

Annual Report 2018

Cap Anamur / German Emergency Doctors



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editor and text: Franziska Bähr

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VISION Working for maximum effect

WORKING FOR MAXIMUM EFFECT

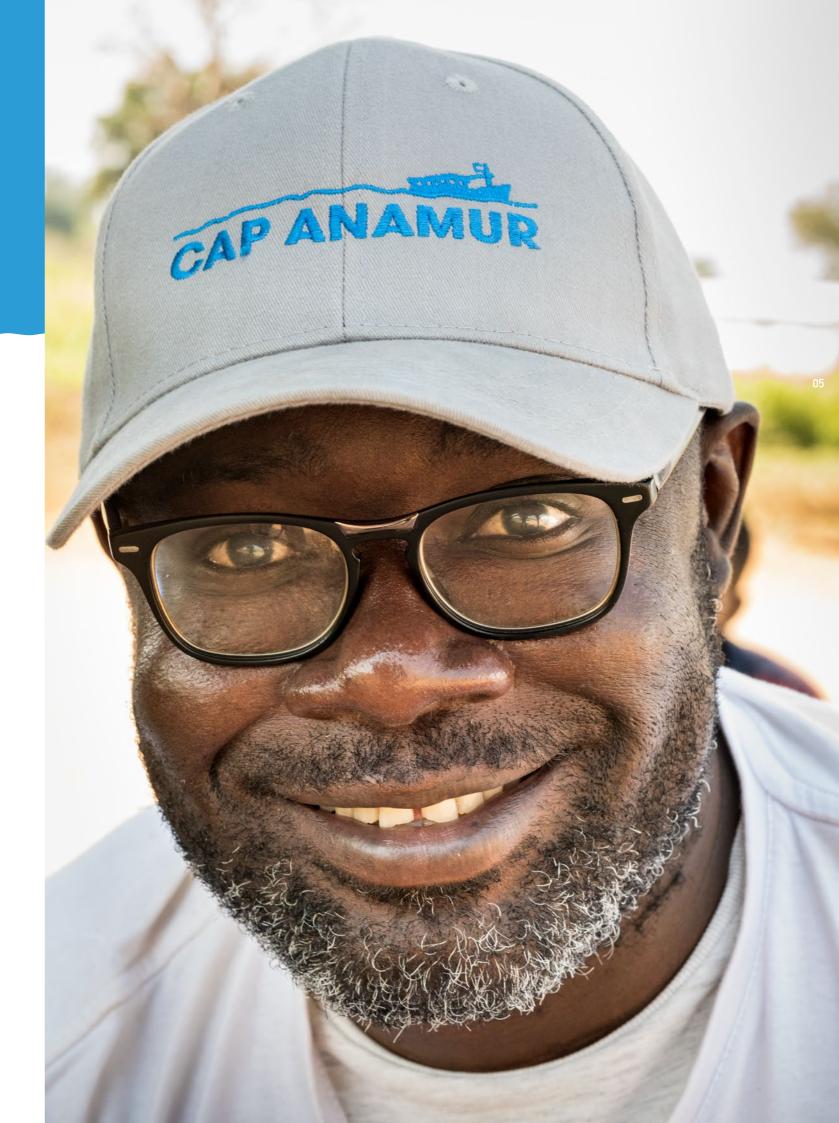
Before we embark on a new project, we take into account not just the emergency aid requirements, but above all the long-term effects on the people we are trying to help. This way we can achieve big results despite our limited organization size. These results are reflected in the number of patients treated,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

SMALL ORGANIZATION

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

... AND SOCIETY

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



VISION Editorial: Interview



Visiting our projects is one of the most efficient Mr Göken, last year you travelled to Afghanistan measures to check on progress and successes in the country. Our board of directors, managing director or project coordinator regularly visit projects to assess the situation on site, to speak personally with the employees, and to optimise projects if necessary. Cap Anamur employees visit many different places across the globe. Sometimes they travel for days on end, sometimes they encounter terrible weather conditions and frequently come across bureaucratic obstacles. Especially nerve-wracking, however, are visits to projects in countries where there is an ongoing military conflict going. Cap Anamur managing director Bernd Göken travelled to one of these countries in 2018. In November he visited our project in Afghanistan. This is what he reported afterwards.

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BERND GÖKEN: No, we are doing excellent work in Afghanistan, we have very good contacts in the different government bodies and it is always a great pleasure to visit the project locations and the people there. The exchange with local employees is very important to me. After all these years of collaboration we have very good relationships and we have a great team in Afghanistan that creates ideas that we can also use in other projects.

for almost two weeks. A country where brutal attacks and kidnappings have been the rule for years. How do you prepare for such a trip?

BERND GÖKEN: Because we have been in the country for over 17 years now and have an experienced and successful team in place, it has almost become routine to travel to Afghanistan. Of course we plan these trips well in advance to take into consideration the current security situation. We have to take precautions to ensure that the safety of all is guaranteed.

Were you concerned before your most recent visit?

What security measures did you take?

BERND GÖKEN: We have taken sufficient precautions, but for security reasons we don't want to publish them.

Were there any critical situations during your visit?

BERND GÖKEN: No, the visit went without a hitch. We are so well known even in rural communities that everyone protects us. The need for help is great, so people protect the aid they receive and also the aid workers. This is what we see in many regions where there are armed conflicts. It is important move around the communities. People share their worries and problems, and we are quickly updated about changes in the overall situation.

You barely escaped being kidnapped in Syria in 2013. How do you process such a shock?

BERND GÖKEN: The work in humanitarian aid has changed in recent years. Aid workers have become a target in many conflicts; this has been the case for over ten years now. In the past we were easily recognisable by our white vehicles with large flags, but nowadays we have to camouflage ourselves in many countries, on longer distances even swap

vehicles. The direct attack in Syria has given me a lot of food for thoughts - my presence endangered many local employees in the hospital just because they work with a German organization. But we must not be distracted by these incidents. We have helped thousands of people in Syria, just as are helping people every day in many places around the world. Cap Anamur's work is still very much needed.

What was your impression of our projects in the country?

BERND GÖKEN: Actually, I am really enthusiastic. We have very hard-working and competent team on site that is making great progress with the project. It's great to see what is possible in that war torn country if you invest in the right aid.



VISION Access to health services What we want to achieve and how we go about it

health services for the entire population. A healthcare system that is accessible and affordable for the whole population is a cornerstone of an intact society. To ensure that our aid is no longer needed at some point, we are working at various levels to improve local health structures. Our ables expenditure to be controlled. commitment is sustainable and therefore goes ning and further education of local staff is particularly important to us. Our local team of speof medicine, care and technology in workshops, training courses and in their daily work. In Afghanistan, we even run a three-year training programme for male and female nurses.

Our vision is a world in which our aid program- In addition to training local specialists, we work mes are no longer required, and in which every with our local partners to develop effective adcountry can provide accessible and sustainable ministrative systems that guarantee the independence of each facility in the medium to long term. This includes the optimisation of ward processes, the development of a documentation scheme and, last but not least, the implementation of a financial plan that identifies revenue opportunities and en-

far beyond acute medicine. That is why the trai- We also create technical infrastructures to facilitate or in some cases enable medical work on site. Through the construction, repair and restructucialists passes on their knowledge in the fields ring of building complexes and the installation of an electricity and water supply system, we build safe rooms in which patients can be treated with confidence. By supplying medicine, medical and technical equipment, and dressing materials, we make a further contribution to ensuring the care of patients. Vaccination campaigns, prenatal examinations and family planning advice as well as consultation hours for diabetics are part of our daily work in the projects.



Those who feel secure and adequately cared for in their home country only rarely leave it to face an uncertain future in a foreign country. Our work gives people in crisis regions hope for a better future, and improves living conditions both fundamentally and sustainably. Working independently for our goals is an important factor in what we do. We are committed to helping all people in need - without being influenced by ethnicity or skin colour, political convictions, religion, language, social background, disability, age or gender. Also, our projects are financed entirely by private donors, which ensures our financial independence from interest-driven donations by large companies or institutions. As a small aid organization with a lean administration, we work with these principles every day to achieve our vision.

