treats severely ill children and is the first place to go for help in the region.

At the same time, we continued our hygiene project in the slums of Freetown as planned. Local employees from the community clean the public toilets daily and provide the users with sufficient disinfectant and soap.

During the Ebola crisis, we were thus able to curb the spread of the virus. We are continuing this project as many other germs are also destroyed with these simple hygienic measures.

In Makeni, further inland, we supported the Regional Clinic again last year. In addition to renovation work and medicine supplies, we sent medical staff to the hospital to provide further education for the local nursing and medical team. The most important part of our work in Makeni in 2016 has to be the construction of an intensive care unit including the supply of all the equipment. We were able to put the unit into operation at the end of last year - several months before the official opening ceremony in March 2017.

Worldwide Activity

Somaliland

Somaliland is one of the countries affected by the acute drought in East Africa. After several rainy seasons did not come about, the country has become extremely dry. There is barely any grassland and cattle are dying of thirst. Without their livelihood many people set out in a search for food and clean drinking water.

An initial assessment has confirmed the widespread plight of Somaliland's rural regions in particular. To counteract the acute threat of thirst, we have already carried out initial distributions of clean drinking water towards the end of the year. In view of this plight, we will continue the project in 2017 and supplement it with medical assistance and the construction of water reservoirs.

Syria and Jordan

We expanded our work with refugees in Syria and Jordan in 2016. In addition to the support of several underground clinics in Syria, we have added a second clinic to our medical services in Jordan. As a result, we were able to provide help at the two border locations of Irbid and Mafraq last year.

In addition, we were involved in the work with refugees in the Rukban camp in the so-called Berm area at the borders of Syria, Jordan and Iraq. Currently about 75,000 people live there under the most severe conditions and are dependent on outside help. In response to a bomb attack on a military post in this area with six deaths, the Jordanian government has closed its borders.

Access to the camp is almost impossible, the situation is chaotic. Nevertheless, we managed to place a small clinic consisting of six shipping containers close to the camp. Equipped with medicines, infusions, dressing material and some medical devices, the doctors here provided for approximately 150 patients a day.

However, when a further bombing of the IS terrorist militia took place near our facility at the end of December 2016, we had to stop the project for the time being.

Uganda

After a two and a half year assignment in Lwala, we handed over the hospital project to local management and withdrew from the day to day running of the clinic. Our work here has resulted in a lot of change: we have not only repaired the clinic, but have extended it by several buildings. We were able to streamline the administration and provide more transparency in the finances. Our employees have provided further training for the local staff in various subject areas and, in particular, have trained them in diagnostics and adequate drug administration. Extensive deliveries of medicine and the acquisition of medical equipment rounded off our efforts. However, our work in Uganda is not yet complete. We continue to support the hospital in Ococia with the regular delivery of medicines, which the clinic management cannot finance from their own funds.

Ukraine

Back in 2015, we started a project to repair a hospital in Switlodarsk, directly on the eastern Ukrainian front line between Luhansk and Donetsk. The facility, partly destroyed by a bomb hit, has been renovated according to a redevelopment concept. We also supplied medication for the relaunch of the clinic. Doctors who had previously fled were able to resume their work. In 2016, we made the final payments for the renovation and handed over the fully functional hospital to local management.

Online

You can find more detailed information about current projects on our website:

Where we are active

You can also find reports on projects already completed on the internet:

Where we were active

Reflection

Reflective

Each of our actions is the result of a process of theoretical deliberation leading to practical engagement. New experiences gained in practice are directly incorporated into this process. Our reflection is focused on the observation of the project progression, the assessment and management of risks and dangers, the analysis of the impact of our work, and a set of fundamental principles to which we feel duty-bound. These aspects are unpacked in more detail on the following pages.

Active

Cap Anamur has been active for many years in areas beset by conflict and crisis. In order to achieve our aims in the areas in which we work, we deploy proactive, open-minded, hands-on people with expert knowledge and the ability to put the relevant theory into practice. They have to act quickly in times of famine, in case of natural disasters and in acute situations of conflict in order to help the people in distress. In order to sustain their effects in the long term, however, development cooperation projects also need intensive preparation, even under time pressure, consistent oversight, and critical self-analysis and follow-up – in short, an ongoing process of review and reflection.

Transparent

It is important for us to have maximum possible transparency at all operational levels which enables all donors, institutions, organisations and those interested in our work to understand and relate to our approach in theory and in practice. With this in mind, we make no secret of our activities, plans, ways of thinking and financial position, and this information is available for anyone to see in our print and online publications and, not least, in this annual report. The German Central Institute for Social Issues (DZI) also inspects our association regularly and has for many years commended our organisation without reservation.

