



Annual Report 2019

Cap Anamur / German Emergency Doctors

Imprint

editor and text:
Franziska Bähr

photos:
Jürgen Escher / Cap Anamur

layout:
Thomas Berghaus, Büro.9

Content

VISION

Great effect for people	04
Editorial - 40 years Cap Anamur	06
Access to healthcare	
What we want to achieve and how we go about it	10

ACTION

Healthcare - Sudan	14
Healthcare - Central African Republic	18
Emergency Aid - Mosambik	22
Education - Afghanistan	26
Infrastructure - Nepal	30
Other projects around the world	34

REFLECTION

Self aware, active & transparent	38
Monitoring and accountability	40
Risk and hazard assessment	42
Chronology of a project	46
Our guiding principles	48
Association structure	50
Organisation chart	52

FINANCES

Principles	54
Expenditure	56
Income	64
Assets and Liabilities	66
Voluntary audit	68

VISION

Working for maximum effect

WORKING FOR MAXIMUM EFFECT

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

SMALL ORGANIZATION

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

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

... AND SOCIETY

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





VISION

Editorial: 40th Anniversary of Cap Anamur



„How fortunate that Cap Anamur exists,“ wrote Chancellor Angela Merkel in her greeting, which was read aloud by host Andrea Moos at the anniversary event on Saturday, 31 August 2019. 40 years ago, Rupert and his wife Christel Neudeck founded the relief organisation. Cap Anamur celebrated this anniversary with high-ranking guests such as Minister President Armin Laschet, Mayoress of Cologne Henriette Reker, Cap Anamur foundress Christel Neudeck, investigative journalist Günter Wallraff, Cap Anamur Chairman Dr. Werner Strahl, Cap Anamur Managing Director Bernd Göken, and Dr. Nellie Bell, one of three pediatricians from Sierra Leone. The ceremony took place in Cologne's Rautenstrauch-Joest Museum. The school orchestra of the Rupert Neudeck Gymnasium in Nottuln and the German Moroccan band Kenitra provided the musical accompaniment.

„We need the ‚Spirit of 79‘ again today. People in distress and in danger of drowning in the Mediterranean Sea need solidarity“, said Armin Laschet, Minister President of the State of North Rhine-Westphalia. He continued: „Cap Anamur with its good name and with its projects all over the world can give us a wake-up call“. In addition, Minister President Armin Laschet criticised the leaving Italian Interior Minister Matteo Salvini, who is taking an extremely hard line on the refugee policy.

The Mayoress of Cologne, Henriette Reker, also drew parallels between the sea rescue by the Cap Anamur and the current situation on the Mediterranean Sea. Sea rescuers deserved everyone's respect, said the non-party Mayoress of Cologne, Henriette Reker. „Under no circumstances must we allow helpers to become perpetrators,“ according to Reker.

For Christel Neudeck, co-foundress of the relief organisation, this evening also had a particularly emotional significance. When she chartered a ship 40 years ago together with her husband Rupert Neudeck, who died in May 2016, to rescue the Vietnamese refugees drowning in the South China Sea, she could hardly have imagined that her „naïve act“, as Christel Neudeck herself said, would be a successful and globally active relief organisation 40 years later. Apart from pride, there was also sadness that Rupert Neudeck was not able to experience this anniversary.

The journalist Günter Wallraff also honoured the relief organisation, which he has supported for years. For example, Wallraff had financed a girls' school in Afghanistan, which was built and supported by Cap Anamur. In his speech he praised, among other things, the small administrative apparatus of the organisation. Only five employees work in the office in Cologne-Ehrenfeld. „Here the donations do not trickle away in an overflowing administrative apparatus“, said journalist Günter Wallraff.

The chairman of Cap Anamur, Dr. Werner Strahl, praised the staff members' courage and dedication who work in Cap Anamur projects all over the world. The association currently runs projects in ten different countries.

Bernd Göken, managing director of the relief organisation, introduced some of them briefly. Among other things, he vividly reported how the staff in the Nuba Mountains, a region in Southern Sudan, sometimes have to hide for hours in so-called 'foxholes', holes in the ground, as soon as the Antonovs circle over the area and drop bombs. „The best thing would be if we lived in a world where Cap Anamur is no longer needed, but unfortunately we are still far from that and sometimes I have the feeling that we are getting further and further away from it“, according to Göken.

The fact that Cap Anamur is currently still needed was also demonstrated by paediatrician Dr. Nellie Bell, who not only reported how Cap Anamur has supported the only children's hospital in the region for years, but also stood by the country during the time of Ebola. „Only the Cap Anamur has remained.“ The young doctor from Sierra Leone had studied in Germany and, with the help of Cap Anamur, returned to her home country in 2011 as a paediatrician to help the people locally.

The anniversary was accompanied musically by the school orchestra of the Rupert Neudeck Gymnasium, which had travelled from Nottuln especially for the occasion and played the pieces „At your side“ by The Corrs, „Fields of gold“ by Sting, and „People“ by Birdy between the speeches. The German Moroccan band Kenitra, consisting of the musicians Brahim, Jaouad, and Felix, complemented the event with emotional songs and played some more pieces in the foyer afterwards.



VISION

Access to health services



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

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

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

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

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

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

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

TRAINING AND FURTHER EDUCATION

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

ADMINISTRATION

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

INFRASTRUCTURE

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

EQUIPMENT, PRECAUTIONS

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



ACTION

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 in 2011 military conflicts have escalated again. Contrary to the will of its people, South Kordofan did not become part of the independent South Sudan, but instead remained under control of the Sudan. The Sudanese People's Liberation 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. Medical facilities are also 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. Besides malaria, infections, burns, pneumonia and malnutrition are frequent in the Nuba Mountains.