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

TRAINING AND FURTHER **EDUCATION**

ADMINISTRATION

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

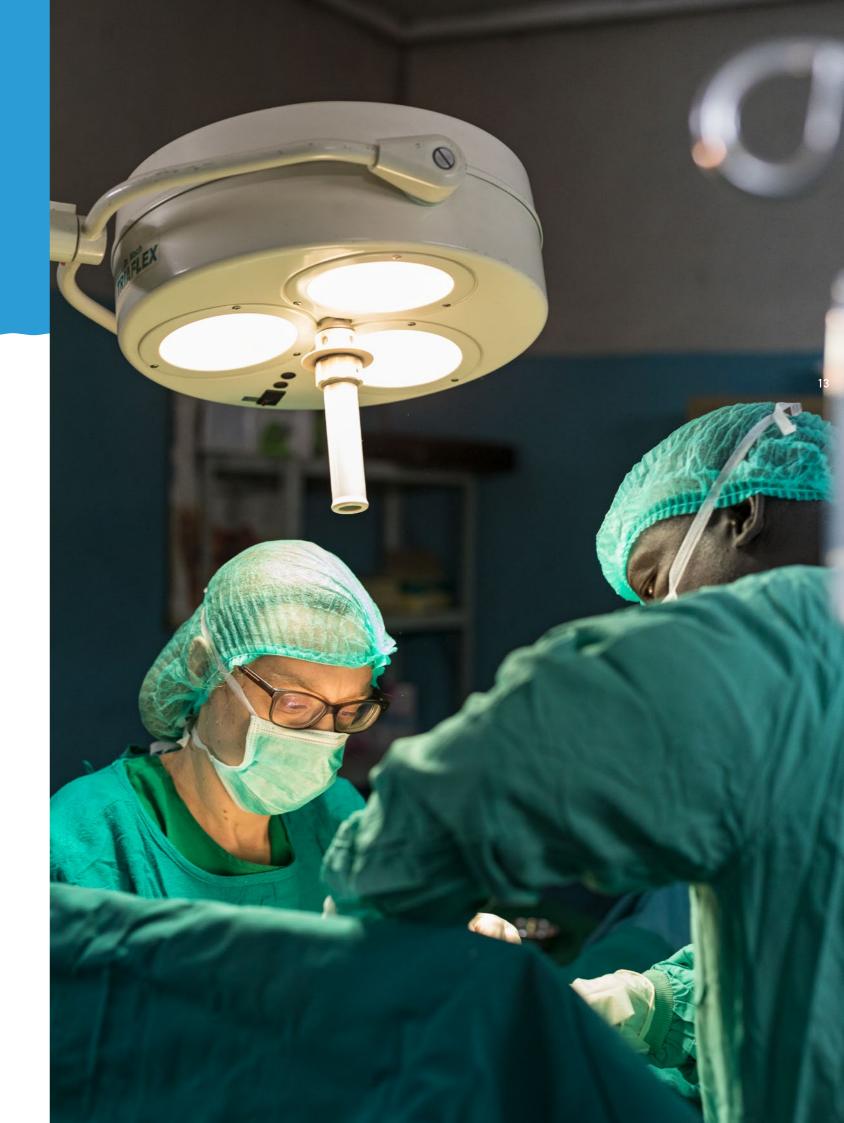
VISION Access to health services What we want to achieve and how we go about it

INFRASTRUCTURE

EQUIPMENT, PRECAUTIONS

In many countries there is not only a lack of comprehensive medical care, but also a lack of basic technical infrastructure to enable the provision medicines and medical equipment. In addition, of health services in the first place. This is why we we carry out vaccination campaigns, offer antenaparticipate in the construction, repair and restruc- tal check-ups and family planning advice, as well turing of building complexes and the installation as consultation hours for diabetics. We also treat of electricity and water supply systems. We create countless patients who suffer from chronic malnusafe spaces where patients can be treated with con-trition. fidence.

Good work requires good basic materials. That is why we supply hospitals and healthcare posts with



ACTION Medical help, example Sudan Giving hope to war-stricken people

WHY WE ARE HERE

War ravages the sudanese federal state South Kordofan. For several decades government forces and rebels have been fighting each other. With the declaration of the new state South Sudan military conflicts have escalated again. Contrary to the will of its people, South Kordofan did not become part of the South Sudan, but instead remained under control of the Sudan. The Sudanese People's Liberations Army-North (SPLA-N) has not been willing to surrender the region to the former Sudanese President Omar al-Bashir and is fighting the government armed forces.

In this war, it is the civilians that suffer most. Their homes, fields and farm animals are regularly the targets of bombardments by government forces. Furthermore, medical facilities are often blown up or burnt down. Merely the caves of the Nuba Mountains, which extend over the whole federal state, offer the civilian population protection against these attacks. But life in these mountains is a fight for survival. Lack of food, little water and insufficient health care are afflicting the war-weary population. Trapped in the mountain caves, where no adequate medical aid is available, treatable diseases like malaria or pneumonia have high mortality rates, especially among children.

WHAT WE WANT TO ACHIEVE

More than 20 years ago, we started our primary health care for the war-stricken people of Sudan. It is our aim to turn over our hospital and the medical stations to qualified local personnel, so that we can withdraw from the country. Therefore, we engage in health education for the people in the Nuba Mountains as well as training of medical staff. With our central hospital, several medical stations and a medical supply network, we intend to provide health care to as many people in the Nuba Mountains as possible.

HOW WE PROCEED

More than twenty years ago, we built the hospital in Lwere. This very day, we manage and coordinate all our activities from there. In order to provide also basic health care to remote regions, we operate six medical stations. These medical stations are located about 60 miles apart from each other and thus constitute a medical supply network. In our medical facilities, we treat a broad spectrum of diseases and injuries. Especially during the rainy seasons the number of patients suffering from malaria increases. In 2018, the malaria season hit the people of the Nuba Mountains extremely hard.



Particularly children with malaria infection were HOW SUCCESSFUL WE ARE hospitalized. Besides malaria, infections, burns, pneumonia and malnutrition are frequent in the Just in 2018, we have treated over 62,000 patients Nuba Mountains.

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to get access to the Nuba Mountains. Therefore, just twice a year, we deliver medical supplies and foodstuffs to our central hospital in Lwere. From our hospital in Lwere, medical supplies are further distributed to the medical stations. The local personnel, who are working for our medical stations receive intensive training at our hospital in Lwere. In the hospital we are operating an emergency room, a diagnostic laboratory, an operating room, a maternity ward, mother-and-child-ward a pharmacy and diverse wards for in-patients and for medical consultations. Our midwifes, nurses and physicians are offering professional aid to pregnant women. This extends from preventive medical checkups to aftertreatment. In order to ensure the sustainability of our project, we place great emphasis on the training of the medical staff. This includes activities like the treatment of patients, the usage of medical equipment or the evaluation of laboratory test results. A down to earth vaccination program, which we implement in the whole region, completes our health care services.

in our central hospital in Lwere. In addition to that Due to the military conflict, it is extremely difficult our medical stations have offered medical aid to about 150,000 patients. This means we were able to provide health care services to over 222,000 people. 923 life-saving surgeries were performed by our medical staff at the hospital in Lwere.

> By employing and continuous training of local staff, we are able to work very effectively. We are currently employing 140 people from the Nuba Mountains in our central hospital and our medical stations.

HOW WE CONTROL

Twice a year, we supply the remote region of the Nuba Mountains with a large shipment of pharmaceuticals, food and building materials. We thoroughly supervise this transport process, starting with the purchase and ending with the delivery of the goods. When we have determined what is needed, we plan the purchase and evaluate bids of several sellers. After we have decided on a supplier, our staff oversees the whole transport process. Once the shipment has reached its destination, we check if its is complete before the goods are stored in our own storage facilities. Our head office in Cologne monitors each step of the transport process separately, intervenes if required and is responsible for The year 2018 has not brought peace to the Nuba the approval of each transport step. Especially payments transactions are carried out by our cologne head office and the four eyes principle is applied. In our hospitals, only authorized personnel is granted access to our pharmaceutical storages in order to take what they need for their daily work. Every withdrawal is recorded. Cash is securely stored and solely at the disposal of the responsible treasurer. The treasurer keeps records of all earnings and spendings, which have to be attested with respective receipts. Monthly financial reports are submitted to the head office in Germany and audited by the accounts department. Patient statistics and reports on medical and construction projects are also sent to the project coordination on a monthly basis. Furthermore, there is a permanent information exchange via satellite communications on the political situation and the threat level in the region. Regular local inspection of the project is another of our supervisory measures. The last local inspection by our chief executive took place in December 2018.

Mountains. The opposite is the case. The level of political unrest in Sudan is higher than it has been for a long time. There is going to be little change for the people in the Nuba Mountains. As an integral part of the local community, we will continue to provide health care services for the population. Whether we can extend our help further, depends on the future threat level in the region. In 2019, we will definitely continue to send highly qualified medical volunteers to resume our training of local staff. Furthermore, we are planning to build an additional emergency room and a new maternity ward in 2019.

HOW THINGS WILL CONTINUE

ACTION Medical help, example Uganda Supplying refugees

WHY WE ARE HERE

WHAT WE WANT TO ACHIEVE

A brutal civil war in South Sudan has forced almost five million people to flee their homes since December 2013. More than 2.5 million of them have sought refuge abroad. This is the largest cross-border refugee movement in Central Africa since the Rwandan genocide of 1994.

