Annual Report 2017

Cap Anamur / German Emergency Doctors

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Content

VISION

ACTION

REFLECTION

FINANCE

VISION
Huge impact for people...

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.

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.

... 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.

Editorial: Interview with chairman and chief executive

Bernd Göken

Dr. Werner Strahl

In 2017 Cap Anamur celebrated a special anniversary: Our project in Sudan looked back to successful 20 years of medical aid in the Nuba-mountains. Cap Anamur started to work in the country hit by civil wars in 1997 and did not leave the country ever since despite all dangers. Bernd Goeken, chief executive of Cap Anamur, worked in the organization of the project in the Nuba-mountains for several years and reflects the events of the last 20 years together with our Chairman Werner Strahl, as well as successes, failures and challenges for the years to come.

How was the situation in Sudan when Cap Anamur started there?

BERND GÖKEN: When in 1997 the first team traveled to the region, there was no humanitarian aid. The people lived in the mountains to protect themselves from attacks. The village communities took care for food. Christians, Moslems and Animists supported each other and lived in well functioning communities. There were almost no schools, but sometimes there was a teacher who educated some children. Despite all uncertainties the people had found a way to survive the war.

How did the situation change in Sudan since then?

BERND GÖKEN: In the field of medical care a lot has changed. Meanwhile we take care of more than 10,000 patients a month. In the last 20 years we also experienced a lot of political events. In 2001 our hospital was attacked heavily and we did not know if we could escape some - long lasting bombing, troops only a few hundred meters away and muzzle flash lightening the night. After that there was a ceasefire from 2002 till 2006 and finally even peace in 2011. A lot of people returned to their villages. There was agriculture again on the fertile soil, trade and international aid reached the Nuba-mountains. Life was a little bit normal after years of fighting. Today everything is like 1997, soldiers stand against each other and have entrenched themselves, the fields in the valleys cannot be used as it is too dangerous and the bombing terror threatens the people.

WERNER STRAHL: At first we were the only international aid organization in the Nuba-mountains. Thus we were very interesting not only for the locals, but for journalist from all over the world, too. Reports about fights in South-Sudan and other regions of the world replaced the Nuba from the news, but we felt obliged to continue our help.

"The Nuba-mountains were always something special" Rupert Neudeck, founder of Cap Anmur, described the region in the South. Can you explain, why the Nuba-mountains are so special?

BERND GÖKEN: This mainly is up to the people: Collaboration, friendly behavior and openness characterize the people there. Regardless which village you visit, you are welcome at once, everything what is available is shared and this with a great heartiness and joy of life. In addition there is a breathtaking landscape.

WERNER STRAHL: Looking to pictures and reports I may romanticize the Nuba-mountains and certainly displace the hard life-conditions for the people in war. A mountain region hard to reach, remote from civilization; undemanding, friendly and beautiful people. When traveling with Ruppert Neudeck in the Eastern Ukraine he expressed his wish to have a goodby visit to the Nuba. For him and his wife this project meant a lot.

Which facilities does Cap Anamur have in Sudan?

WERNER STRAHL: Besides the hospital we built 20 years ago we now run six outposts and perform a comprehensive vaccination-, information- and education program.

What are the special challenges for Cap Anamur employees in the Nuba-mountains?

BERND GÖKEN: You have to let your life in Germany far behind. Most of the little daily things that make life easy here are missing there. Fortunately we are well positioned in the medical field, but every day is different and we have to improvise a lot. Wars we here know only from history books and reports. It is not easy to get used to the ongoing threat. Who can get adjusted to this way of life will have a good time in the mountains and we can see that our employees from Germany can quickly get acquainted with this life as they extend their stay. Like Ruppert Neudeck you are quickly caught by the magic of the Nuba-mountains.

Mr. Goeken, you worked in Sudan as a male nurse for a long time. How would you describe your time there?

BERND GÖKEN: I still remember my first visit there. We walked by feet for five days to our hospital. It was a great challenge, when we again and again had to do with too little in extreme situations, but it was an important experience, too.

How would you estimate the future for Sudan?

BERND GÖKEN: The conflict in South- Sudan has significantly complicated the situation. The future of the Nuba-mountains is largely uncertain. Negotiations of the conflict parties make no progress, both sides use interruptions to recruit more soldiers and purchase weapons. The devides between the parties get deeper and deeper and there is no solution on the horizon.

WERNER STRAHL: Without our humanitarian aid the people in the Nuba-mountains will no longer withstand and will flee to neighboring countries or to Europe. As we have no hope to find a local NGO to take over our work we are prepared for more years to stay there.

VISION

Access to health care system
What we want to achieve and how we accomplish it

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 eforts. 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.

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.

INITIAL AND CONTINUING EDUCATION

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.

ADMINISTRATION

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.