Observation of the project progression

Humanitarian projects forming part of development cooperation work are of vital significance for the people living in crisis-hit regions, regardless of the nature of their plight. People who need help in these situations frequently need a swift and efficient response without the delay of unnecessary bureaucracy. But the mere distribution of relief supplies is sorely inadequate as a long-term solution. In order to guarantee the sustained success of the work, there is a need for conscientious and responsible observation and follow-up of the progression and impact of each individual project. Cap Anamur has developed an extensive set of tools to meet this requirement. We are therefore equipped not only to help in an expedient manner and to target aid where it is needed but also to embrace the trust placed in us and to attend to our duty to put the donations to appropriate and effective use.

We help quickly and without unnecessary bureaucracy while monitoring all the aspects of any given project.

We always work with an exceptionally high proportion of locals in the countries in which we are engaged in aid projects. There are two major advantages to this approach as opposed to running a project solely with workers posted from other areas or countries. Firstly, the local people identify with our projects to a high degree and there is a great sense of ownership of the projects. Secondly, we help by creating employment options and offering the prospect of paid roles for those involved in the work.

Workers from Cap Anamur are also on location at all times during the project to oversee the allocation of funds. This includes checking that building materials are used as appropriate and that relief supplies and medicines are handed out to those who need them. Records are kept as proof of necessity, and reports on expenditure of funds are held on file to ensure an ordered system of documentation allowing the use of resources to be traced. The workers whom we send to the field have the relevant expertise and the necessary experience to be able to provide a professional service in these matters. Our selection procedure involves several levels of screening whereby we check that the potential workers have the professional qualifications and personal qualities required for an overseas posting. The key question we always ask ourselves is what is best for the project and for the people in the situation of distress.

The international teams serving in the field are in constant contact with the Cologne headquarters. Information is exchanged briskly over the telephone and by email so that support can be provided on an ad hoc basis and decisions can be taken jointly. New digital communication media are facilitating ever closer contact between all the administration, coordination and project workers. Monthly reports and accounts from the relevant countries also document patient statistics, consumption of relief supplies, progress of building work and the general progression of the projects. In this way Cap Anamur can ensure that the project development can be traced at any time.

A member of the board or senior management who is responsible for the projects pays regular visits to the locations where projects are running. They have the medical expertise and project experience to be able to make a rapid assessment of the status quo in the field and to intervene, if necessary, in order to make improvements.

Despite prognostic planning, it is not always easy to make forecasts in relation to the future, even in the context of individual projects. Crises and the requirements which arise in such situations can change dramatically within a few hours. Having built a flexible administrative system which allows rapid decision-making processes, and given its independence of public institutions, Cap Anamur has plenty of room for manoeuvre in individual situations and the latitude to accommodate such changes. As such, we are not powerless in the face of the uncertainty which is intrinsic to such projects to a degree, but our capacity to act comes in the form of flexible and sustained relief. Acting on the same principle, Cap Anamur also warrants responsible stewardship of donated funds because the proper use of the funds can only be guaranteed by adapting the projects to the conditions on the ground in a controlled manner.

Not only are projects kept under observation in the crisis-hit regions themselves but there is also an extensive monitoring system in place in the central headquarter in cologne. Incoming donations are checked daily and itemised lists are compiled for analysis. Fluctuations in income can therefore be identified in due time and factored into the ongoing project planning. Donations offered by companies or institutions whose fundamental aims are incompatible with the philosophy of Cap Anamur are refused as a matter of principle so as to prevent any undesired exertion of influence by third parties.

All outgoings are monitored in the same way. There is also a signature policy in place for buying and purchasing transactions. Representatives of the management and of the administration monitor all the cash flow, applying the principle that every transaction must be signed off by two people. This rules out a situation where one person is invested with all the powers of monetary control. If an employee is found to have acted in breach of the rules, a review is held in order to investigate the incident. Swift action is taken in response to the relevant findings in any given case.

Risk and Hazard Management

Our work as an international aid organization committed to helping people in war and crisis regions is inevitably associated with various risks, dangers and hazards. Therefore, Cap Anamur sets great store by carrying out adequate analyses in order to pursue existing projects and plan new missions without jeopardizing any social, economic and ecological structures.

Within the framework of our analysis we distinguish between the terms risk and hazard. While we actively take risks as an effect accompanying a decision taken, hazards are external factors having an impact on our work. Therefore, we are able to knowingly take or avoid any risks, whereas we are unable to influence the emergence or degree of hazards, but can only adequately react to them.