HOW WE CONTINUE

In 2019 a lot of political changes took place in the Nuba Mountains. But political relaxation has still a long way to go. As an integral part of the local community, we will continue to provide health care services for the population. Whether we can extend our radius of action, will depend on the future threat level in the region. In 2020, we will definitely continue to send highly qualified medical volunteers to resume our training of local staff. Furthermore, we are planning to build a new maternity ward to offer better health care to pregnant women and young mothers.

ately, intervenes if required and is responsible for 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.

HOW SUCCESSFUL WE ARE

Just in 2019, we have treated over 58,770 patients in our central hospital in Lwere. In addition to that our medical stations have offered medical aid to about 169,015 patients. This means we were able to provide health care services to over 227,785 people. Furthermore 948 life-saving surgeries were performed last year by our medical staff at the hospital in Lwere.

We are able to work so effectively, because we are employing local personnel and are training the staff continuously.

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 it is complete before the goods are stored in our own storage facilities. Our head office in Cologne monitors each step of the transport process sepa-

Due to the ongoing military conflict, it is extremely difficult 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 midwives, 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.

ACTION

Healthcare, Example Central African Republic Medical help in no-man's-land

WHY WE ARE HERE

In 2013 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 hostile groups is not just about religious affiliation. In fact, the groups are fighting for 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 ade-

quate 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.

WHAT WE WANT TO ACHIEVE

We want to establish a polyclinic hospital in Bossembélé and a medical supply network with additional medical stations in the region in order to establish a dependable basis for long-term health care services. Without the infrastructure provided by us the local population would not be able to afford any medical care.





HOW WE PROCEED

When we started 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 setting-up of a mobile clinic and the restructuring of administrative procedures of the hospital. After that, we started the construction planning. By now we have enhanced and enlarged the hospital building. We have launched a vaccination campaign, provide health education and continue to improve healthcare services for the population.

HOW SUCCESSFUL WE ARE

We were able to complete almost all of our construction projects successfully. Furthermore, we have introduced a payment system at our second base in Yaloke, which suits the limited financial means of the population. Therefore, the hospital should be able to finance itself in the near future. Children and pregnant women will still be treated for free in the future. Malaria is still the predominant disease. It can be especially lethal for children, if it is treated too late.

In 2019 we provided medical help for 35,891 patients in our hospital in Bossembélé and 16,494 patients in Yaloke.

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. Lastly our managing director Bernd Göken visited the project.

HOW WE CONTINUE

In 2020, there is still a lot to be done in the Central African Republic. We have developed a payment system in order to ensure that our hospital in Bossembélé can finance itself. This payment system has already proven its worth in our hospital at Yaloke. Thus, we will be able to transfer the project into local hands, knowing that our hospitals are carefully managed and that they will endure the coming years. In addition, we are also considering the renovation of an elementary school.



ACTION

Emergency aid, example Mozambique Rebuilding after the tropical storm „Idai“



WHY WE ARE HERE

In March 2019 the tropical storm Idai raged across the southeast coast of Africa, thereby devastating large regions and destroying many livelihoods. The death toll amounted to over 1,000. Nothing could stop the storm which raged with wind speeds over 100 miles per hour. Countless dwellings, schools and hospitals were completely destroyed. Large areas of farmland were flooded, resulting in a famine threat. For the first time since its declaration of independence in 1975 Mozambique declared a state of emergency. The coastal city of Beira with approximately 500,000 inhabitants had been hit extremely hard by the storm. Faced with a power blackout, failure of telecommunications and being cut off from the outside world, the population had to wait for several days until help arrived by plane or by ship.

WHAT WE WANT TO ACHIEVE

Our emergency relief team arrived within a few days after the storm in order to assess the situation and to provide first aid. Subsequently, we undertook the reconstruction of a completely destroyed hospital in Buzi in a particularly affected region in the vicinity of Beira. In addition, we provided further training for the medical staff in order to re-establish medical care for the population as soon as possible.

HOW WE PROCEED

We began our commitment in the devastated country just four days after the natural disaster. Our starting point was the particularly affected region in the vicinity of the port city Beira.

Before cyclone Idai, the hospital in Buzi had been a small but efficient hospital with 80 beds and up to 300 patients per day in consultation hours and in emergency hospitalization. After Idai large parts of the hospital had been destroyed. Almost all buildings had lost their roofs or parts of them. Many Walls had collapsed and there was no electricity.

As a first measure the damaged building was cleared of the debris that resulted from collapsed walls and roofs. After that the Cap Anamour team

conducted roof repairs. Some parts of the roof were completely rebuilt. The electricity and water supply that had totally collapsed due to the storm were re-established. Furthermore the medical staff was trained and aided in the care of their patients.

HOW SUCCESSFUL WE ARE

Within a year we were able to rebuild and even partly enhance a totally destroyed hospital. In addition we trained the local staff in state-of-the-art medical standards and ensured that the population in the region of Beira regained access to medical care.

HOW WE CONTROL

All transactions involving goods and money - from ordering to the delivery to our facilities - are supervised by our on-site staff. There is no processing without our approval. Construction projects are planned and reviewed by experts. Required materials are exactly defined and bought from local suppliers after comparing various offers. Our Cologne office is in regular contact with our on-site staff.