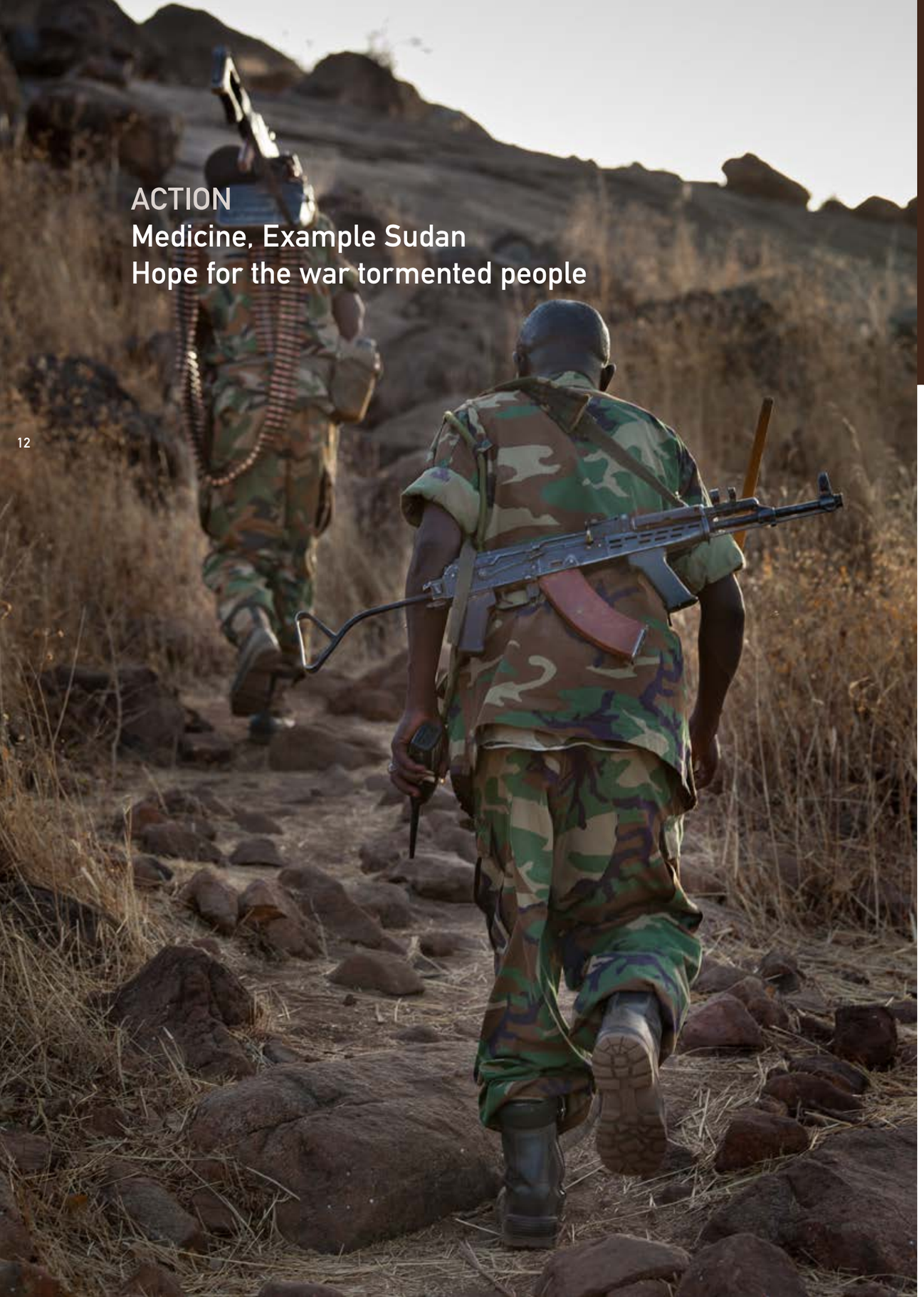
INFRASTRUCTURE

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.

EQUIPMENT, PREVENTION

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.



ACTION
Medicine, Example Sudan
Hope for the war tormented people

WHY WE ARE HERE

For the last decades the sudanese State South Kordofan has been marked by violent disputes between government troops and rebels. With the foundation of the new state South Sudan in 2011 the fighting started again. The population wanted South Kordofan to be part of the independent state of South Sudan, but instead it remained part of Sudan. The Sudanese Peoples Liberation Army North (SPLA-N) is fighting for the area against the ruler Omar al-Bashir and his troops. It is mainly the civilian population that is suffering from the war, their houses, fields and animals are often the target for air raids from the government. Health care facilities are getting blasted or burned. The only protection from the air raids are the caves of the Nuba mountains which cross the whole state. Due to a lack of food, little water and poor health care, survival in the mountains is tough. Trapped in the caves, even treatable diseases like malaria or pneumonia can lead to death, especially for children.

WHAT WE WANT TO ACHIEVE

Our prime target is medical care for the war affected civilians in Sudan.Our wish is to give the hospital into the hands of local competent people one day. Therefore next to education we also provide medicinal training for the people in the Nuba mountains. With health care facilities and a working supply network we want to reach as many as possible of the war affected population.

HOW WE PROCEED

The centre of our activities is our hospital in Lwere, built 20 years ago. Surrounding our hospital are six external medical stations about 100 kilometres away forming a circle. This network of support provides basic medical care to remote areas. In these facilities we treat a wide spectrum of diseases. Especially in the rainy season there is an increasing number of malaria infections. The 2017 malaria season was particularly hard for the people in the Nuba mountains. Mainly children with malaria infections were taken to our hospital. Other common illnesses in the Nuba mountains are burns, pneumonia and malnourishment. The rise of HIV infections in 2017 is an alarming development. Most of the women who tested positive were young girls, many of them from refugee camps in South

Sudan. We want to avoid another rise in 2018 with education about HIV in schools.

Due to the long lasting war, the Nuba mountains are hard to reach, therefore we organise delivery of medicines and food biannual to our central hospital in Lwere. From there we regularly distribute the medicines to our external stations and teach the employees how to use them. For the longer training sessions the local employees of the external stations come to our hospital in Lwere. Next to the emergency department and maternity unit we have a mother-child department, a surgery, a laboratory, a pharmacy and houses for long-term patients, as well as rooms for consultations. Pregnant women are cared for in pre-examinations, birth and after birth care, by midwives, nurses and doctors. 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 planned vaccination program for the entire region tops off our services there.

HOW SUCCESSFUL WE ARE

In 2017 we treated more than 65,000 Patients in our central hospital in Lwere. Additionally in our external stations we treated another 150,000 patients. In total, our project reached more than 215,000 people. We conduct life saving operations in our hospital in Lwere. Our medicinal staff made 631 operations last year. We achieve this high performance by recruiting, education and ongoing training of local staff. In our central hospital and the six external stations we employ 135 local people from the Nuba mountains.

HOW WE MONITOR

Twice a year we ship medicine, goods, foods and construction materials to this remote and difficult to access area. The logistical process from purchase to delivery, undergoes a strict control process. After assessing what is needed, we plan procurement and call for bids off various suppliers. Once a supplier is found, our staff oversee the shipment, loading, transport and unloading of the goods. Upon reaching the target area, the shipment is checked for completion and is stored in our storage rooms Every step is monitored by our headquarters in Cologne, adjusted if necessary and then finally signed off. The payment procedure especially, is managed from Cologne and follows the four eyes principle. In our hospital, only authorised staff have access to the medicine storage, and are allowed to take out daily needs. Every withdrawal is documented. Cash is kept safe and is only accessible by our cashier. He keeps tally for all money transfers that need to be invoiced. Monthly cash reports are sent to the central accountancy department in Germany, and are double-checked there. Statistics about patients, and reports on medical and construction activities are sent to the project coordinator with the same regularity. Additionally there is steady contact via satellite based communication to assess the political situation and therefore the level of threat in the region.

HOW WE CONTINUE

In 2017 the political tension has not eased. Not much will change for the people in the Nuba mountains. As an inherent part of the local community we will continue our basic medical support for the people. Wether we can extend our help further, depends on the relative level of threat. In 2018 we will definitely continue to send our highly qualified medicinal staff to the project to educate our local staff further.