More than a million people have fled to neighbouring Uganda. The way the small landlocked state has been dealing with the influx of refugees is regarded as exemplary worldwide. After arrival and registration at a reception centre, each refugee family is given its own plot of land after only a few days. The government assigns 30 by 30 metres of land to each family, where refugees are allowed to build a small house and a latrine.

The country's open door policy however also causes some problems. Only some of the rapidly growing population has access to medical care. The country's health system is not geared towards that many new residents.

Cap Anamur supports a hospital in Kiryandongo, a city in the centre of the Uganda. Here we are permanently improving medical care for both the Ugandan population and the Southern Sudanese refugees.

The improvement of basic medical care for the Southern Sudanese refugees and the Ugandan population is our primary objective. By supporting the hospital we want to provide both immediate medical care as well as expanding the supply network permanently. Training local specialists and introducing meaningful routines in the hospital are part of our measures. In addition, we also supply structural building work at health posts in several refugee camps.

HOW WE PROCEED

The hospital in Kiryandongo has been the central point of our activities in Uganda since June 2018. The city has about 32,000 inhabitants and is the capital of the district of the same name. Previously we supported Southern Sudanese refugees and residents at Mojo Hospital, which we handed over to local staff at the end of the project.

The infrastructure in this very rural area is mostly poor. Roads are few and far between, and regular rainfalls soften the soil and make transport and travel difficult. The refugee shelters are poorly constructed, badly equipped and widely scattered. This enables most refugees to partially farm the countryside surrounding their plots.



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We cooperate closely with the Ugandan health HOW SUCCESSFUL WE ARE system in our activities in the Central African state. We provided the hospital in Kiryandongo with medication, technical and, above all, professional support. In the outpatient department, we trained nurses, improved case documentation and provided further training to all medical staff in various areas. Although the necessary medical equipment was on site, local specialists were often not trained to use it. Our first activities therefore included a thorough briefing of the local staff, as well as the introduction of a functioning triage system, a procedure for prioritising medical assistance. A lot has also been achieved in terms of construction. We repaired the water pump at the hospital and improved the old pipes. We also completely renovated the neonatal ward. Due to these works, and the move to a new building, we can now better separate the premature babies from the mature and healthier newborns.

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Since May 2018, we have treated a total of 32,518 patients in Kiryandongo, 7,724 of who were admitted to hospital. The children's ward admitted 2,347 patients under the age of 18. In addition, we perform about 50 operations per month.

HOW WE CONTROL

All transfers of goods and money - from ordering to the delivery to our facilities - are supervised by our employees on site. There is no processing without our approval. The Cologne office is in regular contact with the employees on site. Cap Anamur project coordinator Yasmin Hiller will visit the project in Uganda in November 2018.

HOW THINGS WILL CONTINUE

We assume that it will not be possible for the refugees to return to Uganda in 2019. Instead we expect more refugees as the situation in Southern Sudan has not improved in the past year. We will therefore continue to support the refugees and the Ugandan population with our medical services. In addition, we have started planning the renovation of a health centre in the middle of one of the refugee camps, where we will build a new electricity and water supply.

ACTION Medicine, Sierra Leone Building the healthcare system

CAP ANAMUR

WHY WE ARE HERE

althcare system had to be rebuilt and strengthened, starting at its foundations.

During the past couple of decades, Sierra Leone dealt with a lot of suffering. The civil war of the 1990s plunged the West African country into chaos. Countless people lost their lives, families were torn apart and poverty struck broad levels of the population. Social systems like politics, economy or the healthcare and education systems collapsed. There were no longer any prospects for the future, especially not for the thousands of children traumatized by the experience of having to take part in the war as armed soldiers.

After having slowly recovered from the war, the Ebola virus rampaged through Western Africa in 2014 and 2016, killing almost 4.000 people in Sierra Leone alone. Due to this, the country's healthcare system was suspended once again. Therefore, Cap Anamur had to react quickly and take action against the spreading Ebola virus. We quickly built a special admission and isolation ward as well as a shelter for Ebola-orphans and contact children. The effects of the epidemic were felt for a long time after its end: wide parts of the already fragile healthcare system had collapsed, hospitals had to close due to missing quarantine areas and numerous doctors and nurses fell victim to the epidemic themselves and were thus missing in the health sector. Once more, the he- However, this cannot be compared to an intensi-

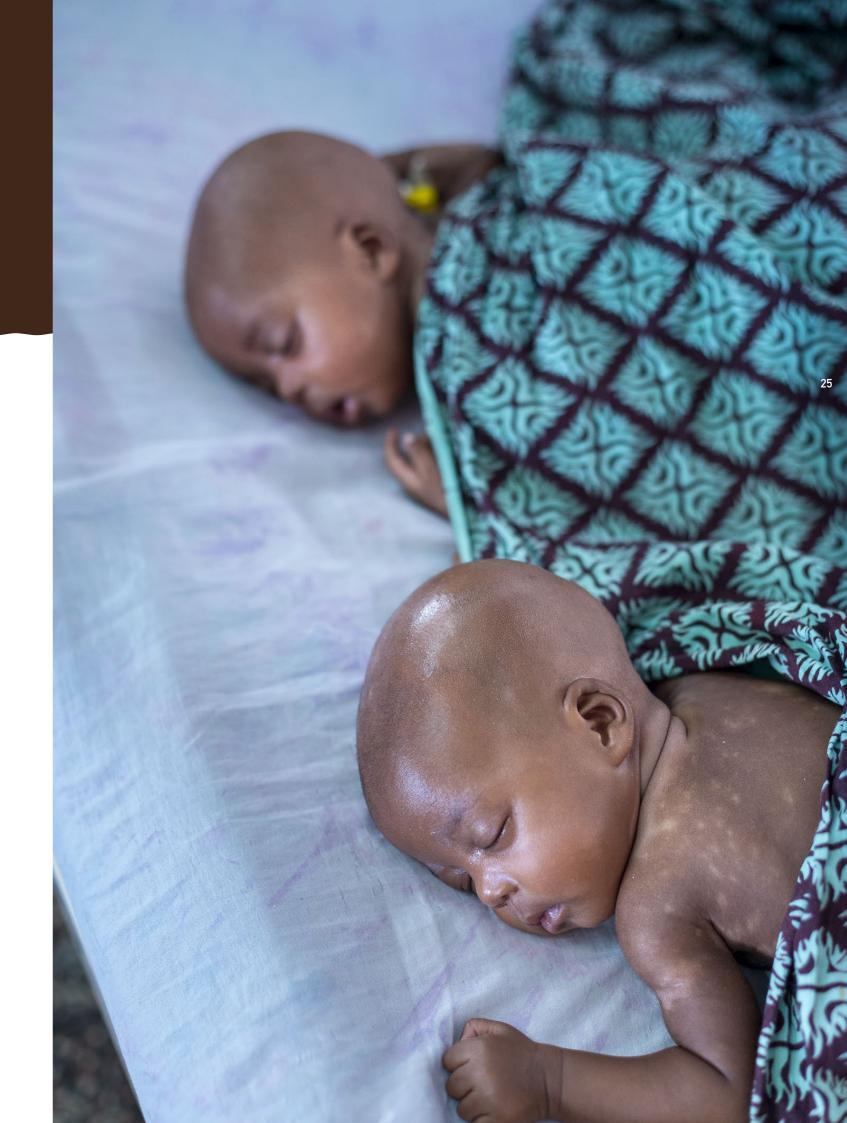
WHAT WE WANT TO ACHIEVE

With our work in the country's largest childrens hospital we support the reconstruction of the medical infrastructure in Sierra Leone, while at the same time expanding the medical care facilities for the country's youngest inhabitants.

HOW WE PROCEED

In Freetown, Sierra Leone's capital, we support "Ola During Childrens Hospital" (ODCH). There, we organize and finance the supply of medications and medical equipment as well as the construction and repair of the buildings and the infrastructure belonging to the hospital. Furthermore, we send medical staff tasked with caring for the young patients, training local staff and optimizing administrative processes for the hospital wards as well as for the hospital management.

In total, 180 beds are available at ODCH for underage patients, who are mostly admitted in critially ill conditions. An intensive care unit consisting of 12 beds is available for especially serious cases.



ve care unit in Germany. The treatment options HOW WE CONTROL in Sierra Leone are severely limited. For example, other than some oxygen, the intensive care unit We diligently monitor cash flows, order lists, delionly provides some technical aids for administering infusions and a control monitor.

hospital's intensive care unit. We were able to hand over our project in the hospital in Makeni to local staff in December 2018 and thus successfully withdrew from this project completely. Now the trained by us.