Risk and Riskmanagement

Our way of handling donations is a good example for risks which we have to take within the framework of well-balanced decisions. All investments involve the risk of loss. Therefore, we have to pay particular attention to the use of funds on at least three levels: Firstly during the purchase of goods for our projects, secondly in respect of expenditure for the administrative operation and public relation activities and thirdly for the investment of funds (reserves) which are not immediately required. The risks of unnecessary losses are perfectly obvious, e.g. blindfold purchase of materials not being used, disproportionately high administrative expenses or speculative investment of funds so that donations do not reach the people in need.

For this very reason, our decisions strictly follow the principle of demand orientation so as to considerably minimize the risks involved.

Prior to purchasing goods such as construction materials, pharmaceuticals and technical equipment, we take an inventory of the type and quantity of all available goods. Then we determine the additional resources to be purchased based on the number of people concerned and our targets. In order to gain insight into local prices, we invite offers from various suppliers, compare them and finally award the contract to the supplier offering the best price-performance ratio for our purposes.

It is simply impossible to completely avoid administrative expenses, as the implementation of projects requires a well-functioning, effective administration and project management. In the countries of our operations there must be some kind of accounting system and people responsible for the operation of this system. That applies in particular to our headquarters in Cologne, where we have to invest into the management of donations, bookkeeping, coordination and public relations in order to control and monitor projects. As we are convinced of the effectiveness and flexibility of a lean administrative organization, our team in the Cologne office only consists of five employees, thus keeping costs to a minimum. Purposely we do not have any branch offices, but coordinate all activities and processes from our headquarters in Cologne.

Within the framework of our modest, yet targeted public relations work we refrain from (costly) TV or billboard advertising. We rather focus on unobtrusively providing our donators and other interested parties with truthful facts and information by means of newsletters, mailings or flyers.

Exercising the same care and diligence, we use the existing cash reserves which are to safeguard our capacity to act in an unforeseen emergency situation such as a natural disaster. For the protection of these reserves we pursue an exclusively low-risk investment strategy completely refraining from volatile stock transactions. We cannot and will not rely on the expectation of stock market gains, because we highly respect the mandate given to us by donators, i.e. helping people in distress worldwide. Therefore, we talk to different banks and independent consultants and only invest funds so as to ensure value retention.

Hazards and Hazardmanagement

We also set great store by the proper management of any hazards which might threaten our ongoing projects, for example a drastic decline in donations or the aggravation of a military conflict or war. All dangers and hazards have one thing in common: we do not have any influence on their occurrence. However, we can take measures in order to adequately react to such hazards.

A slump in donations may be attributable to various reasons, such as a significant deterioration of the financial situation of individual donors, additional financial burdens due to unforeseen events, deterioration of the economic situation of a country and the resulting uncertainty of its citizens and fear of people of their welfare. Moreover, older people have to make additional private contributions to their pension plan in order to receive benefits in case they are in need of long-term care. The demographic change will further strengthen this effect and may have a negative impact on people's willingness to donate money.

As a non-profit organization, we are almost exclusively funded by and dependent on private donations. In case of their absence or serious decline we have to react accordingly. Following the ideal principle of planning ahead, we now start embracing other means of fundraising. For example, we are approaching

private foundations, organizers of international competitions and public investors presenting them our project ideas and asking them to partially finance them – provided, however, that the orientation of such potential sponsors or donors is in line with our philosophy. Since these financing models must ensure that our self-determined work in crisis regions is neither influenced nor impaired. Moreover, this kind of fundraising must not result in a disproportionate increase in administrative expenses.

Cap Anamur is active in countries which are partly in an extremely critical security situation. Conflicts in such regions can escalate and may have serious consequences for our work, particularly in times, when healthcare facilities and civilians are exposed to targeted attacks. We counter these dangers and hazards by a closed-loop communications and networking strategy. In order to quickly identify any imminent dangers, all information is centralized in our organization enabling Cap Anamur to react fast and adequately. Owing to short decision paths we can take flexible action and adapt our activities to changed requirements, thus enabling short-term changes of concept or even the premature termination of aid missions, including the retreat of our staff. We protect our staff on site with de-escalating security policies as well as by networking and closely cooperating with other organizations and public institutions worldwide.