ACTION
Medicine, Example Uganda
Support for the refugees

WHY WE ARE HERE

Since December 2013, a civil war is taking place in South Sudan. Four years ago, conflict erupted in the Sudan People's Liberation Army (SPLA) – between followers of South Sudan president Salva Kiir Mayardit, who belongs to the Dinka, and followers of vice president Riek Machar, who belongs to the Nuer. Over two million people fled abroad since the civil war started. This is the biggest cross-border flow of refugees in Central Africa since the genocide in Ruanda in 1994. More than one million persons fled to the neighbouring country Uganda. The small landlocked country's handling of the refugees is considered exemplary. For example, after arrival and registration in an initial reception centre, each refugee receives a small piece of land after some days. The government assigns 30 times 30 metres of land to each family. A house and a latrine can be built on the plot.

The country's receptivity also brings some problems, though. For example, only a small part of the quickly growing population has access to medical care. The state's health system was not prepared for so many new inhabitants. Cap Anamur wants to improve the medical supply of the population and refugees with the support of a hospital in Moyo, a town close to the South Sudan border.

WHAT WE WANT TO ACHIEVE

Our primary goal is the basic medical supply of the South Sudan refugees as well as the Ugandan population. By installing and running an emergency room, we want to provide acute medical help for people in Uganda and to extend the supply network in the long run. Part of our incentives are the training of local professionals and establishing appropriate routines in the hospital.

HOW WE PROCEED

The hospital in Moyo is the central point of our support. The city with it 12,000 inhabitants is only a few kilometres from the South Sudan border and thus often the first place to go for many civil war refugees. The infrastructure in this very rural area is mainly poor. Streets are rarely developed and regular rainfalls macerate the ground, which impedes transport and drive. The refugees' accommodations are crudely built, poorly equipped and distantly spread. However, this enables the refugees to partially cultivate the surroundings.
In our activities in the Central African landlocked state, we closely cooperate with the Ugandan health system. The set-up of a continuously manned emergency room is of highest priority for the local staff. Even if the necessary equipment is available,

few local professionals are well versed in handling them. Therefore, a profound briefing of the local staff and the implementation of a working triage, a methodically specified procedure to prioritise medical aid, are our first activities on site. Today, the emergency room is permanently staffed during daytime and known to the local ambulances. Thus, patients are no more assigned to an arbitrary hospital ward but assigned according to their clinical picture.

HOW WE MONITOR

All transfers of good and money are monitored by our local staff – from the order to the delivery to our supported institutions. There are no transactions without a release on our side. The Cologne office is in constant touch with the staff members on-site. Additionally, a project visit is planned for 2018.

HOW SUCCESSFUL WE ARE

We care for about 300 patients in our hospital in Uganda per month, about 100 of them children. Additionally, we perform about 50 operations each month.

HOW WE CONTINUE

As the situation in South Sudan did not calm down in 2017 we cannot expect the absence of further refugees or even the return of dislodged South Sundaneses in the upcoming months. Thus, we will continue to support the refugees and the Ugandan population with our medical aid. Also in 2018, we will send qualified medical professionals to the project in order to train and assist the local staff.

ACTION
Medicine, Example Sierra Leone
Building the health system

WHY WE ARE HERE

The civil war in the 1990s plunged the country into chaos. Countless people lost their lives, families fell apart and poverty took hold of broad levels of the population. Social systems like politics and economy or health and education system collapsed. There were no future perspectives, especially not for the thousands of traumatized children, who were forced to participate in the war as armed soldiers. After years of reconstruction work, the Ebola virus raged in West Africa between 2014 and 2016. Nearly 4000 people perished in Sierra Leone alone. Again, the health system in the whole country was shattered. Thus, also Cap Anamur had to act quickly and take action against the spreading Ebola virus. We established a special admission and isolation ward as well as a shelter house for Ebola orphans and contact children. The impacts of the epidemic remained even a long time after the epidemic decreased: The already weak health system collapsed in many areas, hospitals had to close because of missing quarantine possibilities and many doctors and nurses themselves fell victim to the epidemic and thus missed in the health care. The healthcare system had to be set up and strengthened in its foundations once again.

WHAT WE WANT TO ACHIEVE

We support the reconstruction of the medical infrastructure in Sierra Leone by engaging in two big hospitals. Thus, we enlarge the country's medical supply possibilities at the same time.

HOW WE PROCEED

Maintenance of two hospitals in Freetown and Makeni. Here, we organise and finance the delivery of medical drugs and devices as well as the building and repair of buildings and the hospitals' infrastructure. Moreover, we send medical staff, who work with the patients, teach local staff and optimise administrative processes on the wards and in management. The Ola During Childrens Hospital (ODCH) in Freetown is the central paediatric hospital in the area. There are 180 beds for young patients, who are admitted to the hospital in very severe circumstances. For very serious cases, there are twelve beds in the intensive care unit. However, this unit cannot be compared with an ITU in Germany. The possibilities of treatment are very limited in Sierra Leone. In the ITU for example, there is only some oxygen, some technical tools to administer infusions and a display for monitoring. There is no daily business in the ODCH. Nurses and doctors fight for the life of each little patient.

Staff members often have to care for several children at the same time, put infusions, administer medication and reanimate.
In the whole country, there is only one paediatric. She is currently on maternal leave but still supports the health ministry. Apart from the delivery of medical drugs and schooling of staff, we took care of the renovation and extension of the intensive care unit last year. In the regional hospital with 140 beds in Makeni, in the Northern province, we could open the new intensive care unit in February 2017. This enables the medical staff to monitor delicate and critically ill patients round the clock and supply them with oxygen. The intensive care unit with twelve beds is the most up-to-date one in Sierra Leone. It covers all medical departments. Patients, who have just been operated, can be treated here as well. In the preconnected emergency room, up to five patients can be initially treated at the same time. The way to the surgery room is short as well. In total, 22 colleagues of the regional hospital in Makeni passed away during the Ebola epidemic. Nowadays, the hospital is one of the most important contact points for patients in the region. Furthermore, we began building a new pharmacy, which should be completed in 2018.

HOW SUCCESSFUL WE ARE

In the Ola During Childrens Hospital (ODCH), we could treat 44465 patients in total in 2017. That is 15000 patients more than in the previous year. In Makeni, we could help 49 387 patients in our consultation hours in the year 2017. 6293 of them were treated stationary and a further 2898 patients in the gynaecology. All in all, our staff operated in our hospital in Makeni 437 times. Furthermore, we equipped the hospitals with significantly better medical technology in order to improve diagnostic possibilities and raise the treatment spectrum.