HOW SUCCESSFUL WE ARE

We were able to treat approximately 44.000 children at ODCH in 2018. Furthermore, we have equipped the hospital with significantly better medical technology in order to improve diagnostic possibilities and broaden the range of possible treatments.

veries and the distribution of goods in each of the wards in Freetown as well. Prescriptions are mo-In addition to the supply of medications and the nitored, as is staff presence and absence. All transtraining of the staff, we continue to support the fers of goods and money - starting at the order up until the handover to the institutions supported by us - are monitored by our on-site staff. There are no transactions without our approval. For the purpose of documenting the number of patients, hospital is independently supervised by local staff the diagnoses and therapies as well as the usage of medications, all institutions keep books which are controlled by us and compared with the respective inventory. Our project coordinator Yasmin Hiller visited the childrens hospital in September 2018.

HOW THINGS WILL CONTINUE

Even now, several years after the Ebola epidemic, Sierra Leone's healthcare system has not yet been fully rebuilt. Therefore, in 2019, we will continue to support the hospital, which is of high importance to the country, by providing staff, expert knowledge and financial resources.

ACTION

Education and training, example Afghanistan Nursing staff for undersupplied regions

WHY WE ARE HERE

cost of emigration, Afghanistan has experienced

a huge brain drain of talented academics, artists and specialists over the last few years. As a result,

they are no longer available to help with the political, social and infrastructure reconstruction of

the country. We have also observed this trend in

the medical sector, especially in the already poorly connected rural regions. Most of the few hospitals

that do exist are located in urban centres that are

difficult or impossible to reach for most people

in the country's 34 provinces. The long journeys

are not only dangerous for the rural population,

they are also expensive and hard to manage for

the seriously ill or pregnant women. Diseases that

can be easily treated by healthcare professionals

can mean a death sentence in underserved areas.

In the international "Global Terrorism Index", Afghanistan has occupied the top ranks for years - in 2018, the country was in second place worldwide. Unfortunately, the development since 2010 shows a steady increase in terrorist attacks. Fear of attacks and the lack of prospects in their own country forced many Afghanis to flee. As wealthier citizens can more easily afford the high

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Together with the local ministries of education and health, we developed a curriculum that defines the entry requirements, the content framework, the structure, the examination modalities and the completion of the training. Following a call for applications 47 future trainees were selected from a total of more than 200 applicants by means of an entrance exam. For the first time, we were able to break down gender-specific segregation pattern and included 28 female and 19 male participants in the course. Local teachers qualified by our employees ran the lessons independently, and lead each class through a learning concept consisting of theoretical and practical parts. Sewing wounds, applying infusions, all injection and dressing techniques, surgical assistance, shock room management as well as health education and hygie-

WHAT WE WANT TO ACHIEVE

Particularly in the rural areas of Afghanistan, many people are not adequately provided with medical care. It is therefore our goal to improve this basic care. After a successful training project for midwives, in autumn 2016 we launched a comprehensive programme for prospective nursing staff that has got off to a similarly good start.

HOW WE PROCEED



ne are only some of the central learning contents. HOW WE CONTROL After three years of nursing training, the young physicians return to their home village as highly qualified nursing staff. They are committed to working there in their new profession for at least three years, thus improving local health care. Cap Anamur will cover all training costs. In addition to the teachers' salaries, this also includes materials, electricity and heating costs as well as the trainees' accommodation and childcare.

HOW SUCCESSFUL WE ARE

So far we had trained a total of 130 midwives and 76 community health nurses in similar programmes, significantly expanding basic medical care in rural regions. As we have observed a certain saturation of such trained personnel within our radius of action, our focus is now on qualifying the 47 participants of the restructured course. To enable graduates to acquire even more specialist knowledge, we have extended the curriculum from two to three years, expanded the content framework and increased the requirements for intermediate and final examinations. The first graduates will therefore return to their villages in out of their training to date.

We have developed the entire curriculum in close consultation with the relevant ministries to ensure that participants' exams are recognised by the state once they have completed their training. The teaching staff at our school participate regularly in professional and didactic training to keep their knowledge and teaching methods up to date. Semester and module examinations ensure that all participants continuously check on their progress. Against the background of a real kidnapping "industry" in Afghanistan, there is an increased risk potential for foreign aid workers For this reason, we only use local personnel in our project. Our Afghan project coordinators monitor all facets of the programme. They interview ministry representatives, select teaching staff based on specific criteria, organise course examinations, manage project funds, document payment flows, approve salary payments and coordinate the purchase of teaching materials. Every aspect of the project is documented in detail and coordinated with the management. In addition, the central accounting department checks all incoming and outgoing payments. Managing Director Bernd Göken travelled to the country in November 2018 under the autumn of 2019. None of the trainees dropped the highest security precautions to check on the project's success.

HOW THINGS WILL CONTINUE

The new training path for highly qualified nursing staff was launched in autumn 2016. Similar to the previous programmes, we intend to train several cohorts until we have reached a similar level of saturation within our regional radius of action as with the midwives training. The first training course will be completed in autumn 2019. Since February 2018 we have also been offering a free tutoring programme for pupils from low-income families.

ACTION Construction, example Central African Republic A medical centre for the war-torn country

WHY WE ARE HERE

In 2016 the violent conflict between the islamic coalition "Séléka" and the christian counter movement "Anti-Balaka" led to a breakdown of law and order in the Central African Republic. The conflict between the enemy groups is not just about religious affiliation. In fact, the groups are fighting over political power, resources, land and money. In this climate of constantly shifting power, the interim government, which was installed in 2014, has not been able to put an end to the fighting between the two factions. Open fighting has claimed many victims, many of them civilians.

The elections in 2015 had been postponed several times due to security concerns. In the end the elections proceeded mostly peacefully. The independent candidate Touadéra was able to claim the majority of votes and thus the office of the President. However, he was not able to improve the situation in the country, which has a per capita income of merely 581 US\$. The United Nations rank the country among the poorest countries of the world. The health care situation is precarious for large parts of the population.

During our visits to the country, our attention was drawn to the town of Bossembélé, which is located about 100 miles northwest of the capital Bangui. The town has been extremely affected by

the conflict. The run-down district hospital was no longer able to provide adequate health care services to about 130,000 people in its catchment area. Due to the violent riots, many members of the medical staff had fled and wages for the remaining staff could not be paid. Medical supplies were depleted, medical equipment was missing and the buildings were in a miserable condition.

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When we started of our aid project in the Central African Republic, the military conflict had intensified. We began with the delivery of medical supplies, training of medical staff, vaccination programs, the set-up of a mobile clinic and the restructuring of administrative procedures of the hospital. After that we started the construction planning. As a first step our architects examined the existing buildings. The resulting report indicated which buildings could be restored or reconstructed and which had to be newly built. Besides

WHAT WE WANT TO ACHIEVE

We intend to build a polyclinic hospital in Bossembélé in order to establish a dependable basis for long-term health care services in the region.

HOW WE PROCEED



the renovation of the surgery room, we planned HOW SUCCESSFUL WE ARE to enlarge the pediatric station with an extension. Furthermore a pharmacy, a patients' kitchen, an internist ward and toilets and shower rooms should be built. Furthermore an extension of the maternity ward and a new electricity supply and a water supply should follow. It was the responsibility of our project manager to procure construction materials from local sources, to form a team of local craftsmen, to initiate each construction phase and to supervise the whole building process.

We were able to complete almost all of our construction projects successfully. The extension of the pediatric station was completed and has been put into operation. Besides examination-, consultation-, storage- and kitchen rooms, we established a station with 12 beds, where highly infectious children can be separated from other young patients. In March 2016, the pharmacy and the kitchen for patients were completed. Till October, we addressed the renovation of the surgery station as well as drilling and start up of a well. Since then, we are able to permanently fill up two large water tanks. Furthermore, we completed the extension of the maternity ward and we installed a new lighting system for the pediatric station, maternity station, delivery room and laboratory. With this large extension program we have significantly improved the health care situation in Bossembélé. Last year, we treated about 36,000 patients in Bossembélé and around 20,000 patients at our medical station in Yaloke.

Malaria is still the predominant disease. It can be especially lethal for children, if it is treated too late. In 2018, over 13,000 children have been medicated at our hospital.

HOW WE CONTROL

Every step of the project is thoroughly monitored by our staff in the Central African Republic and Germany. Construction projects are planned and reviewed by experts. Materials needed are exactly defined and bought from local suppliers after comparing various offers. A documentation system ensures that all incoming and outgoing goods are recorded. We also keep records of all construction materials. Thus, we ensure that construction materials like wood and steel as well as tools are not wasted or stolen. As our construction manager is permanently on-site, we monitor the construction at all times and can take corrective measures if it is necessary. As in all our projects the procurement follows a principle: No expense without receipt. Every payment has to be approved and recorded for the accounting department in Cologne. Monthly financial reports ensure the transparency of the system. In November 2018, the last on-site audit was conducted by our board member Werner Höfner.