Success and Impact control

All projects of Cap Anamur are based on a concept of action which is focused on achieving a sustainable impact of our missions. Irrespective of the relevant situation in crisis zones, we use the existing structures improving them for long-term use. The continuous control of success is enabled by permanently monitoring all workflows during our missions and by supporting these missions far beyond the actual project duration.

1. Evaluation journey

The reasons for humanitarian support in a crisis region are as manifold as the requirements of the people in distress – starting from acute medical aid via the reconstruction of destroyed buildings to professional training and development. Usually Cap Anamur first dispatches a team of experts evaluating the situation on site, establishing targets and developing effective courses of action. Based on the results of this analysis, the project can directly be adapted to the individual requirements of the respective situation.

2. Leverage of existing structures

As a rule all new projects are always implemented with due regard to the existing regional conditions, thereby avoiding to superimpose them with a temporary relief action of which the local people will be deprived again upon completion of the respective project. Our approach is to carefully integrate a project into the locally existing infrastructure and staff structure.

Therefore we are able to successfully integrate domestic workers, physicians and nurses from the outset of each project. We also utilize existing buildings, traffic routes and equipment for the work to be performed. Any necessary constructions materials are purchased from local suppliers and transported in cooperation with local logistics companies. Together with the population concerned, we reconstruct and expand a functioning system which may also be used for a long time after the completion of a project.

3. Staff training

In case of a lack of adequately qualified local physicians and nurses, we provide a wide variety of intensive staff training programs tailored to closing the knowledge gaps of learners – starting from instructing them how to use new medical or technical equipment to offering them two-year training programs in order to achieve an officially approved degree. In line with the principle of "helping people help themselves" the local staff is empowered to make diagnoses on their own and perform adequate treatments.

4. Transfer of projects

As soon as the local population is able to perform the work on their own, we organize the gradual transfer of a project to local personnel. Even after the departure of our staff we continue supporting projects via regular site visits, supply of pharmaceuticals and financial support of extraordinary expenses, e.g. for the purchase of medical devices. We maintain close contacts to local decision-makers also many years after the completion of a project. Our approach has proven to be a successful, sustainable and effective method for the controlled implementation of projects.

Principles of our work

Since 37 years Cap Anamur provides humanitarian aid. During this period we were able to establish a rich portfolio of experience. From this base we developed guidelines and principles, which are essential as the guiding principles for or day to day work of our team in Germany as well as in our project countries worldwide.

> We help people in distress as fast, flexibly and as non-bureaucratic as possible. Radical humanity is our commitment.

> We are aware of the impact our work has on the future of the people. With our work, we inspire and fulfill expectations. Our work is construed to create long-term projects.

> We construct our activities closely with the people in need and alongside the local authorities. Our work is purely demand-oriented.

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

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

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

> 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 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 are aware, that by initiating change, we will inevitably change as individuals as well. No one leaves the project the same way he or she had entered it.

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

> For each urgent case requiring emergency assistance, we bear in mind how we can transform it into sustainable development cooperation afterwards.

> Being politically independent does not mean 'having no opinion' at all. Our commitment towards the persecuted and oppressed brings us inevitably in conflict with the persecutors and the oppressors. Political attention is the basic requirement for our work; only with this understanding can dangerous situations be avoided.

> We decide the location, length and complexity of our operations. That is why it is very important for us to remain independent from public funding, or economic sponsoring. This is a central condition for our work.

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

> We believe good work and operating economically, to be of highest importance for public relations.

Association structure

General meeting

The general meeting is the highest organ of our association. A regular general meeting takes place at least once every year. The following tasks fall into its field of responsibilities:

1. Exoneration of the board of directors after it presented the annual report
2. Election of the board of directors
3. Decision making on amendments to the charter and on the dissolution of the association
4. Determination of framework conditions and compensation of the board of directors
4. Deciding on the admission of members
5. Convening of the general meeting
6. Drafting of the agenda of the regular general meeting
7. Monitoring of the execution of the decisions

Board

The board of directors is responsible for all kind of matters of the association as long as they do not fall into the field of activities of the general meeting. The board of directors is responsible for the implementation of the charter and the use of donations as stated in the charter.

The board of directors consists of three members. The association is legally represented jointly by two members of the board in accordance per with paragraph 26 of the BGB. The members of the board of directors are individually elected for a term of two years. The board of directors acts voluntarily. The members can be compensated appropriately for tasks that exceed the board activity. There have not been compensations of this kind in 2016. Specific tasks of the board of directors are:

1. Installation of guidelines on the use of donations
2. Acceptance of the annual budget
3. Appointment of an auditor

Contact the team:
www.cap-anamur.org/ueber-uns/team

Administrative office

There are four full-time employees in the administrative office and one employee who works part time. The administrative office in Cologne is responsible for the administration as well as for the project coordination in the areas of application. The board of directors delegated the internal management to Bernd Göken.