HOW WE CONTINUE

In the meantime the hospital in Buzi has been completely renovated. Essential medical equipment has been provided and the local staff has been trained in state-of-the-art medical standards. Therefore, in 2020 we will be able to proudly transfer the project to the local authorities.





ACTION

Education, example Afghanistan

Nursing staff for underserved regions



WHY WE ARE HERE

In the international 'Global Terrorism Index' Afghanistan has been in the top positions for years – in 2018 it ranked second place worldwide. Sadly, since 2010 the trend points to an increasing number of attacks. The fear of attacks, but also the lack of prospects, forced many Afghans to flee their country. In particular more affluent groups can afford the high costs of emigration – as a result Afghanistan experienced a brain drain of academics, specialists and talented artists, who can no longer help rebuilding the country's infrastructure, its political and social life.

We also see this trend in the medical sector, in particular in rural, already less connected areas. The few hospitals are located in the metropolitan areas, thus being very difficult or impossible to reach for most people in the country's 34 provinces. For the rural population, the long journeys to the hospital are not only dangerous, but also expensive and hardly manageable for critically ill patients or heavily pregnant women. Diseases that are curable with professional medical help can amount to a death sentence in underserved regions.

WHAT WE WANT TO ACHIEVE

Our goal is to improve basic medical care for the people in the rural districts of Afghanistan. We were already successful with various training projects for midwives, nurses and caregivers, and in autumn 2019 we commenced an extensive program for prospective nurses which started off well.

HOW WE PROCEED

Together with the local ministries for education and health, we developed a curriculum establishing admission requirements, the content framework, structure, examination modalities and the completion of the training. After the announcement, 44 future trainees out of over 300 applicants were admitted into the program by means of an admission test. Our latest training aims at women from regions of Ghor, Herat and Badhis. Local teachers, trained by our staff, coordinate the lessons independently and guide each year through the learning concept, which includes both theoretical and practical parts. The suturing of wounds, administration of infusions, all injection and dressing techniques, OR assistance, emergency room management as well as health education and hygiene are just some parts of the central learning content.



After the three-year nursing training, the young women return to their villages as highly qualified, registered nurses, committing themselves to work in their new profession for a minimum of three years, improving health care in their area.

All expenses for the training are paid by Cap Anamur. This includes the salaries for the teachers as well as teaching aids, electricity and heating costs, accomodation for the trainees and day care for their children.

HOW SUCCESSFUL WE ARE

With four similar training programs we have already trained 130 midwives and 123 nursing staff, thus expanding the basic medical care in rural areas significantly. After we have observed a saturation of qualified staff in our radius of activity, we are now focusing on the qualification of the 44 participants in the newly structured course. The first graduates will return home in autumn 2022 and improve healthcare in their villages.

HOW WE MONITOR

To make sure that the trainees' exams are awarded state recognition, we have worked out the entire curriculum in close cooperation with the responsible authorities. The teaching staff at our school receives continuous professional and didactic training to keep their level of knowledge and teaching methods always up to date. Mid-term and module exams ensure the students's growth in knowledge on a regular basis.

Against the background of a 'kidnapping industry' in Afghanistan, there is an increased risk for all foreign staff members of aid organizations. Therefore we only employ local staff and our Afghan project coordinators supervise all aspects of our program. They hold talks with representatives of the different government departments, choose the teaching staff based on specific criteria, organize the exams, manage the project costing and document the payment flow, are responsible for the salary payments and coordinate the acquisition of teaching materials. Every aspect of the project is itemized and coordinated with the management. In addition, the central accountants' department checks all incoming and outgoing payments.

HOW TO PROGRESS

After the successful completion of the training programs for midwives and nursing staff, we have started a new training project for highly qualified nurses in autumn 2019. Similar to the previous programs, we want to qualify several years in the medium run until a saturation within our radius of activity is achieved. For the new program 320 young women applied and 44 were admitted after a successful recruitment test.

ACTION

Construction: Example Nepal



WHY ARE WE HERE

Late in April 2015 the friction of two tectonic plates resulted in an earthquake with a violence of 7.8. As the epicenter was located only 80 kilometers north-east of Katmandu Nepal was the country hit most severe in this region. There were about 8,800 deaths and more than 22,300 partially heavily wounded. Houses, school buildings, temples and business buildings were only ruins. Many buildings belonged to the UNESCO World Heritage list. Most access roads were destroyed as well as the support of electric power and water. During an evaluation trip our team could identify to remote mountain villages which were severely hit by the earthquake but were not yet covered by the aid programs of international organizations. Besides the caretaking for the injured and sick people and the distribution of food in the period immediately after the earthquake there was an urgent and high need for reconstruction of the villages. After the shake many inhabitants started reconstruction of their living huts, but their capacity could not cope with the need for the public buildings.

WHAT WE WANT TO ACHIEVE

After finalizing the medical emergency program we focused on the reconstruction of two school buildings, which were completely destroyed by the earthquake. While we completely could finish the work in Chadenie in 2017 there was additional construction work needed in Jundeegaun, as we intended to enlarge the school to a secondary school level, thus giving the pupils a perspective for the future.

HOW WE PROCEED

After emergency caretaking for the injured and distribution of food in the threatening initial phase we started the reconstruction. In cooperation with a local architect we developed plans for a shake proof construction. First we concentrated on the school in Jundeegaun. We removed the debris and repaired the access roads to enable transport of construction materials. Then we started the construction of five buildings comprising class rooms, offices, storage rooms, cafeteria and washrooms. Early in 2016 the work progress enabled us to start with interior decoration. In parallel drilling for water wells started.