HOW WE CONTINUE

During the past years, our model project in the heart of Africa has not only principally worked well, but has actually greatly aided the local population. In 2019, we intend to complete some construction works and to continue and expand our health care services.

ACTION **Further projects** Worldwide commitment

AFGHANISTAN

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In addition to our before mentioned training program for prospective nursing staff, we also run a hospital in Imam Sheshnoor and a dialysis statihospital and endowed it with medicine and equipment. Until the handover of the clinic into national dialysis program in Herat there are five treatment units available, which were constantly in use during the last year. In 2018 we financed a total of 3750 dialyses. In addition to that we offer a free tutoring program for students from low-income families since February 2018.

BANGLADESH

To enable the poorest of the country free access to the health system, we currently have worked out cooperations with four national and three non-governmental hospitals. In return for that we provide the hospitals with medicine, technical equipment, medical instruments and supply materials. Especially for the nationwide strongly disadvantaged women this offer means a rare opportunity for adequate medical care, on which they are especially dependent during pregnancy.

MONGOLIA

With only three million inhabitants on an area that is four times as large as Germany, Mongolia is the most sparsely populated state in the world. Almost on in Herat, in Afghanistan. We reconstructed the 30 per cent of the population lives as nomadic people in the landlocked country. As a matter of course, children growing up in nomadic families hands in the first half of 2019, we will run the clinic are not exempt from compulsory education. In and offer a broad range of medical care. For the 2017, Cap Anamur supported a school that local as well as nomadic children attend. About 440 children can attend the secondary school of Zuunbayan-Ulaan of the Uvurkhangai area. Furthermore, another 100 nomadic children, whose families are not do not reside anywhere and therefore often have to travel several kilometers daily, can find accommodation in the connected boarding school. School and boarding school were extensively renovated and extended with one hospital room by us. Board member Werner Höfner visited this project in 2018.

LEBANON

Lebanon is the country that, compared to its size, admitted the most Syrian refugees worldwide. Though Syrian children are given access to the national education system, the medical care for the refugees in the reception camps is not given and the medical expenses are unaffordable for many. Our project addresses this exact problem: We organize daily transport journeys for Syrian refugees from camps in the area of Sidon to health facilities cooperating with us and pay for the arising investigation and treatment costs. Prescribed medications are also provided by us.

In addition we have a physiotherapy for Syrian children with a disability. This does not only allow the children unimagined mobility but also gives the parents, who often were occupied all day with caring for the children, time to, for example, work.

In addition to our children's hospital ODCH (report on page 22), we oversee a conservation home for street children in Freetown, the capital of Sierra Leone. The "Pink Paddy" does not only offer them a roof over their heads but also psychological care, school education and the mediation back to their families. In the slums of the capital we also run a hygiene project to inform the public and prevent illnesses.

NEPAL

IIn the year 2015, a string earthquake destroyed major parts of Nepal. For the children of the villages Judeegaun and Chandei that were strongly affected by the earthquake, we could create a future prospective through the building of two schools. Through the extension of our school in Judeegaun we are now even able to offer the children a high school since 2017.

SIERRA LEONE

ACTION Further projects Worldwide commitment

SOMALIA

36

UKRAINE

We started our project in Somaliland, a region in In Switlodarsk, directly by the east Ukrainian front health stations in 2019, to also be able to properly supply the population in more isolated regions final visit for checking purposes. with medicine.

the North of Somalia, during a great drought in line between Luhansk and Donetsk, we already 2016. After we supplied the population with food supported a hospital in 2015 and 2016. Also in and water, we also started our work in the local 2017 we addressed several problems of the hospital hospital in Canaybo. We plan on opening two and helped renovating some windows which were destroyed during a bombing. In 2018 there was a

JORDAN

Since five years already, Cap Anamur is getting involved with Syrian refugees in Jordan. More than 600,000 Syrians looked for protection in the neighbouring country, of which about 80,000 refugees being registered in the camp Zaatary. With four medical institutions we can offer the refugees in Jordan a broad public power supply. Treatment as well as medicine are free for the refugees who often barely have enough money to live.



REFLEXION **Reflected, Active & Transparent**

REFLECTED

Our professional and experienced team in Cologne accompanies each of our projects with thecommitment. Any new experiences and reports from our local staff are directly incorporated into of each project, analysing and managing risks and observing a set of principles to which we are comfollowing pages.

TRANSPARENT

The greatest possible transparency at all levels of our operation is important - to give our donors, reoretical guidelines that underpin our practical levant institutions and organisations, and anyone interested in our work the opportunity to understand our approach both in theory and practice. To this process. The focus is on observing the course ensure this we make our activities, plans, thought process and financial situation available to everyodangers, monitoring the impact of our work, and ne in our print and online publications, and last but not least in this annual report. In addition, the mitted. These are explained in more detail on the German Central Institute for Social Issues (DZI) regularly audits our organisation and for many years has classified us as unreservedly recommended.

ACTIVE

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



REFLEXION Controlled aid worldwide



MONITORING PROJECT PROGRESS

Humanitarian projects are of existential importance for the population in crisis regions, regardless of the type of emergency they face. In these situations, the affected population often depends on rapid and non-bureaucratic assistance. However, the mere distribution of relief goods is by no means sufficient. In order to ensure the sustainable success of the operations, each individual project must be monitored conscientiously and responsibly. Cap Anamur has developed a comprehensive set of tools to meet this requirement. This enables us not only to provide meaningful and needs-based assistance, but also to fulfil our duty to use the donations entrusted to us appropriately and effectively. In our operating regions we always work with a very high proportion of local aid staff. This has two big advantages over using only seconded employees in projects: Firstly, there is a high level of acceptance among the local population for our projects, which thus become their projects. Secondly, by creating employment opportunities, we help the staff involved to be part of economic life. At the same time, Cap Anamur employees are constantly on site during the course of projects and monitor the use of funds. This includes the appropriate use of building materials and the needs-based distribution of relief supplies and medicines.

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

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

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

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

Despite forward-looking planning, it is not always easy to make forecasts for the future, even within individual projects. Crisis situations and the associated needs can change dramatically within a few hours. Cap Anamur, with its flexible administrative apparatus, short decision-making paths and independence from public institutions, has created a broad plan of action that allows individual adaptations to such changes. Thus, we are not powerless in face of the inherent degree of uncertainty of such projects, but instead maintain our ability to act to provide flexible and sustainable assistance. With these principles Cap Anamur also guarantees the responsible handling of donations. Because only when adapting projects to the conditions at the place of action can the responsible use of the money be guaranteed. So project monitoring does not only take place in the crisis regions. A comprehensive control system has been put in place in the Cologne head office. Incoming donations are checked daily and analysed in monthly statements. Fluctuations in income can thus be identified in

good time, and can be taken into account for

further project planning. We reject donations from companies or institutions whose goals and principles are not compatible with the philosophy of Cap Anamur. In this way, we avoid undesirable influence by third parties on our work.

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

REFLEXION Risk and Threats Management



MANAGING RISK AND THREATS

42

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

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

RISKS AND RISK MANAGEMENT

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

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

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

Especially at our head office in Cologne we have to invest funds to enable the administration of donations, book-keeping, coordination and public relations activities necessary to control and steer our projects. However as we are convinced that a lean administration team can offer maximum effectiveness and adaptability, we deliberately keep our office staff - and thus costs - small, with just five employees. We do not operate branch offices, but coordinate all processes from our head office. In addition, our public relations work is modest and targeted. We do not invest in cost-intensive television or poster advertising where it is not clear which target groups are reached. Instead, we focus on providing factual information provided to our donors and other interested parties by means of newsletters, mailings or flyers.

We take the same care when managing our cash reserves, which enable us to act in the event of an unplanned emergency such as a natural disaster. With these money reserves we apply a consistently low-risk investment strategy. Risky stock market transactions are out of the question for us. Our do-

- nor - def e prio s of l r mo

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

nors' mandate to support people in need worldwide is too important to rely on the promise of share price increases. Following the advice of a number of banks and independent advisors, we invest the money in a way that ensures that it retains its value.

THREAT AND THREAT MANAGEMENT

As an organisation financed almost exclusively by

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

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

private donations, we are dependent on donors. deployment and withdraw our employees. On site, If they fail to materialise or decline significantly we must react accordingly. True to the ideal of far sighted planning, we are already extending our fundraising efforts to other avenues. For examptitutions worldwide.



REFLECTION Chronology of a project

SUCCESS AND **IMPACT CONTROL**

The most important aspect of Cap Anamurs missions, is a sustainable impact for all their projects. To ensure sustainability, the existing structure in the crisis regions is used, and expanded for the long term independence of the particular situation. We can follow the success through ongoing surveillance during our missions, and by monitoring the work beyond the duration of the project.