Audit

The auditing of our accounting is conducted by an external auditor. The fee for the financial statement 2016 amounts to 10.234,00 €.

Compensation structure

The total annual remuneration of the management amounted to 68.261,88 Euro in 2016. Despite the small number of full-time employees there is a clear regulation for the classification in the different salary groups. The compensation of the employees depends on the level of their responsibility and the period of employment. 13 monthly salaries are paid.

Annual salary (pre-tax)	*from €*	*to €*
Trainee		9.600,-
Administrators	25.400,-	41.600,-
Coordinators	39.000,-	54.600,-
Department Heads	44.200,-	65.000,-
Managing director	59.400,-	73.500,-

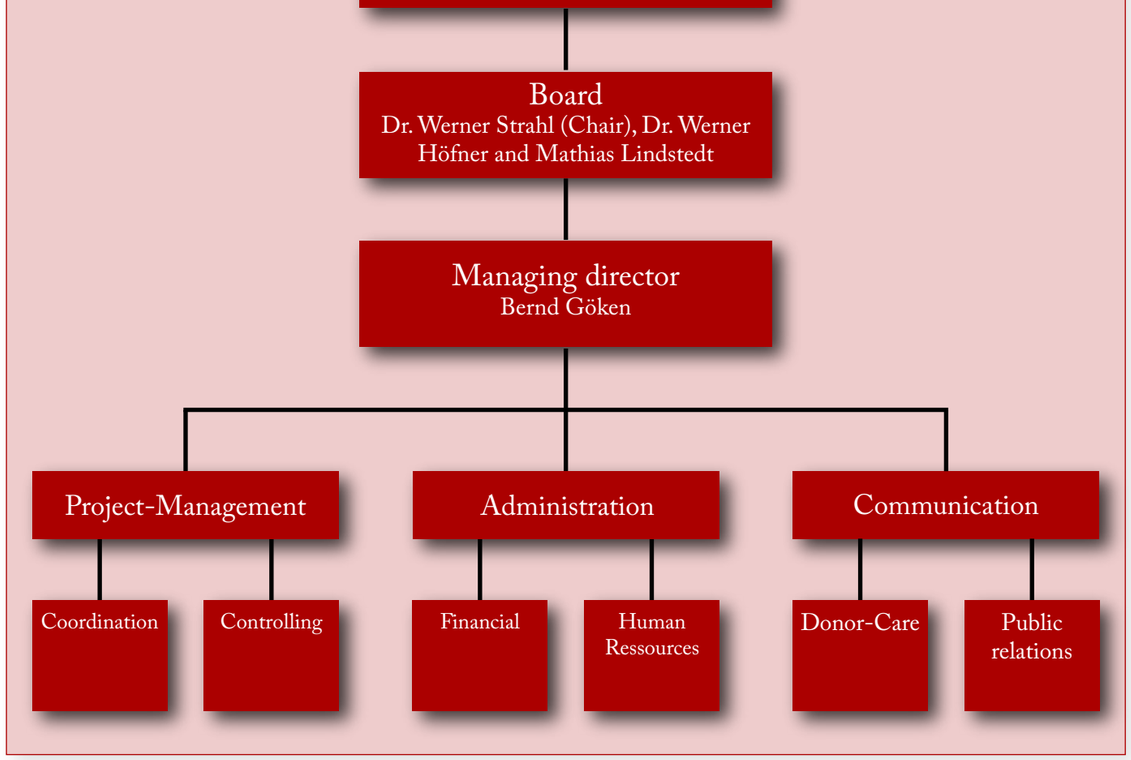
Organisation chart

Cap Anamur / Deutsche Not-Ärzte e.V. works worldwide as a non-profit non government organization. The headquarters of the organization are located in Cologne, Germany. The organization chart shows the components of the association as of December 31st, 2016.

All 13 voting members of the member's assembly as well as the executives are honorary working for the organization.

Five named team members in the headquarters are employees, three of which are full-time and two part-time.

The organization chart does not show our teams abroad. In 2016 on average we had 26 employees at work, who follow their profession as doctors, in care and handicraft. They have contracts for at least 6 month and are paid equally regardless their profession.



Financials

Independent audit

Annually our financial system is audited independently. Various projects as well as central account-ing are under audit, Besides correctness also transparency and traceability are investigated. As al-ways in the past our system for 2015 has obtained an audit opinion without any objections.