HOW WE MONITOR

As in all projects, we control the money flows, order lists, deliveries and goods distribution on the wards in our hospitals in Makeni and Freetown. The prescription of drugs is monitored as well as the presence and absence of the staff. All goods and money transfers – from the order to the handover to our supported institutions – are supervised by our staff on-site. Execution without our clearance is not possible. All institutions keep records about the number of patients, diagnoses, therapies and consumption of medication. We control these and match them with the respective inventory.

HOW WE CONTINUE

Our strategy proves as a successful model for a country, in which the health system was wrecked after the Ebola epidemic. Also in 2018, we will support the two hospitals, which are so important for Sierra Leone, with expert knowledge, staff and financial means.

ACTION
Emergency aid. Example Bangladesh
Help for the Rohingya

ACTION
Emergency aid. Example Bangladesh
Help for the Rohingya

WHY WE ARE HERE

At the end of August in 2017, new fights between the Rohingya-rebels and the government army broke out in the federal state of Rakhine in Myanmar, where conflicts between the two parties have been smouldering for several years. When Rohingya-rebels attacked Myanmarian security forces, the military proceeded against the Muslim minority with massive violence. Several thousands of people died, more than a half million Rohingya fled into the neighbouring Bangladesh.

The Muslim minority belongs to the most persecuted groups of the world. After their citizenship had been withdrawn by the military junta of that time in 1982 they are considered to be stateless. Now, the Rohingya live in makeshift accommodations in large refugee camps in Bangladesh. Many of the Rohingya were not able to take anything but the clothes they were wearing with them when they had to flee. They are missing food, clothes, medicine and the most required durables.

WHAT WE WANT TO ACHIEVE

Most refugees had to leave their home in a rush. Hence the supply of these traumatised people with the mostly needed relief supplies is our goal. Cap Anamur is making an effort in the area of Cox's Bazar where particularly many refugees are seeking protection and help.

HOW WE PROCEED

The admission of so many refugees is not an easy undertaking for Bangladesh. Having 165 million inhabitants on an area of 147,570 km2, Bangladesh is one of the most densely populated territorial states of the world. The majority of the mostly poor population belongs to the Islamic belief. Until the outbreak of the conflicts in the autumn of 2017, about one million Rohingya lived in mostly the northern part of the bordering Rakhine-state. Since the Burmese military violently attacked the Muslim minority, more than 830,000 of them had to flee to Bangladesh. There they live in improvised camps, without sufficient food, medical care, protection or an appropriate accommodation. The United Nations rated them to be the mostly persecuted minority of the world.

The largest refugee camp developed in Cox's Bazar. Hundreds of thousands refugees have changed the economic general conditions: The market prices tripled in the last months, the wage level on the other hand crashed. Children were not able to go to their schools for weeks because they were serving as emergency shelters. Hence the mood of the population also changed. The control of the refugee camps was taken over by the military and they now strictly monitor the distribution of food and relief goods.

Many of the fugitives are severely trauamtised. Violence, rapes and murder accompany the riots in Myanmar. Many of them lost relatives in this expulsion or were threatened with death.

HOW SUCCESSFUL WE ARE

We were already able to reach a total of 3,000 families in our distribution of relief goods. Many of the Rohingya had to leave all their belongings during their escape behind and at least receive a temporary roof over their heads because of Cap Anamur.

HOW WE MONITOR

All of the relief goods are ordered in our office in Cologne and personally received by a Cap Anamur employee in Bangladesh. Also the distribution on site is exclusively carried out by our employees. Furthermore Cap Anamur director Bernd Göken visited the refugee camp in November 2017.

HOW WE CONTINUE

Even if Bangladesh and Myanmar agreed on a return of the fled Rohingya, an imminent improvement of the situation cannot be estimated. Human rights activists describe the agreement between the two countries as rash and dangerous. It is not a big surprise that most of the Muslim minority does not want to return to the country, where they have been systematically persecuted for decades. In 2018, we will continue to observe the tense situation in Bangladesh skeptically and will then decide whether and where further help is needed.

ACTION

Education, Example Afghanistan
Nursing staff for underserved regions

WHY WE ARE HERE

Since many years Afghanistan takes one of the first places in the international “Global Terrorism Index”. Unfortunately the number of assassination is rising since 2010. This leads to a growing scare of civilians.

Many people flee due to a lack of perspectives in their home country. As mainly rich people can afford the cost of emigration, Afghanistan suffers from a loss of talented academics, artists and experts, who are no longer available for infrastructural reconstruction of the country. Mainly in the rural areas, anyway poorly connected to the network, we look at this tendency in the medical sector. The few hospitals are located in urban centers, which for most of the people from 34 provinces are out of reach. The long distance travels are not only dangerous but expensive, too, and for seriously ill ore pregnant women hardly to manage. Illnesses, which could be treated with success by our medical experts, can be a death sentence in purely served areas.

WHAT WE WANT TO ACHIEVE

Our target is to improve the medical basic care for people in rural areas. As we were successful with our education project for midwifes we now start a program for future nursing staff.

HOW WE PROCEED

Together with local ministries for education and health care we have developed a curriculum, which determines the entrance qualifications, the content, the structure, the examination conditions and the finalization of the education. After a bidding process out of more than 200 applicants 47 were chosen as trainees. For the first time we could break the gender separation and we could invite 19 males besides the 28 females. Local staff, qualified by our staff, independently conducts the education and leads each course through an education concept, which contains theoretical and practical parts. Central parts are for example stitching wounds, applying infusions, injection and wound dressing technics, surgery assistance, shock-room management as well as education in health care and hygiene. After three years of education the trainees return to their villages as highly qualified nursing staff and engage themselves to work in their new profession for a

minimum of three years and thus improve the health care system. Cap Anamur carries all cost of the education. Besides salaries of teachers this includes teaching materials, electric power, heating and accommodation for the trainees and caretaking for their children.

HOW SUCCESSFUL WE ARE

With similar programs we have already educated 130 midwifes and 76 Community Health Nurses and thus extended significantly the basic medical care in rural regions. After we noted enough staff in this sector we now concentrate on the qualification of the 47 candidates in the new course. To enhance the expertise of the candidates we have extended the Curriculum from two to three years, extended the content and increased the level for intermediate and final examinations.