To construct the building in Chadenie we used the same successful model like in Jundeegaun. The



shake proofed construction could be finalized already in 2017 with great support from the locals.

In 2019 we enlarged the building in Jundeegaun by a computer room, where pupils in higher classes were instructed in computer sciences and could do research work on their own. Furthermore our logistic expert, who was involved in the reconstruction, again traveled to Nepal to enlarge the school with an additional building.

HOW SUCCESSFUL WE ARE

It took only 11 months for our team to reconstruct the school in Jundeegaun and re-open it. The opening ceremony took place in spring of 2016. Furthermore we could overcome administrative hurdles in cooperation with the ministry of education: In the old school only pupils up to class 8 could be educated. The older ones had to walk daily for two hours to a secondary school. By extending the curriculum in the new school now pupils can stay till class 10 and 2018 the school got permission for even class 12- thus our school became a real secondary school. By adding more class rooms and a fully equipped computer room we now can offer the best learning possibilities for the children in this region.

HOW WE CONTROL

The project undergoes a strict controlling routine over its full lifetime. Our logistic expert first called for several bids and after evaluation ordered the construction materials from a local vendor, who provided the goods in requested quality and common prices. The checking and payment of deliveries was conducted with the “four eyes principle”, all expenditures are documented by a receipt. The construction progress, the handover and use of materials as well as the acceptance of work was permanently supervised and documented by our construction supervisor. Our central accounting department checked all payments on a monthly turn. Cap Anamur chairman Dr. Werner Strahl visited the project in 2019 and visualized the situation and talked to teachers as well as pupils.

HOW WE GO ON

With the expansion of the school in Jundeegaun we could achieve highest education standards for both schools. Now our work in Nepal is finished.



ACTION

Other projects

Commitment worldwide

34

AFGHANISTAN

In addition to our training program for future nurses described above, we also run a dialysis unit in Herat. Five treatment spots are available for the dialysis program and they were in permanent use last year. In 2019, we have financed a total of 1,113 dialysis. Additionally, we've been offering a free tutoring program for students from low-income families since February 2018.

BANGLADESH

In Bangladesh we've established a cooperation with four governmental and three non-governmental hospitals to provide free access to the healthcare system for the country's poorest. In return we supply the hospitals with medication, technical equipment, medical instruments and stock. Especially for severely disadvantaged women throughout the country, this offer represents a chance to receive adequate medical care, which they particularly rely on during pregnancy.

MONGOLIA

With only three million residents in an area four and a half times the size of Germany, Mongolia is the most sparsely populated country in the world. Almost 30 percent of the population live as nomads in the landlocked country. Children growing up in nomadic families are of course not exempt from compulsory school attendance. In 2017 Cap Anamur supported a school that is attended by children from the village as well as children from nomadic families. There is space for up to 440 children in the secondary school of the village Zuunbayan-Ulaan in the Uvurkhangai territory. An affiliated boarding school can also accommodate up to 100 nomadic children whose parents don't reside anywhere and who would therefore often have to travel many kilometres per day to go to school. We have thoroughly renovated the school and the boarding school and added a patient's room. In 2019 we've also financed a school bus to enable children with long journeys to attend school.

LEBANON

In relation to its own size, Lebanon is the country that took in the most Syrian refugees worldwide. Although Syrian children are granted access to the state's education system, medical care for refugees in the camps can't be ensured and the cost for treatment in hospitals is unaffordable for many. Our project starts at this point: we organise the transportation of Syrian refugees from camps of the Sidon area to cooperating medical facilities on a daily basis. We cover the cost for examinations and treatment. We also supply the prescribed medication. In addition to that, we've launched a project for Syrian refugee children with disabilities, which offers them unexpected progress and gives their parents time to look after their other children or search for a job.

SIERRA LEONE

In Sierra Leone we look after the largest regional children's hospital called Ola During Children Hospital (ODCH) in Freetown. Here we organise and finance the delivery of medication and medical equipment as well as the construction and maintenance of buildings and the infrastructure of the hospital. Furthermore, we send medical staff to treat patients, train local staff and optimise administrative procedures in the wards and in management.

We are also carrying out a hygiene project in the capital's slums. Here the public toilets are cleaned several times a day and hygiene products are supplied.

Apart from that, we operate a shelter for street kids, called Pikin Paddy, where the children receive psychosocial support. Besides that, the children receive school-like classes, they can participate in sports or creative activities, and they receive regular meals and a safe place to sleep. If necessary, medical treatment is provided. The support leads to the children being reintegrated into their families and school.

35

ACTION

Other projects

Committment worldwide

36

SOMALIA

In Somaliland, an independent yet internationally not recognised region in northern Somalia, we run a hospital in Caynabo as well as a mobile clinic to provide medical care for the population after the great drought of 2017.



37

REFLEXION

Reflected, Active & Transparent



REFLECTED

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

ACTIVE

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

TRANSPARENT

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



REFLEXION

Controlled aid worldwide



40 MONITORING PROJECT PROGRESS

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

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

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

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

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

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

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

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

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

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

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

REFLEXION

Risk and Hazard Management



MANAGEMENT OF RISKS AND HAZARDS

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.