1. EVALUATION JOURNEY

The reasons for a humanitarian mission in a crisis region, are as different as the necessities of the people needing help: from acute medical assistance, to the reconstruction of destroyed buildings, to specialist education. Cap Anamur normally sends a team of experts, who evaluate the situation at the location, and then define goals and effective strategies. These goals are the base from which the project can be adapted from the beginning, to suit the individual situation.

2. LEVERAGE OF EXISTING **STRUCTURES**

Care is always taken when implementing new projects into given conditions. Therefore we avoid projects that are superimposed on existing regional conditions, which upon termination will be taken away from the local population.

In fact our approach aims to integrate our project cautiously, and with consideration for the local structures, into the existing infrastructure and personnel arrangement. This approach makes sure we integrate local Tradesmen, Doctors and Nurses right from the start. Available buildings and equipment is also used for our work. We purchase the necessary building materials locally and use local logisticians. Together with the affected community, we reconstruct and expand functioning systems that can be used long after the project has finished.

3. STAFF TRAINING

Where local Doctors and Nurses do not hold sufficient qualifications, our personnel conduct intensive training. The choice is vast and depends on the gap of knowledge: ranging from instructions on how to use new medical or technical equipment, to a fully certified three year course. In correspondence with the principle of "helping people help themselves" the local employees are therefore able to diagnose and treat the patients themselves.

Trank C

4. TRANSFER OF PROJECTS

As soon as the locals can work by themselves, we arrange a step-by-step handover of the project. Even after our team has left we still assist the project with regular visits, delivery of medicines and financial assistance for special expenses, like the purchase of medicinal equipment. Even many years after the project has finished we stay in contact with the local policymakers. This approach has proven itself a successful and sustainable method, to undertake a project in a controlled manner.

REFLECTION Principles of our work



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



STRENGTHEN REGIONAL INITIATIVE AND PROMOTE SELF-HELP.

OUR AIM IS TO STRENGTHEN THE LOCAL PEOPLE'S OWN INITIATIVE, AS WELL AS THOSE OF THE ORGANIZATION, IN ORDER TO SUPPORT SELF-EMPOWERMENT.

(AREFUL BUDGETING AS WELL AS FINANCIAL TRANSPARENCY TOWARDS THE PUBLIC AND THE DONORS IS ESSENTIAL FOR US.

> (ONTINUOUS DEVELOPMENT OF PROJECTS AND EMPLOYEES.

OWN FREEDOM OF (HOILE AND FREE FROM MILITARY AND ECONOMIC INFLUENCE BY THIRD PARTIES.

WE ARE INDEPENDENT -

MAINTAINING OUR

WE HELP PEOPLE IN NEED, REGARDLESS OF THEIR ETHNICAL, RELIGIOUS OR POLITICAL AFFILIATION.

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 DASE DAY BY DAY.

BEING POLITICALLY INDEPENDEN DOES NOT MEAN 'HAVING NO OPINION' AT ALL. 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 WORK HAND IN HAND WITH OTHER Non-Governmental Organizations that share our values.

> > WE IMPROVE THE INFRASTRUCTURE OF INDIVIDUAL PROJECTS BY DEVELOPING FUTURE-ORIENTED SUSTAINABLE FORMATIONS, WHICH ARE RUN BY OUR PROFESSIONALLY EXPERIENCED STAFF.

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

REFLEXION Our organisational structure



GENERAL ASSEMBLY

50

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

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

BOARD

The general assembly is the highest organ of our The executive board is responsible for all affairs of our association, as far as these do not fall within the area of responsibility of the general assembly. It is also responsible for the implementation of the statutes, and the use of donations in accordance with the statutes. The executive board consists of three members. According to § 26 of the German Civil Code (BGB) the association is legally represented by two executive board members. Members are elected to the board for a term of two years. Board members act in an honorary capacity. They can be compensated for services that go beyond normal board business. No such compensation was paid in 2018. Specific tasks of the board are:

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

ADMINISTRATIVE OFFICE

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

AUDIT

As in previous years, our accounts were audited by an independent auditor. The fee for the 2018 financial statements was € 8,624.05.

Tra Cle Coo Der Mai

COMPENSATION STRUCTURE

In 2018, the total annual remuneration of head office employees amounted to \notin 69,705.53. Although there are only very few full-time employees, there is a clear structure with regards to salary brackets. Employees remuneration is based on their level of responsibility and length of service. 13 monthly salaries are paid.

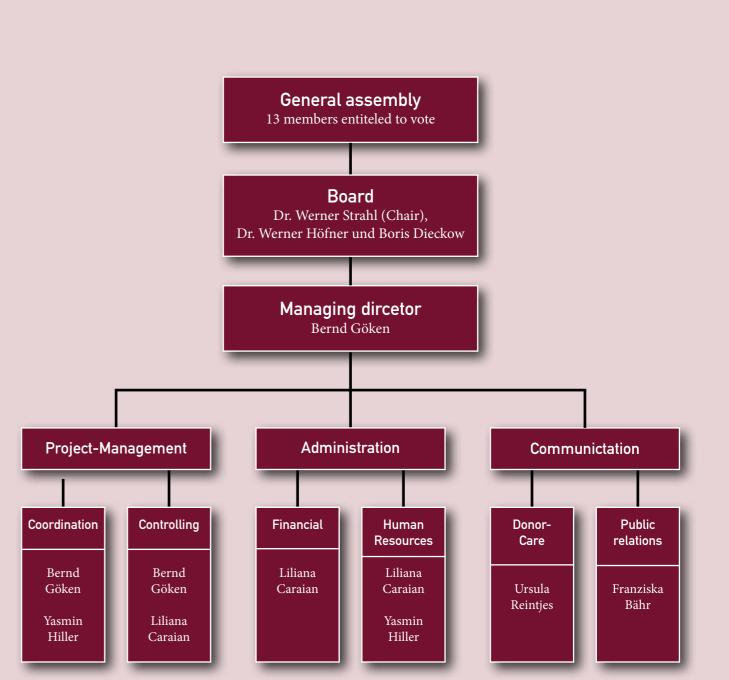
Gross annual salary from € *to* €

ainees	26.000,-	30.000,-
erical assistants	25.400,-	41.600,-
ordinators	39.000,-	54.600,-
partment heads	44.200,-	65.000,-
naging Director	59.400,-	73.500,-

REFLEXION The main bodies and their functions

Cap Anamur/Deutsche Not-Ärzte e.V. is active Our employees outside of Germany are not reprecutive board, which is elected members, work for fession. Cap Anamur in an honorary capacity. The five employees of the office are salaried employees of the association, of which four work full time and one works part time.

worldwide as a non-profit non-governmental or- sented in the organisation chart. In 2018, we had ganisation. We are incorporated as a registered an average of 26 seconded employees worldwide, non-profit association. The head office is located in working in the fields of medicine, healthcare and Cologne. The organisation chart shows the com- technical support. As a rule, they commit themposition of the association as of 31.12.2017. All 13 selves to a minimum of six months secondment, voters of the general assembly, as well as the exe- and receive the same salaryregardless of their pro-



Tranto

FINANCIAL Principles

INDEPENDENT AUDIT

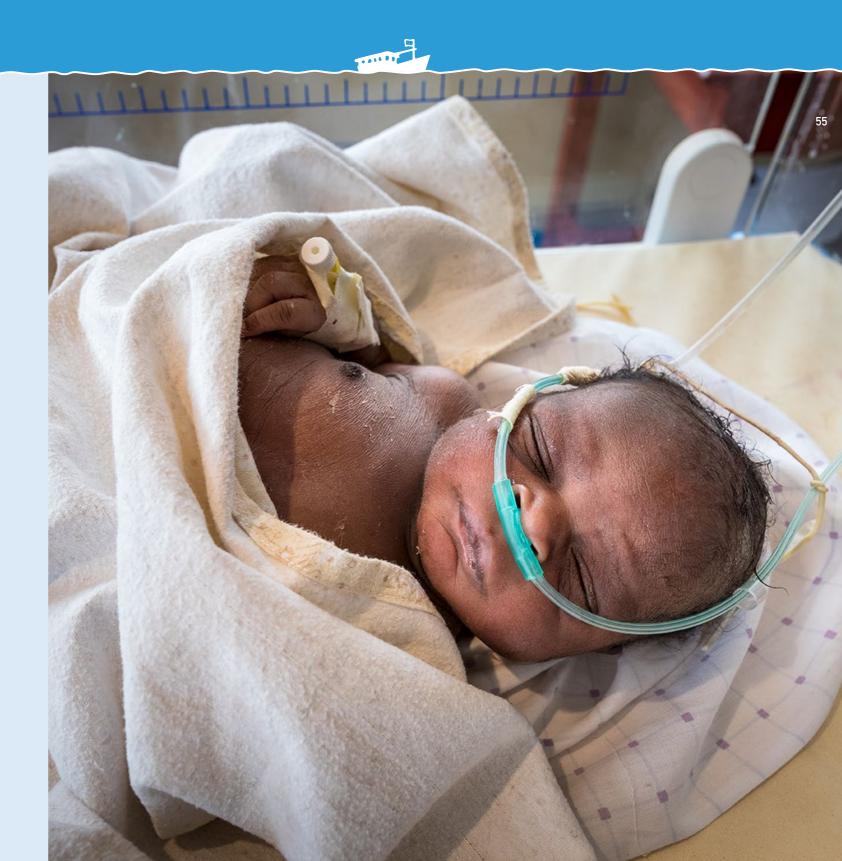
Our financial system annually takes an indepenas well as the accounting are examined carefully. Besides the coherence of the settlement, the transfinancial accounting also passed the examination for 2018 and once again we received unrestricted auditors' report.