HOW WE MONITOR

To ensure that the final examination is acknowledged by the government, we have developed the curriculum in close consultation with ministries involved. The teaching staff is continuously educated professionally and didactical to hold the status of know- how as well as teaching methods up to date. Intermediate and module examinations ensure gain of know-how continuously. There is a high danger potential for foreign members of aid organizations with a kind of kidnapping industry in Afghanistan. Therefore we only employ local staff in our projects. Our coordinators supervise all parts of the program. They talk to the ministries, select the teaching staff by special criteria, organize the examinations, administer the project cash, document cash flow, approve salary payments and coordinate procurement of materials. Every aspect is documented and coordinated with executive management. Central accounting checks all outflow and inflow of funds.

HOW WE CONTINUE

After the successful programs for midwives and Community Health Nurses we started the new education program for highly qualified nursing staff in autumn 2016. Alike the former programs we will educated several school year groups in midterm, until we see a similar degree off saturation as with the midwives. In addition since February 2018 we offer a tutorial program for pupils from poor families for free.

ACTION
Construction, example Somalia
Sustainable water supply

WHY WE ARE HERE

For three years, nearly no raindrop fell in Somaliland, a region in the North of Somalia. The once lush grazing areas became deserts; the cattle emaciated and died of thirst in the end. For the rural population, who mostly live as nomads with cattle, a humanitarian catastrophe began. Having lost their economic livelihood, many affected persons left their home regions and started a desperate search for a hospitable surrounding with clean drinking water and sufficient food for them and their cattle. While the mend left the villages with the cattle, women, children and the elderly often stayed behind on their own. The local programmes and aid initiatives do not suffice to counter the acute misery of such a big share of the population. The lack of water and food and the missing perspective of a climate improvement provoke a famine catastrophe if international help stays out.

WHAT WE WANT TO ACHIEVE

The supply of the population with clean drinking water and food was of highest priority when the drought began. Thus, there could not be any delay in early 2017, in order to reach out to as many people as possible and save them from starving. However, we did not plan our aid acute but also long-term. By building so-called “Birkas”, which are rain catch basins, the population should be better prepared for future periods of drought.

HOW WE PROCEED

In February 2017, we had to act quickly. The situation in Somaliland, a region in the North of Somalia, severely deteriorated because of the ongoing drought. The mainly rural population in this region faced a humanitarian catastrophe. It was a foreseen disaster as there had been close to no rain in this region for three years. The animals died first, followed by hunger and thirst in the population. Hoping for waterholes, many men went together with the survived cattle to the West or towns. Women, children and older people stayed behind in the villages - on their own and destitute. The few stale waterholes - often soiled by rotting animal cadavers - attracted the rise of diseases. The supply of the population in the North of Somalia with water and food was one of our first actions in the country, which is plagued by droughts. In order to reach as many families as possible, we organised two tank trucks, with which we can supply about 1225 families with 136000 litres of drinking water each week. Food packages were delivered to different villages. They contained among other things rice, beans, tuna, salt and oil. This ensured that the nearly 600 families were provided with carbons, proteins, fats and vitamins. When the situation relaxed, we began to develop our aid in Somalia in a more sustainable way. For example, we built three so-called “Birkas” in 2017. These are big, roofed catch basins for rain. The cemented basins can hold in average 500 cubic metres and supply about 200 families with water.

HOW WE MONITOR

During its whole course, the project is subject to a strict control by the staff on-site and the team in Cologne. All steps from the first sighting of the emergency, to the selection of the locations, which shall be supplied, the order of water and food and the actual delivery are conducted in consultation with the headquarter. Moreover, the drives in Somalia and the distribution of the goods are recorded in detail by our German staff on-site and monitored.

HOW WE CONTINUE

We could counter the worst crisis with the distribution of water and food. In 2018, we want to make our help in the North of Somalia more sustainable with further building projects. Our staff there plan to construct more Birkas to make self-supply possible for more villages.

ACTION
Other Projects
World Wide Engagement

AFGHANISTAN

In addition to our education program described before we operate a hospital in Iman Sheshnoor and a dialysis station in Herat. We have refurbished the hospital and provided medicines and equipment. Up to the handover to the Government in about one year we will continue to operate the hospital and thus provide a broad spectrum of medical care to the people. In the dialysis program in Herat we have five treatment stations which were permanently used last year. In 2017 we financed 2,465 dialysis treatments.

BANGLADESH

In addition to our emergency program for the Ruhinya refugees we have a cooperation established with governmental and non- governmental hospitals to enable a cost free access to the health care system for the poorest in the country. As compensation we support the hospitals with medicines, technical equipment, instruments and materials. Mainly for country wide discriminated women this offers a chance for adequate medical care especially during pregnancy.

MONGOLIA

With only three million people in a country which is for times as large as Germany Mongolia is the most sparsely populated country in the world. Almost 30% of the people in this landlocked country live as nomads. Of course children growing up in nomad families are not excluded from compulsory school attendance. In 2017 Cap Anamur supported a school for pupils from the local village as well as from nomad families. In the secondary school in Zumbayan-Ulaan about 440 children find a place, while in a connected boarding school up to 100 nomad children can stay, whose families reside nowhere and who would have to travel over large distances to schools. The school and the boarding school have been refurbished by us and added a hospital room, too.

LEBANON

Relative to its' size Lebanon is the country which took most Syrian refugees worldwide. While the Syrian children have access to the governmental education system, health care is not secured in the refugee camps and treatment-cost in hospitals are not affordable. There our project starts: We organize daily transports of Syrian refugees from camps in the area of Sidon to our cooperating medical institutions and cover the cost of check- ups and treatment. We provide free prescribed medicines, too.

NEPAL

By erecting two schools for the children in the villages of Chandeni and Judeegaun , which were hit most by the earthquake, we created a new perspective for the future. With an extension in Judeegaun we could now offer even a secondary school since 2017. Furthermore we finished work at a well in Chandeni to enable access to clean drinking water for the pupil.

SIERRA LEONE

Besides the two hospitals (see report on page 20) we take care of a shelter house for children in Freetown, the capital of the country. The Pinkin Paddy not only provides shelter but psychological care, education and re-integration into their families, too. In the slums of the city we also run a hygienic project to educate people and prevent diseases.