RISK AND RISKMANAGEMENT

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 pur-

poses. Administrative expenses cannot be completely avoided. Without a functioning and effective administration the implementation of projects is not possible. For example, we need a cash register system in each country of operation, and staff to administer it.

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

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

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

THREAT AND THREAT MANAGEMENT

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

As an organisation financed almost exclusively by private donations, we are dependent on donors. If they fail to materialise or decline significantly we must react accordingly. True to the ideal of far sighted planning, we are already extending our fundraising efforts to other avenues. For example, we apply to private foundations, international competitions and public donors for part financing

of projects, always taking into account that the thematic orientation of the potential donors have to align with our own philosophy. It is very important that our self-determined work in the crisis countries is not influenced or even impaired by these new financing models. In addition, this type of fundraising must not be linked to a disproportionate increase in administrative costs.

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



REFLECTION

Chronology of a project



SUCCESS AND IMPACT CONTROL

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

1. EVALUATION JOURNEY

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

2. LEVERAGE OF EXISTING STRUCTURES

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

3. STAFF TRAINING

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

4. TRANSFER OF PROJECTS

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

REFLECTION

Principles of our work



FUNDAMENTALS OF OUR WORK

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

STRENGTHEN
REGIONAL INITIATIVE
AND PROMOTE SELF-HELP.

WE ARE INDEPENDENT -
MAINTAINING OUR
OWN FREEDOM OF CHOICE
AND FREE FROM MILITARY
AND ECONOMIC INFLUENCE
BY THIRD PARTIES.

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.

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

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

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

WE ARE
ALWAYS OPEN TO HEAR NEW
IDEAS AND INNOVATIONS FROM THE
LOCAL PEOPLE. AS AN ORGANIZATION,
WE SEE OURSELVES AS CONSTANT
LEARNERS AND STRIVE TO
IMPROVE OUR KNOWLEDGE
BASE DAY BY DAY.

WE CONSTRUCT
OUR ACTIVITIES CLOSE
Y WITH THE PEOPLE IN NEED
AND ALONGSIDE THE LOCAL
AUTHORITIES. OUR WORK IS
PURELY DEMANDORIENTED

CONTINUOUS
DEVELOPMENT
OF PROJECTS AND
EMPLOYEES.

BEING
POLITICALLY INDEPENDENT
DOES NOT MEAN
'HAVING NO OPINION'
AT ALL.

REFLEXION

Our organisational structure



GENERAL ASSEMBLY

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

- 1. Formal approval of the executive 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 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

The audit of our accounts is carried out by an independent auditor. The fee for the 2019 financial statements is 9.947,81 €.

COMPENSATION STRUCTURE

In 2019, the total annual remuneration of head office employees amounted to € 69,705.53. Although there are only very few full-time employees, there is a clear structure with regards to salary brackets. Employees remuneration is based on their level of responsibility and length of service. 13 monthly salaries are paid.

Gross annual salary from € to €

Interns:	9.600,-	
Clerical assistants:	25.400,-	41.600,-
Trainees:	26.000,-	30.000,-
Coordinators:	39.000,-	54.600,-
Department heads:	44.200,-	65.000,-
Managing Director:	59.400,-	73.500,-