No booking without document

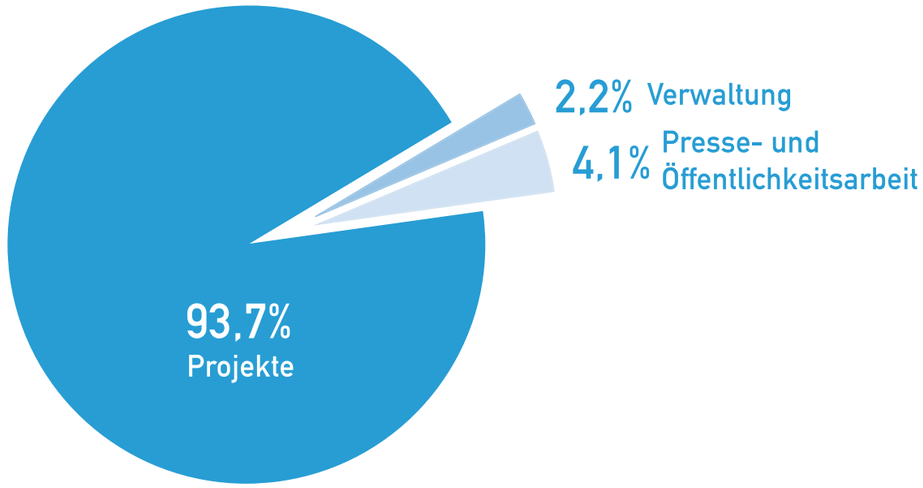
With the acceptance of donations we take full responsibility to expend funds meaningful and effective. To have constant control of income and expenditures we have employed a transparent cash- and documentation system.

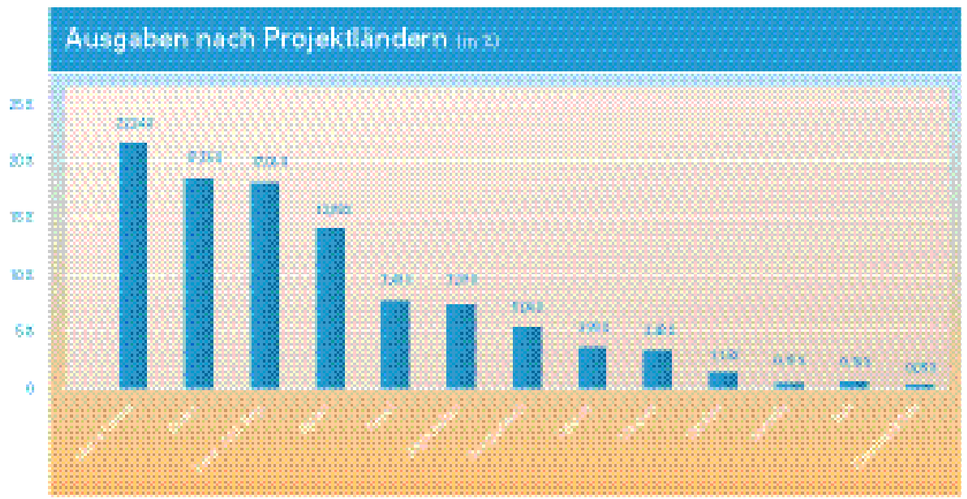
Project managers have to submit their cash reports on a monthly basis to the Cologne headquarters. Here everything is checked and documented. In financial management we act with the principle: No booking without document.

Traceability

Following you will find most important facts to our financial situation. Thus we will let our donators know by numbers, which funds they provide and how we use them for our projects.

Expenses 2016





Expenses by project country in Euro

	free funds	earmarked funds	Total
Africa			
Ivory coast	2.020,71	0,00	2.020,71
Sierra Leone	774.213,35	141.660,88	915.874,23
Somalia	7.659,51	175,00	7.834,51
Sudan	713.197,81	18.233,65	731.431,46
Uganda	162.958,99	971,32	163.930,31
Central African Republic	698.644,60	3.660,00	702.304,60
Asia			
Afghanistan	260.909,80	43.466,16	304.375,96
Bangladesh	206.011,80	2.462,66	208.474,46
Iraq	7.225,80	0,00	7.225,80
Lebanon	136.701,36	6.745,16	143.446,52
Nepal	300.655,87	7.389,13	308.045,00
Syria /Jordan	501.674,82	74.091,71	575.766,53
Europe			
Ukraine	46.953,62	100,00	47.053,62
Total expenses project countries	**3.818.828,04**	**298.955,67**	**4.117.783,71**