JORDAN

We have extended our efforts for Syrian refugees in 2017. Thus we increased our offers by a dental unit in the large refugee camp of Zaatary. Cap Anamur is active in Jordan since five years. More than 500,000 Syrians found shelter in the neighbor-country, thereof about 80,000 are registered in the Zaatary camp. With this fourth medical institution we offer a broad support network for the refugees. Treatments as well as medicines are free of charge for the refugees, who hardly can afford living.

ACTION
Other Projects
World Wide Engagement

UKRAINE

In 2015 and 2016 Cap Anamur supported a hospital in Switlodarsk, located near the war frontline between Lubansk and Donetsk. Last year we again took up some problems of the hospital such as assistance in replacing windows destroyed by bombing.

CENTRAL AFRICAN REPUBLIC

At our project site Bossembele we support the local hospital. Here day by day doctors and nurses work directly with the patients and thereby educate local staff. By providing medicines, materials and medical equipment we ensure the operations of the institution. To offer a comprehensive medical care center we refurbish stations, erect new buildings and optimize internal infrastructure.

Besides the facility in Bossembale be take care of two other institutions in Boali and Yaloke. All three facilities are located near the east –west axis near the large road from Bangui to Cameroon. They are some 80 kilometers apart from each other. The road is the network node for the support of the whole country. Thus we were able to establish a stable medical network for health care. As the security situation improved we started to support the medical centers of Lamby and N'jou, which are located on the north- south axis of Bossembele and which we visit once a week with a mobile clinic.

REFLECTION
Reflective, active & transparent

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 associat on regularly and has for many years commended our organisation without reservation.

REFLECTION
Controlled help worldwide

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 ta get 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 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 decisionmaking 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.

REFLECTION
Risk and Hazard Management

MANAGEMENT OF RISKS AND HAZARDS

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 founda-

tions, 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.

REFLECTION
Chronology of a project

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.

REFLECTION
Reference for our actions

PRINCIPLES OF OUR WORK

Since 38 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.

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.

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.

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

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

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

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.

Continuous development of projects and employees.

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.

REFLECTION
Structure of organization

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.**

compensated appropriately for tasks that exceed the board activity. There have not been compensations of this kind in 2017. 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**
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

ADMINISTRATIVE OFFICE

There are six full-time employees in the administrative office – two of them work 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 2017 amounts to 9.458,00 €.

COMPENSATION STRUCTURE

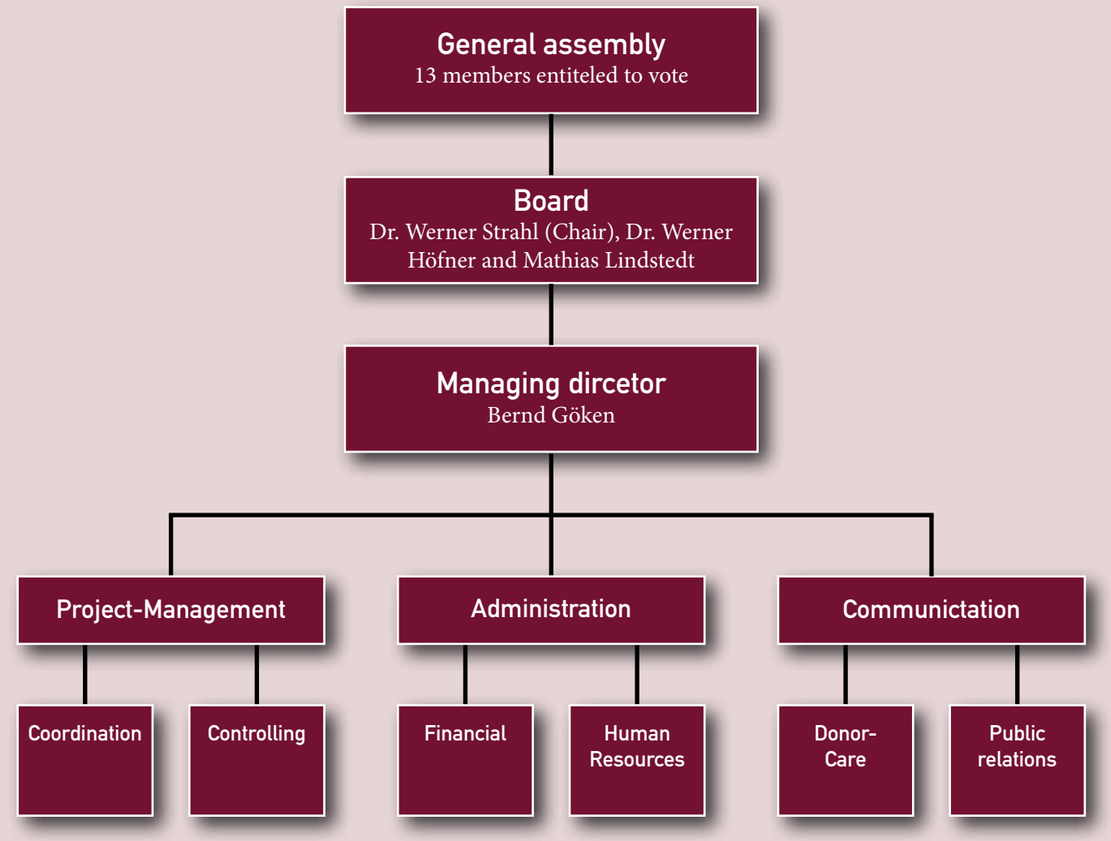
The total annual remuneration of the management amounted to 69.705,53 € in 2017. Despite the small number of full-time employees there is a clear regulation for the classification in the different salary groups. The compensation of the employees depends on the level of their responsibility and the period of employment. 13 monthly salaries are paid.

Annual salary (pre-tax) from € to €	
Trainee	**9.600,-**
Administrators	**25.400,- to 41.600,-**
Volunteer	**26.000,- to 30.000,-**
Coordinators	**39.000,- to 54.600,-**
Department Heads	**44.200,- to 65.000,-**
Managing director	**59.400,- to 73.500,-**

Organs and their tasks

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, 2017. All 13 voting members of the member's assembly as well as the executives are honorary working for the organization. Six named team members in the headquarters are employees, four of which are fulltime and two part-time.