NO BOOKING WITHOUT DOCUMENT

We are aware of the fact that by accepting donadent and thorough audit. During this, projects tions, we also take on the responsibility to use the funds wisely and effectively. Because of this, we work with a transparent cash and record system in parency and traceability of the internal processes all of our projects, to have the control over incoare assessed as well. As in every previous year, our ming and spent means at all times. In a monthly rhythm, the people in charge of the projects submit their cash settlements to the central accounting department in Cologne. Here, all financial flows are examined and documented. Within the financial administration we always act according to the principle: No booking without document.

TRACEABILITY

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



FINANCIALS Expenses by project country (in Euro)

	Free funds	Earmarked funds	Total
Africa			
Burkina Faso	629,87	-	629,87
Sierra Leone	556.022,65	134.744,65	690.767,29
Somalia	490.296,41	16.473,22	506.769,63
Sudan	851.225,96	20.209,18	871.435,14
Uganda	237.322,31	2.203,73	239.526,04
Central African Republic	722.964,88	12.705,00	735.669,88
Asia			
Afghanistan	349.459,26	16.168,97	365.628,23
Bangladesh	190.542,24	16.657,30	207.199,54
Lebanon	294.658,77	635,00	295.293,77
Mongolia	-	4.406,00	4.406,00
Nepal	-	5.720,00	5.720,00
North Korea	1.110,84	-	1.110,84
Syria	346.088,88	11.903,37	357.992,25
Europe			
Ukraine	30.850,00	-	30.850,00
Total expenses project countries	4.070.542,19	241.826,42	4.313.296,72

Expenses for project management, Administration and public relations

11111

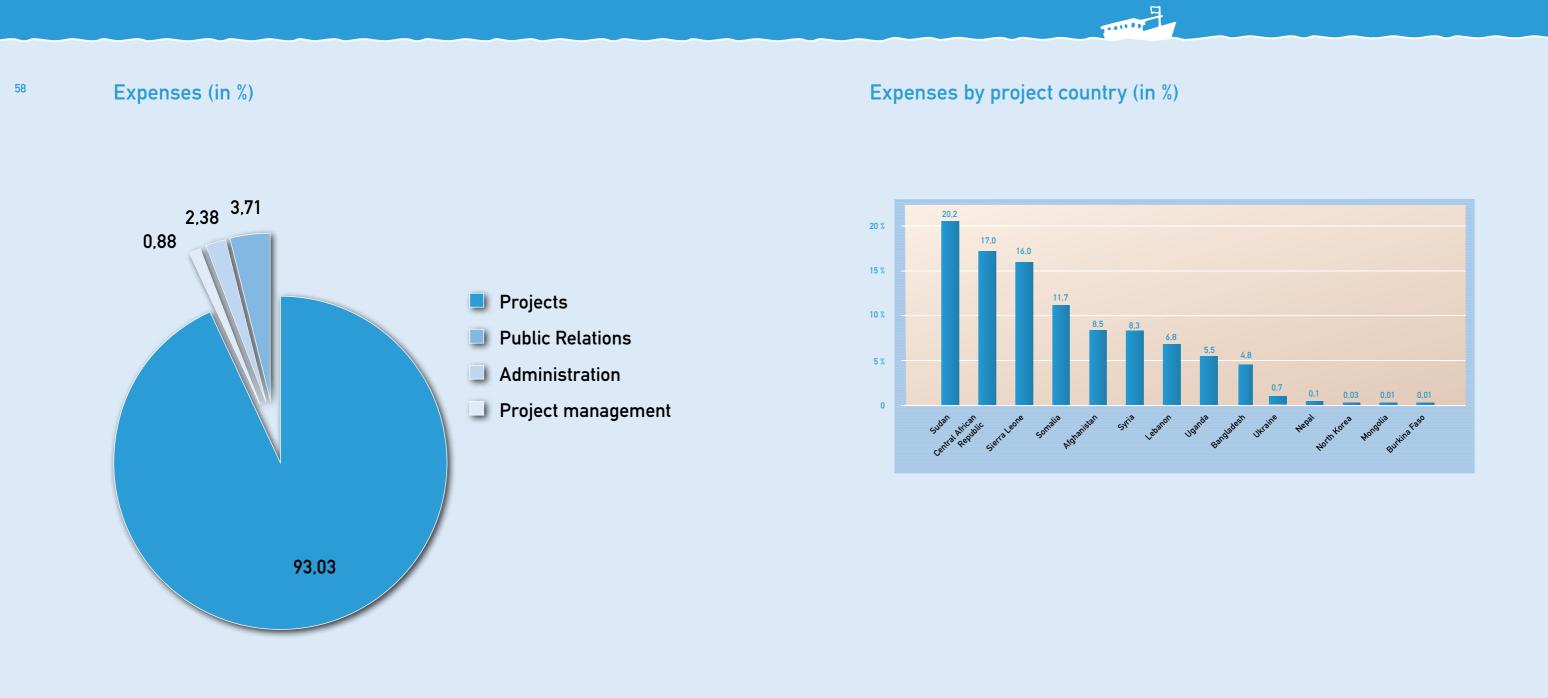
	Free funds
Project management	41.010,31
Administration	110.328,71
Public Relations	171.874,02

Expenses (in %)

Projects	4.313.296,72	93,03 %
Project management	41.010,31	0,88 %
Administration	110.328,71	2,38 %
Public Relations	171.874,02	3,71 %
Total	4.636.509,76	100 %

Earmarked funds	Total
-	41.010,31
-	110.328,71
-	171.874,02

FINANCIALS Expenditures



FINANCIALS Expenses spend on activities in the project country (in Euro)

				Sierra	a Leone	Freetown	Support of a children's hospital, supply of medication and techni- cal equipment, support of a street children project and a hygiene project in the slums of the city
Country	Area	Activities	Project expenses (in Euro)	Sierra	a Leone	Makeni	Final papers at a hospital, staff trainings, medical attendance
Afghanistan	Herat, Shade	Education of midwives and nurses, tutoring, sup- port of a hospital, support of a dialysis ward	365.628,23	Soma	alia	Saba- wanaag, Caynabo	Supply of the inhabitants with drinking water and provisions, support of a hospital, refurbish- ment of two health posts
Bangladesh 1	Joypurhat, Noagaon, Cox' Bazar	Maintenance of four state hospitals and three non-state hospitals	207.199,54	Sudar	n	Lwere	Maintenance and support of the hospital and of five medical faci- lities, maintenance of a feeding
Burkina Faso		Evaluation journey for new projects	629,87	Sudar	11	Lwere	centre, treatment of pregnant women, vaccination programme
Lebanon	Sidon	Transportation ride of refugees from the camps to healthcare facilities, assumption of treatment costs and medication	295.293,77	Syria			Supply of diferrent underground hospitals with medication and medical materials, medical sup- port of Syrian refugees in two hospitals in Jordan
		costs, physiotherapy for refugee children with disabilities		Ugan	ıda	Kiryan- dongo	Restoration and maintenance of the district hospital, supply with medication and technical euqip-
Mongolia	Zuunbayan Ulaan	Refurbishment of a secondary school as well as the included boarding school	4.406,00	Ukrai	ine	Donzek	ment, staff training Final papers at a hospital in Swit- lodarsk, project visit for supervi-
Nepal	Judeegaun, Chandeni	Construction and support of two schools	5.720,00				sion Restoration, new construction
North Korea	Berlin / Pyongyang	Evaluation for new pro- jects in 2019	1.110,84	Centr Repul	ral African Iblic	Bangui	paediatric ward and supply of the district hospital of Bossembélé and the hospital in Yaloké