Expenses for project management, Administration and public relations

Project management	66.629,91	0,00	66.629,91
Administration	96.256,38	0,00	96.256,38
Public Relations	185.626,48	0,00	185.626,48

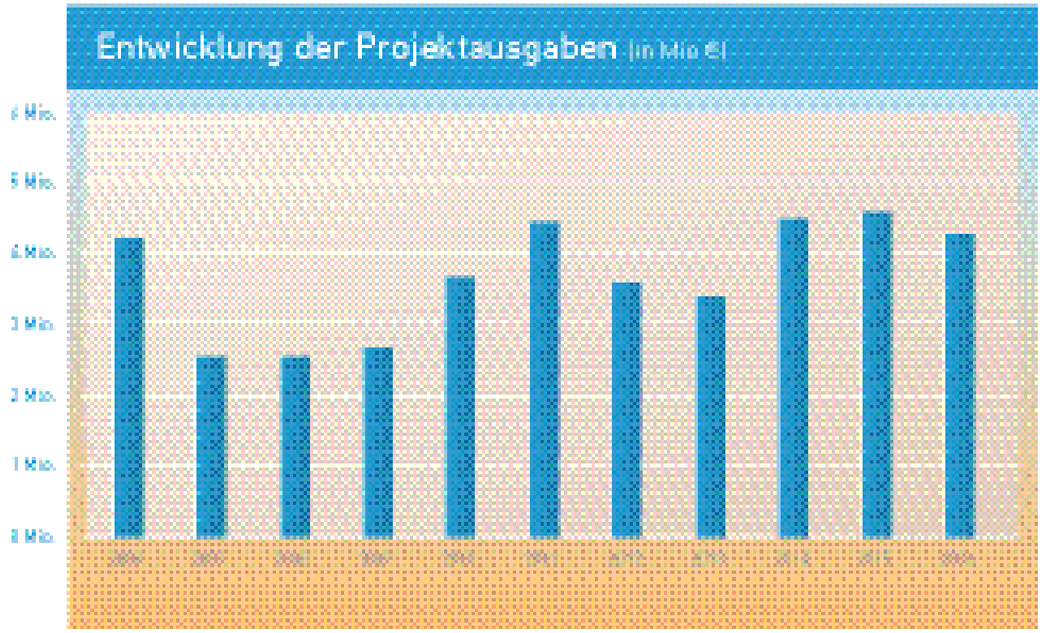
Expenses in %

Projects	4.117.783,71	92,2 %
Project management	66.629,91	1,5 %
Administration	96.256,38	2,2 %
Public Relations	185.626,48	4,1 %
Total	4.466.296,48	100 %

Expenses by activities in project countries

Country	Region	Activities	Project expenses in €
Afghanistan	Herat, Shade	Training for midwifes and nurses, new education-program für nurses, support for a hospital, support for a dialyses center	304.375,96
Bangladesh	Joypurhat, Noagaon	Deliveries of medicines, goods and technical equipment to three state hospitals, four non-governmental hospitals and to a school for handicaped children	208.474,46
Ivory coast	Doukoue	Renewal of electricity im former Cap Anamur-Hospital	2.020,71
Iraq	Dohuk	Deliveries of medicines for people in refugee camps	7.225,80
Lebanon	Sidon	Transfer of refugees from their camps to hospitals, support by taking the expenses for treatment and medicines	143.446,52
Nepal	Judeegaun, Chandeni	Construction of to schools and two water wells	308.045,00
Sierra Leone	Freetown	Support of an children hospital, deliveries of medicines and technical equipment, Bcare of street kids project and an hygienic project in the slums of Freetown	357.528,38
Sierra Leone	Makeni	Refurbishment of hospital, particularly of an new intensice care unit, support with medicines and technical equipment, staff training and medical support	558.345,85
Somalia	Sabawa-naag	Supply of drinking water to the people	7.834,51
Sudan	Lwere	Operation and support for hospital and five medical stations, operation of a feeding-center, treatment for pregnant women, vaccination program	731.431,46
Syria/ Jordan	Irbid	Support of various underground hospitals with medicine and materials, medical support for refugees in two hospitals in Jordan	575.766,53
Uganda	Lwala, Ococia	Refurbishment of the district hospital, deliveries of medicines and technical equipment, staff training	163.930,31
Ukraine	Donezk	Closing operations of hospital in Switlodarsk	47.053,62
Central Arfican Republic	Bangui	Repairs, Construction of childrens medical unit, support for district hospital in Bossembélé and for the hospital in Yaloké	702.304,60