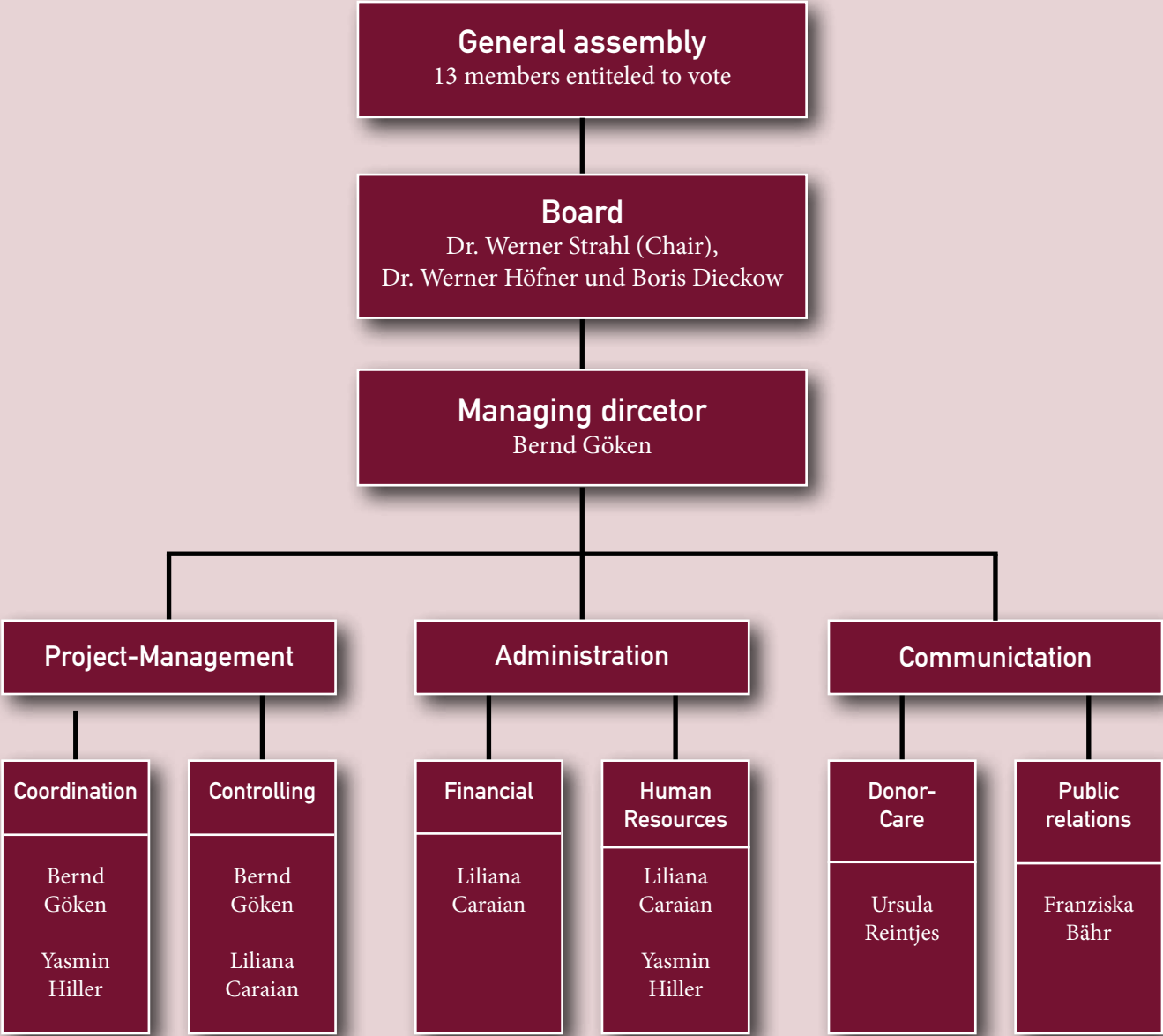
REFLEXION

The main bodies and their functions



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.



FINANCIAL Principles



54

INDEPENDENT AUDIT

Our financial system annually takes an independent and thorough audit. During this, projects as well as the accounting are examined carefully. Besides the coherence of the settlement, the transparency and traceability of the internal processes are assessed as well. As in every previous year, our financial accounting also passed the examination for 2018 and once again we received unrestricted auditors' report.

NO ENTRY WITHOUT RECEIPT

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

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 donors by showing them concrete numbers which means they provide for us and how we allocate them to our projects.

55



FINANCIALS

Expenses by project country (in Euro)

	Free funds	Earmarked funds	Total
Africa			
Mozambique	96.940,46	206.930,14	303.870,60
Sierra Leone	564.770,41	135.729,42	700.499,83
Somalia	432.234,12	10.567,81	442.801,93
Sudan	1.109.972,81	25.207,00	1.135.179,81
Uganda	149.973,28	2.723,11	152.696,39
Central African Republik	655.517,58	3.533,76	659.051,34
Asia			
Afghanistan	327.065,08	9.505,67	336.570,75
Bangladesh	205.705,54	5.057,50	210.763,04
Lebanon	169.370,08	93.210,00	262.580,08
Mongolia	12.449,95	80,00	12.529,95
Nepal	41.792,56	23.585,00	65.377,56
Syria	191.988,63	9.283,00	201.271,63
South-America			
Venezuela	2.995,60	-	2.995,60
Total expenses project countries	3.960.776,10	525.412,41	4.486.188,51



Expenses for project management,
Administration and public relations

	Expenses (in Euro)
Project management	4.486.188,51
Administration	107.470,33
Public Relations	185.120,91

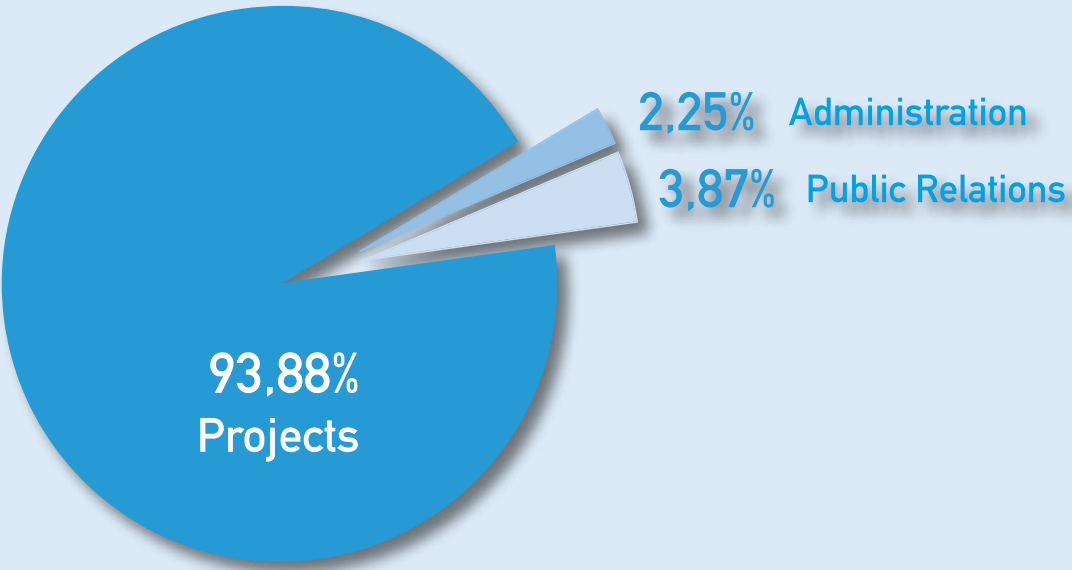
Expenses in %

	Ausgaben (in Euro)	Prozent
Projects	4.486.188,51	93,88 %
Administration	107.470,33	2,25 %
Public Relations	185.120,91	3,87 %
Total	4.779.054,98	100 %