The organization chart does not show our teams abroad. In 2017 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
Principles

INDEPENDENT AUDIT

Annually our financial system is audited independently. Various projects as well as central accounting are under audit, Besides correctness also transparency and traceability are investigated. As always in the past our system for 2016 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 by project country (in Euro)

	Free funds	Earmarked funds	Total
Africa			
Sierra Leone	449.457,70	160.548,11	**610.005,81**
Somalia	111.190,37	493.205,38	**604.395,75**
Sudan	753.141,57	129.941,78	**883.083,35**
Uganda	262.906,83	784,47	**263.691,30**
Central African Republic	660.707,45	2.230,00	**662.937,45**
Asia			
Afghanistan	321.179,32	5.392,95	**326.572,27**
Bangladesh	375.346,03	30.941,85	**406.287,88**
Iraq	4.423,50	-	**4.423,50**
Lebanon	298.976,16	1.646,75	**300.622,91**
North Korea	243,74	876,00	**1.119,74**
Syria/Jordan	376.894,08	23.989,05	**400.883,13**
Nepal	2.550,07	3.695,00	**6.245,07**
Mongolia	-1.544,71	4.604,55	**3.059,84***
Europe			
Ukraine	1.834,36	-	**1.834,36**
Central America			
Haiti	40.716,74	-	**40.716,74**
Total expenses project countries	**3.658.023,21**	**857.855,89**	**4.515.879,10**

** Special item for earmarked donations not yet used as expense. Expenses were in January 2018.*

Expenses for project management, Administration and public relations

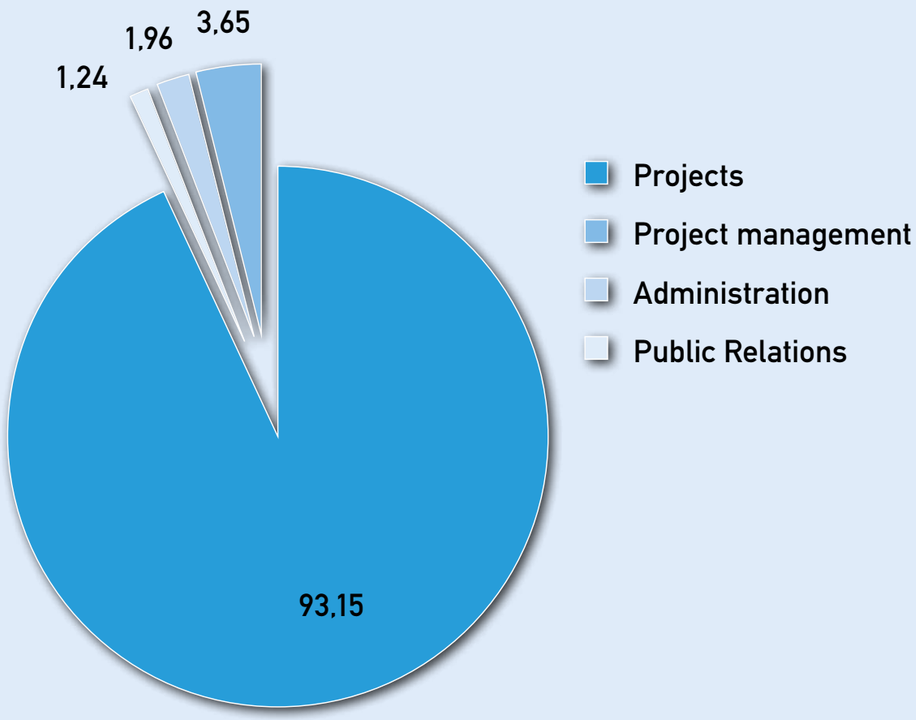
	Free funds	Earmarked funds	Total
Project management	60.339,64	-	**60.339,64**
Administration	94.900,45	-	**94.900,45**
Public Relations	176.924,05	-	**176.924,05**

Expenses in percent

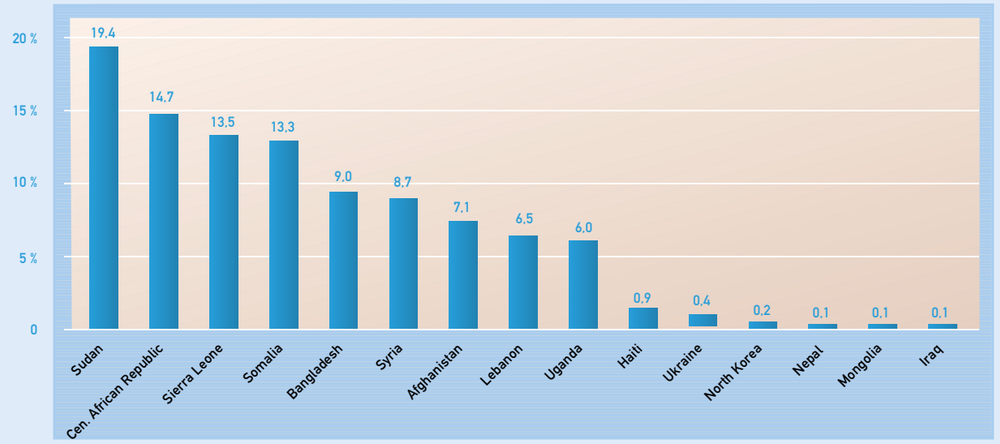
Projects	4.515.879,10	93,15 %
Project management	60.339,64	1,24 %
Administration	94.900, 45	1,96 %
Public Relations	176.924,05	3,65 %
Total	**4.848.043,24**	**100 %**

FINANCIALS
Expenditures

Expenses in percent



Expenses by project country (in %)



Expenses by activities in project countries (in Euro)

Country	Region	Activities	Project expenses (in Euro)
Afghanistan	Herat, Shade	Training for midwifes and nurses, educationprogram für nurses, support for a hospital, support for a dialyses center.	326.572,27
Bangladesh	Joypurhat, Noagaon, Cox's Bazar	Deliveries of medicines, goods and technical equipment to three state hospitals, four non-governmental hospitals; Aid for the Rohingya refugees	406.287,88
Haiti	Petit-Goâve	Renovation of a school	40.716,74
Iraq	Dohuk	Deliveries of medicines for people in refugee camps	4.423,50
Lebanon	Sidon	Transfer of refugees from their camps to hospitals, support by taking the expenses for treatment and medicines	300.622,91
Mongolia	Zuunbayan-Ulaan	Renovation of a school and the attached boarding school	3.059,84
Nepal	Judeegaun, Chandeni	Construction and support of two schools	6.245,07
North Korea	Berlin/ Pjöngjang	Evaluation for new projects in 2018	1.119,74
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	433.578,07
Sierra Leone	Makeni	Refurbishment of hospital, particularly of an new intensice care unit, support with medicines and technical equipment, staff training and medical support	176.427,74
Somalia	Sabawa-naag	Supplying the population with drinking water and food	604.395,75
Sudan	Lwere	Operation and support for hospital and five medical stations, operation of a feeding-center, treatment for pregnant women, vaccination program	883.083,35
Syria	Irbid	medical support for refugees in two hospitals in Jordan	400.883,13
Uganda	Mojo	Refurbishment of the district hospital, deliveries of medicines and technical equipment, staff training	263.691,30
Ukraine	Donezk	Closing operations of hospital in Switlodarsk	1.834,36
Central African Republic	Bangui	Repairs, Construction of childrens medical unit, support for district hospital in Bossembélé and for the hospital in Yaloké	662.937,45