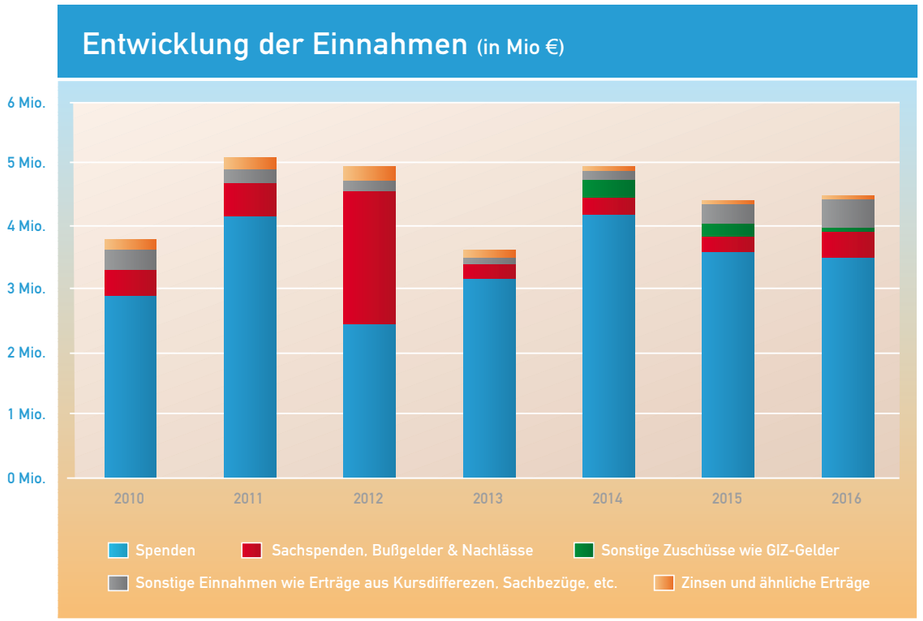
Development of expenses



Entwicklung der Projektausgaben

Jahr	Projekt-ausgaben in €
2006	4.092.962,20
2007	2.615.905,91
2008	2.680.534,74
2009	2.781.110,00
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

Development of income



Entwicklung der Einnahmen

Jahr	Gesammt-Einnahmen	davon Spenden	davon sonstige Einnamhen wie Sachspenden, Bußgleder und Nachlässe	davon sonstige Zuschüsse wie Gelder der GIZ	davon sonstige Einnahmen wie Erträge aus Kursdifferenzen, Sachbezüge, Buchverkäufe etc.	davon Zinsen und ähnliche Erträge
2010	3.709.107,15	2.933.171,51	495.669,74	0,00	205.724,28	74.541,62
2011	5.020.721,97	4.095.276,20	647.525,55	0,00	180.025,98	97.894,24
2012	4.939.875,87	2.480.318,43	2.226.916,71	0,00	113.192,35	119.448,38
2013	3.664.109,94	3.251.017,64	259.221,45	0,00	78.810,47	75.060,38
2014	4.959.638,85	4.400.895,34	177.042,98	230.817,53	98.258,52	52.624,48
2015	4.363.087,18	3.760.462,70	153.218,25	138.409,49	287.110,93	23.885,81
2016	4.449.679,14	3.632.545,19	413.796,16	19.207,00	358.259,39	25.871,40

Breakdown of income statement

Affection values	**2016**	**2015**
Donations	3.630.876,81	3.691.381,13
Fines	20.680,00	36.250,00
other income from affected values	415.665,10	324.540,31
Expenses for statutory targets	-4.184.984,15	-4.262.192,56
Administrative expenses	-96.256,38	-117.004,47
Public relations expenses	-168.205,17	-177.098,18
Advertising expenses	-17.406,02	-12.189,36
Other expenses for affectes values	0,00	-31.217,39
expenses relating to other periods	-1.346,06	-208.500,00
Result	**-400.975,87**	**-756.030,52**

Operational values		
other income	23.446,87	40.264,21
Operational income	0,00	0,00
Result	**23.446,87**	**40.264,21**

Financial values		
other interest and similar income	135.860,66	24.032,05
Income from foreign currency conversions	223.149,70	246.698,48
Interest and other expenses	-0,09	-21.369,66
Expenses for currency conversions	-152.767,39	-60.781,15
Result	**206.242,88**	**188.579,72**

Annual net profits / deficits	**-171.286,12**	**-527.186,59**