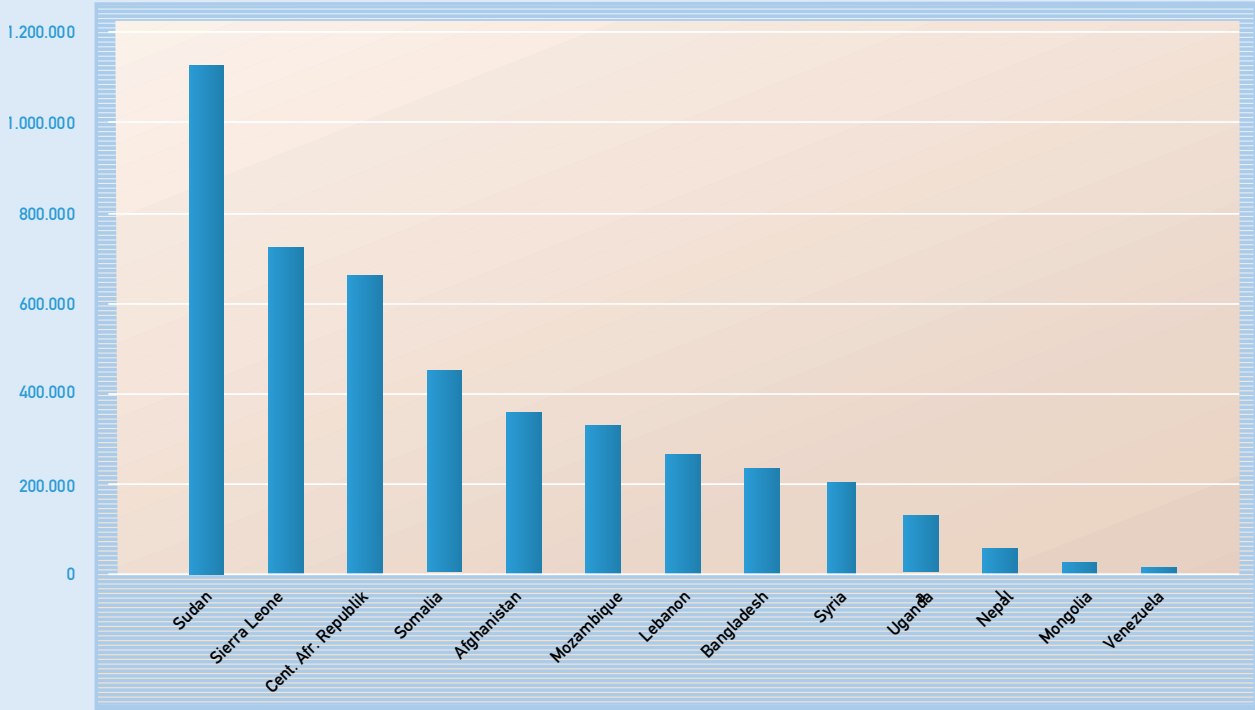
FINANCIALS
Expenditures



Expenses in %



Expenses by project country (in %)



FINANCIALS

Expenditures



Development of expenses

Year	Expenses by project
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
2019	4.779.054,98

Development of expenses (in Mio. Euro)



FINANCIALS

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



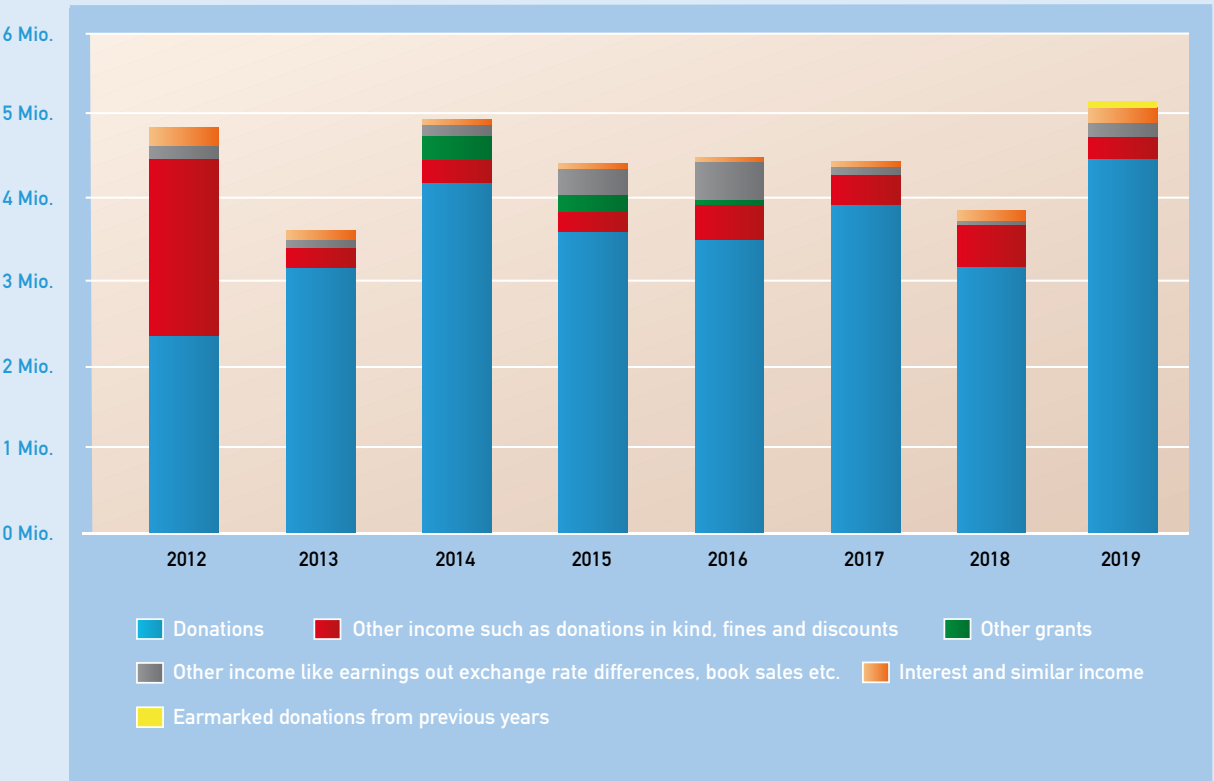
Country	Region	Activities	Project expenditures (in Euro)
Afghanistan	Herat, Shade	Midwives- and nurses education, extra tuition, support for a hospital, support for a dialysis ward	336.570,75
Bangladesh	Joypurhat, Noagaon Cox's Bazar	Care and supply for four governmental and three non-governmental hospitals	210.763,04
Libanon	Sidon	Transportfahrten von Flüchtlingen aus den Lagern in Gesundheitseinrichtungen, Übernahme der Behandlungs- und Medikamentenkosten, Physiotherapie für Flüchtlingskinder mit Behinderung	262.580,08
Mongolei	Zuunbayan-Ulaan	Renovierung einer Sekundarschule sowie des angeschlossenen Internats; Kauf eines Schulbusses	12.529,95
Mozambique	Buzi	Emergency aid after cyclone "Idai", reconstruction of a hospital	303.870,60
Nepal	Judeegaun, Chandeni	Construction and support of two schools	65.377,56