FINANCIALS
Expenditures

Development of expenses

Year	Expenses by project €
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
2017	4.515.879,10

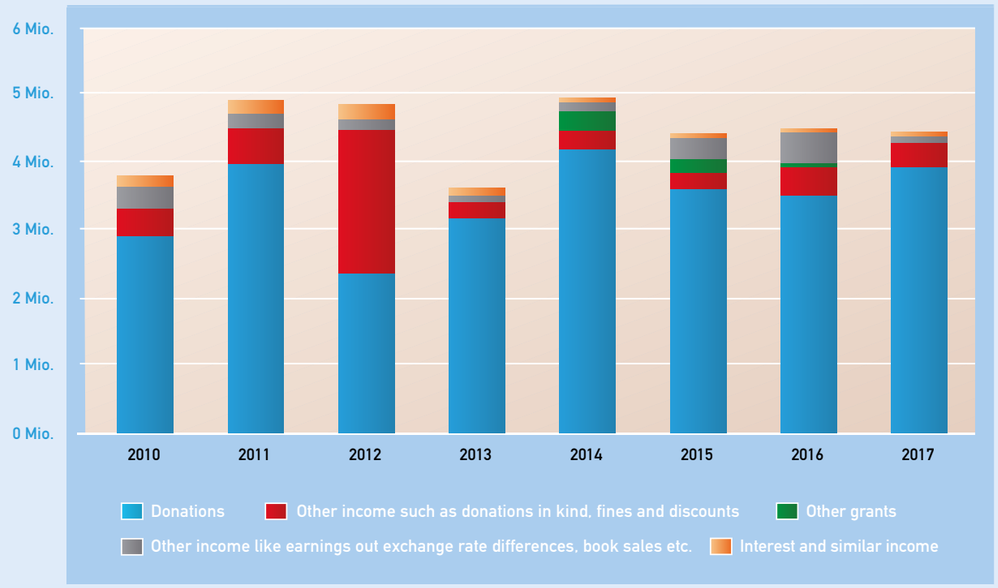
Development of expenses (in Mio. Euro)

FINANCIALS
Income

Development of income

Year	Total receipts	Donations	Other income such as donations in kind, fines and discounts	Other grants	Other income like earnings out exchange rate differences, book sales etc.	Interest and similar income
2010	3.709.107,15	2.933.171,51	495.669,74	-	205.724,28	74.541,62
2011	5.020.721,97	4.095.276,20	647.525,55	-	180.025,98	97.894,24
2012	4.939.875,87	2.480.318,43	2.226.916,71	-	113.192,35	119.448,38
2013	3.664.109,94	3.251.017,64	259.221,45	-	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
2017	4.382.085,05	4.076.353,45	199.482,91	-	51.323,08	33.899,26

Development of income (in Mio. Euro)



Structure of Profit and Loss statement

	2017	2016
Affection values		
Donations	3.900.353,45	3.630.876,81
Fines	21.160,00	20.680,00
Other income from affected values	356.238,99	415.665,10
Expenses for statutory targets	-4.561.927,24	- 4.184.984,15
Administrative expenses	-109.808,86	-96.256,38
Public relations expenses	-176.308,26	-168.205,17
Advertising expenses	-	-17.406,02
Other expenses for affectes values	-	0,00
Expenses relating to other periods	-	-1.346,06
Exchange rate differences project	21.026,53	-
Result	**-549.265,39**	**-400.975,87**
Operational values		
Other income	16.803,67	23.446,87
Operational income	**16.803,67**	**23.446,87**
Financial values		
Other interest and similar income	34.041,28	135.860,66
Income from foreign currency conversions	-	223.149,70
Non-period, non-operating income	32.461,13	-
Interest and other expenses	-	-0,09
Losses from Departure AV	-7,00	-
Expenses for currency conversions	-	-152.767,39
Result	**66.495,41**	**206.242,88**
Annual net profits / deficits	**-465.966,31**	**-171.286,12**

Auditor´s Report

To Cap Anamur / Deutsche Notärzte e.V. (Cap Anamur / German Emergency Doctors)

We have audited the annual financial statements, comprising the balance sheet, the income statement and the notes to the financial statements, together with the bookkeeping system of the Cap Anamur / Deutsche Notärzte e.V., Köln for the business year from January 1st 2017 to December 31st 2017. The maintenance of the books and records and the preparation of the annual financial statements in accordance with German commercial law are the responsibility of the association´s management. Our responsibility is to express an opinion on the annual financial statements, together with the bookkeeping system based on our audit.

We conducted our audit of the annual financial statements in accordance with § 317 HGB [„Handelsgesetzbuch“: „German Commercial Code“] and German generally accepted standards for the audit of financial statements promulgated by the Institut der Wirtschaftsprüfer (Institute of Public Auditors in Germany) (IDW). Those standards require that we plan and perform the audit such that misstatements materially affecting the presentation of the net assets, financial position and results of operations in the annual financial statements in accordance with German principles of proper accounting are detected with reasonable assurance. Knowledge of the business activities and the economic and legal environment of the association and expectations as to possible misstatements are taken into account in the determination of audit procedures. The effectiveness of the accounting-related internal control system and the evidence supporting the disclosures in the books and records and the annual financial statements are examined primarily on a test basis within the framework of the audit.

The audit includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the annual financial statements. We believe that our audit provides a reasonable basis for our opinion.

Our audit has not led to any reservations. In our opinion, based on the findings of our audit, the annual financial statements comply with the legal requirements and give a true and fair view of the net assets, financial position and results of operations of the association in accordance with principles of proper accounting.

Bonn, May 10th 2018

W I R O G GmbH
Wirtschaftsprüfungsgesellschaft

Daniel Hübner
Wirtschaftsprüfer
(German Public Auditor)

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