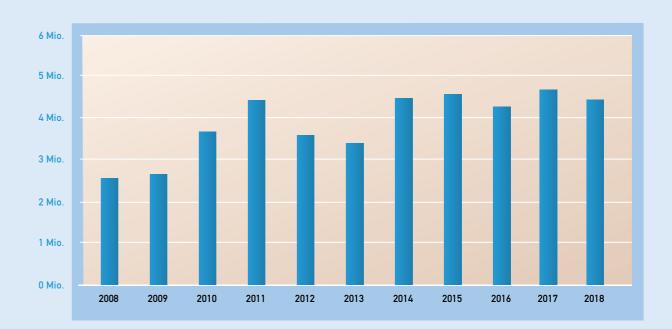
FINANCIALS Expenditures

Deve	lopment of	f expenses
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62

Year	Expenses by project	
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	
2018	4.313.296,72	

Development of expenses (in Mio. Euro)



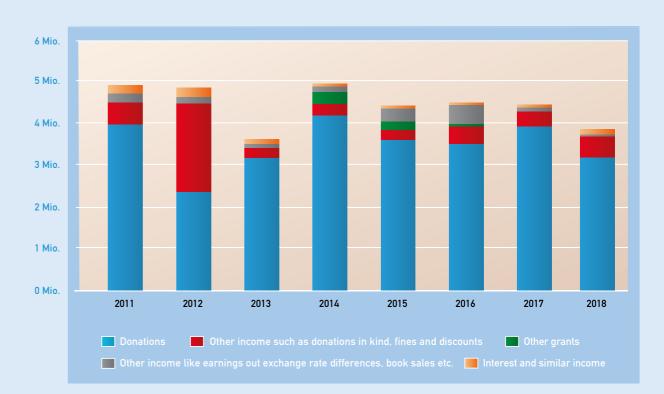
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FINANCIALS Income

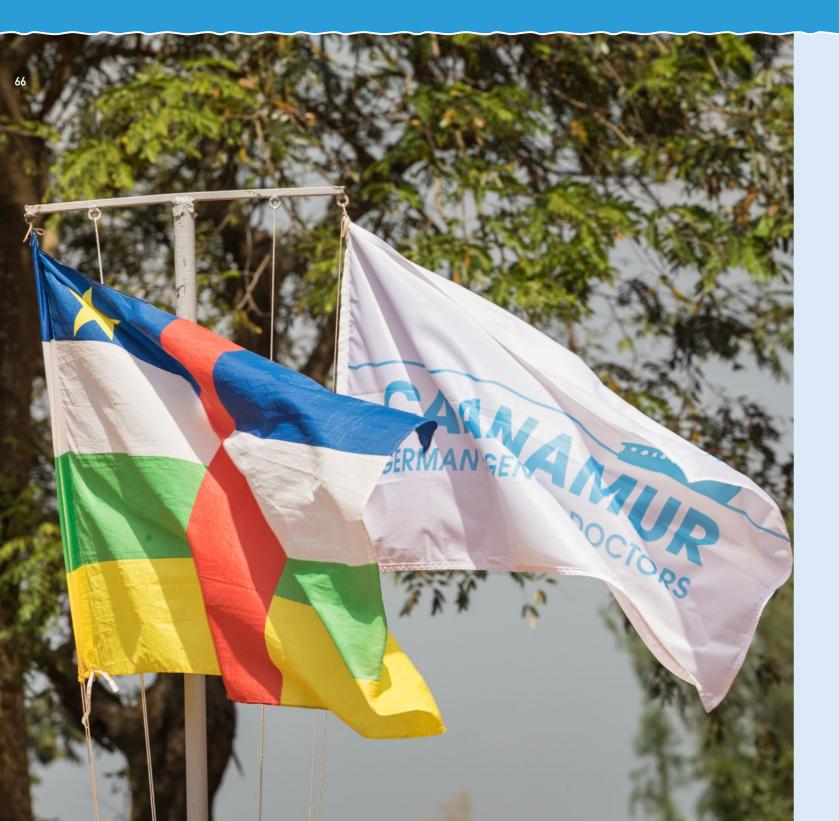
Development of income

Year	Total receipts	Donations	Other inco- me such as donations in kind, fines and discounts	Other grants	Other income like earnings out exchange rate diffe- rences, book sales etc.	Interest and similar income
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
2018	3.930.501,95	3.145.235,11	606.595,51	-	51.840,94	73.642,62

Development of income (in Mio. Euro)



FINANCIALS Structure of Profit and Loss statement



Overview profit and loss statement

Accrued unrestricted donations

Earmarked donations

Donations in kind

Legacy gift donations

Sum collected donations

Added consumption of earmarked donations f

Less unused earmarked donations

Sum donations

Criminal cases, monetary fines

Project-related grants

Total income from grants

	Summe in Euro
	2.903.512,69
	274.136,42
	235,38
	590.560,13
	3.768.624,62
from previous years	0,00
	-31.614,00
	3.737.010,62
	15.800,00
	0,00
	3.752.810,62

FINANCIALS Bilanz zum 31.12.2018

AKTIVA	31.12.2018	31.12.2017
A. Anlagevermögen		
I. Sachanlagen	2.720,00	3.769,00
1. Grundstücke, Grundstücksgleiche Rechte und Bauten einschließlich der Bauten auf fremden Grundstücken	7,00	7,00
2. Andere Anlagen, Betriebs- und Geschäfts- ausstattung	2.713,00	3.762,00
II. Finanzanlagen	3.085.606,19	0,00
1. Wertpapiere des Anlagevermögens	3.088.326,19	3.769,00
B. Umlaufvermögen		
I. Forderungen und sonstige Vermögensge- genstände		
1. Sonstige Vermögengegenstände	54.689,13	28.323,98
II. Wertpapiere		
1. Sonstige Wertpapiere	2.000.000,00	4.445.350,44
III. Kassenbestand, Bundesbankguthaben, Guthaben bei Kreditinstituen und Schecks	2.447.001,68	3.804.921,98
C. Rechnungsabgrenzungsposten	7.612.399,92	8.301.717,44

PASSIVA
A. Vereinsvermögen
I. Anfangskapital
II. Jahresfehlbetrag
B. Rückstellungen
1. Sonstige Rückstellungen
C. Verbindlichkeiten
 Verbindlichkeiten aus zweckgebundenen Spenden davon mit einer Restlaufzeit bis zu einem Jahr: EUR 33.158,81 (Vorjahr: EUR 1.544,81)
 2. Verbindlichkeiten aus Lieferungen und Leistungen - davon mit einer Restlaufzeit bis zu einem ahr: EUR 3.154,12 (Vorkahr: EUR 2.073,04)
 3. Sonstige Verbindlichkeiten davon aus Steuern EUR 4.668,34 (Vorjahr EUR 4.902,17) davon im Rahmen der sozialen Sicherheit EUR 0,00 (Vorjahr: 131,50 EUR) davon mit einer Restlaufzeit bis zu einem Jahr EUR 6.093,51 (Vorjahr: EUR 9.053,81)

31.12.2018	31.12.2017	
8.240.469,28	8.706.435,59	69
-706.007,81	-465.966,31	
7.534.461,47	8.240.269,28	
35.472,01	48.576,50	
33.158,81	1.554,81	
3.154,12	2.073,04	
6.093,51	9.053,81	
7.612.399,92	8.301.717,44	

FINANCIALS 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, Cap Anamur / Deutsche Notärzte e.V., Köln for cember 31st 2018. The maintenance of the books and records and the preparation of the annual 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 together with the bookkeeping system of the Auditors in Germany) (IDW). Those standards require that we plan and perform the audit such that the business year from January 1st 2018 to De- misstatements materially affecting the presentation of the net assets, financial position and results of operations in the annual financial statements in financial statements in accordance with German accordance with German principles of proper accommercial law are the responsibility of the as- counting are detected with reasonable assurance. sociation's management. Our responsibility is 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 prin- Bonn, May 17th 2019 ciples used and significant estimates made by management, as well as evaluating the overall presentation of the annual financial statements. We WIROGGmbH believe that our audit provides a reasonable basis Wirtschaftsprüfungsgesellschaft for our opinion.

Our audit has not led to any reservations. In our Daniel Hübner opinion, based on the findings of our audit, the an- Wirtschaftsprüfer nual 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.

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(German Public Auditor)

SPENDEN Dank an unsere Spender

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Liebe Spenderinnen und Spender, ohne Ihren Beitrag wäre unsere Arbeit nicht möglich. Hier ein Überlick Ihres Engagements im Jahr 2018:



KONTAKT



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

Sprechen Sie uns an!

Cap Anamur Deutsche Not-Ärzte e.V. Thebäerstraße 30 50823 Köln

Telefon: 0221 - 9 13 81 50 Telefax: 0221 - 9 13 81 59 E-Mail: office@cap-anamur.org

www.cap-anamur.org www.facebook.com/CapAnamur/ www.twitter.com/capanamur_org/