Sierra Leone	Freetown	Support for a children's hospital, supply of medicines and technical equipment, caretaking for a street kids-project and an hygienic project in the slums of the city	700.499,83
Somalia	Saba-wanaag, Caynabo	Supply of drinking water and food for the people, support for a hospital and a mobile klinik	442.801,93
Sudan	Nuba mountains	Operation and support for several hospitals, operation of a Feeding-Center, caretaking for pregnant women, vaccination program	1.135.179,81
Syrien		Medical support for refugees in Syria and in Jordan	201.271,63
Uganda	Kiryan-dongo	Refurbishment and operation of the district hospital, supply of medicines and technical equipment, and staff training	152.696,39
Venezuela		Evaluation visit for new projects	2.995,60
Central-African Republick	Bangui	Refurbishment, construction of pediatric station and supply for the district hospital in Bossembélé and the hospital in Yaloké	659.051,34

FINANCIALS

Income

Development of income (in Mio. Euro)



*less unused earmarked donations

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

Development of income (in Euro)	2019	2018
Donations	3.746.938,60	3.145.235,11
Free donations	3.188.706,14	2.903.512,69
Earmarked donations	526.149,65	274.316,42
Use of earmarked donations from previous years	33.158,81	-
Unused earmarked donations from previous years	-1.076,00	-31.614,00
Deduction of membership fees	-	-980,00
Donations in kind	188,76	235,38
Inheritance	149.202,83	590.560,13
Membership fees	1.140,00	980,00
Fines	3.136,70	15.800,00
Governmental Subsidies	-	-
Subsidies from other organizations	-	-
Other income	36.598,23	51.840,94
Operational income	75.948,35	104.048,71
Deduction for currency fluctuations	-39.350,12	-52.207,77
Interest- and asset income	99.511,16	125.850,39
Income from securities	51.293,08	64.618,69
Other interest and similar income	8.867,96	9.023,93
Income from currency valuations	39.350,12	52.207,77
Total income*	4.036.716,28	3.930.501,95

FINANZEN
Aktiva / Passiva



AKTIVA	31.12.2019	31.12.2018
Property, plant and equipment	2.555,00	2.720,00
Financial assets and securities	4.728.819,63	5.085.606,19
Cash on hand and bank balances	2.099.573,87	2.447.001,68
Claims	46.971,50	54.689,13
Accruals and deferrals	19.888,56	22.322,92
	6.897.808,56	7.612.339,92

PASSIVA	31.12.2019	31.12.2018
free association means	7.534461,47	8.240469,28
Free reserves from inheritances	- 742.338,70	- 706.007,81
Provisions	92.500,80	35.472,01
Liabilities	13.184,99	42.406,44
	6.897.808,56	7.612.339,92

FINANCIALS

Auditor's Report



68

**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 2019 to December 31st 2019. 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, July 6th 2020

**W I R O G GmbH
Wirtschaftsprüfungsgesellschaft**

Daniel Hübner
Wirtschaftsprüfer
(German Public Auditor)

69

DONATE

Thanks to our donators

Dear donators, without your contribution our work would not be possible.
Here is an overview of your commitment in 2019:

511.238	Total donators
15.312	Donations
1.927	new donators
12	Birthday Donations
2	Donations at weddings
12	Donations from bereavements
215	Company Donations
16	Donations from foundations

CONTACT



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

Feel free to contact us.

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

Phone: (0) +49 221 - 9 13 81 50
Fax: (0) +49 221 - 9 13 81 59
E-Mail: office@cap-anamur.org

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



Cap Anamur / German Emergency Doctors e.V.

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