Annual Report 2021

Cap Anamur / German Emergency Doctors

CAP ANAMUR
GERMAN EMERGENCY DOCTORS

Imprint

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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.

Editorial: Interview with Volker Rath and Dr. Werner Höfner on emergency aid in Ukraine

Volker Rath and Dr. Werner Höfner, CEOs of Cap Anamur, report on our emergency aid in Ukraine. Both went to Ukraine in early March, shortly after the outbreak of the Russian war of aggression, to organize and implement our emergency aid on the ground.

Cap Anamur has been in the Ukrainian city of Novoselytsia since the beginning of March, organizing from there to supply medical facilities with essential materials and medicines. Why was our emergency aid started from there?

VOLKER RATH: The first situation analyses after the attack on Ukraine, which was criminal under international law, showed that actions were prepared very quickly by other organizations via Poland to Lviv in western Ukraine, while hardly any actions were started in the southern part on the borders of Moldova and Romania. Independently of each other, Dr. Höfner for Romania and I for southern Ukraine established initial contacts, which then proved to be congruent. Thus, within days, we were able to set up an emergency aid project with all the necessary items. With its location in the border triangle of Ukraine, Moldova and Romania, the site seemed to us to be a good logistical starting point for further actions, which was confirmed in retrospect.

DR. WERNER HÖFNER: The war came as a complete surprise to all of us, so we had to make a quick decision. We knew that the help would be concentrated mainly on the Polish-Ukrainian border near Lviv, so we looked for a „side entry“ from Romania. Volker had a contact in the town of Novoselytsia on the Ukrainian side and I had a contact through neighbors here in Munich in the border town of Suceava in Romania, where it was still possible to buy everything in the wholesale markets and central pharmacies, which made our first border crossing with a van much easier.

Describe your first impressions upon arrival in Novoselytsia.

VOLKER RATH: From the first day of planning, we were in telephone contact with Anna, who has become a mainstay of our project. She is a professional English-Ukrainian interpreter and well connected in the country. Thus, we were able to plan very precisely with which relief supplies we would have to start the project before our arrival. Anna was also the one who welcomed us in Novoselytsia and organized the contacts to the local authorities and medical institutions. The first nights we slept in a classroom of a school and were lovingly cared for by the people living there. Unusual was the almost permanent nightly alarm to

which we then had to get used quickly. The first contacts with the internally displaced persons were marked by shock, horror and sadness.

Already on the second day we were able to move into our current storage rooms, which were made available to us free of charge by the municipality. On the third day we moved into an apartment right next to the camp.

DR. WERNER HÖFNER: When we first arrived, we were completely surprised by the commitment and conviction of the population to stand together and win this war.
In the school where we slept for the first time, the students had woven camouflage nets from scraps of cloth in the classrooms, and the gymnasium was a refugee shelter.
The general mood, despite the threatening situation, was calm and determined and impressed us very much.

How has the emergency aid developed over the last few weeks. Cap Anamur has, after all, extended its radius of action to Kiev and eastern Ukraine.

VOLKER RATH: The unpredictability of the attackers requires constant monitoring of the situation. Bridges were destroyed here, gas stations there. After all, aid deliveries to the embattled areas are supposed to arrive and, above all, employees are not supposed to be endangered. In cooperation with the mayors of the towns at risk, we have found a good way of supplying medical facilities with urgently needed materials.
We established closer ties with the regional hospital in Vasylkiv during the unrest in the greater Kiev area. The hospital is a contact point for many smaller communities on the outskirts of the capital that suffered greatly from the aggressive attackers. Among other things, we have ensured that diagnostics can be completed more quickly and that emergency operations can also be performed in parallel.

DR. WERNER HÖFNER: As we have expanded our activities into the greater Kiev area and beyond, we have focused more on medical needs, such as medicines that would otherwise be unavailable locally, especially for chronic diseases such as diabetes or high blood pressure.
In parallel, we have always provided support for internally displaced persons and, in special cases, procured medical equipment for clinics.

How did you perceive the situation in Ukraine? Were there any critical moments?

VOLKER RATH: Well, we know that guided weapons in particular can cause damage anytime and anywhere and a certain tension is present throughout, also because of the constant alarm. On the other hand, we are not soldiers, but humanitarian aid workers who take care of people on the sidelines. With our past missions, we have all learned to assess risks accordingly and to react, knowing that there is always a residual risk.

How will the aid in Ukraine continue in the future? Will Cap Anamur remain in Ukraine?

VOLKER RATH: Unfortunately, the number of internally displaced persons is constantly increasing. These people who have lost their homes, their jobs, their belongings need our help in a country with destroyed infrastructure in the middle of a war. At some point, after the injured have been taken care of, we will have to talk about reconstruction.

DR. WERNER HÖFNER: Unfortunately, the war is likely to drag on for some time, so we will certainly stay longer, especially since our reconstruction aid will be needed even after peace has hopefully been achieved soon.

In addition to the large cities, many villages in the combat zones will also be destroyed, and Cap Anamur has a lot of previous experience in this area. I only remember the 3,000 houses in Kosovo or the reconstruction after the flood disaster in Pakistan.

What situations / moments do you remember after the mission in Ukraine.

VOLKER RATH: The social cohesion and patriotism! Ukraine has changed a lot and developed enormously in the last years after the riots of the Maidan. On the side of the aggressor soldiers are fighting and on the side of Ukraine the whole people are fighting.

DR. WERNER HÖFNER: I was very affected by the first meeting with refugees from Kiev on our arrival day. The many mothers with small children and grandparents who were brutally torn from their accustomed lives overnight, so to speak. Even after 40 years of humanitarian aid, my eyes were moist.

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.

Crisis area: Example Afghanistan
Improvement of medical care

Why we are here

For decades, Afghanistan has been a country with a complex security situation, in which rival militia groups try to take advantage of the unclear power structures in the country's 34 provinces for their own ends, while the government's sphere of influence usually does not extend beyond the capital Kabul. With the official end of the Afghanistan mission and the withdrawal of U.S. and international troops, the situation in the country remains critical. The Taliban took power in the summer of 2021 and formed a government.

The situation of the civilian population in Afghanistan is persistently problematic. Many people are fleeing war, violence and a lack of prospects. The result is an exodus of skilled workers and academics who could make a major contribution to the country's social and infrastructural development. Large parts of the country are chronically underserved medically, and rural regions in particular lack doctors, midwives and health care facilities. The long journeys to the few hospitals are not only dangerous for the rural population, but also expensive and hardly manageable for seriously ill or heavily pregnant women.

What we want to achieve

Cap Anamur works continuously in Afghanistan to improve medical care - especially in rural areas. In addition to building hospitals and setting up a dialysis station, our measures also include training programs for the local population, such as nurses or midwives.

How we proceed

Cap Anamur offers a three-year training program to become a nurse, which is aimed at women and men from rural areas. Once they finish the training, they commit to returning to their home villages for a period of time to improve medical care there. Previously, we had offered two training paths for midwives and nurses for years.

Since 2015, we have also been operating the dialysis station at the regional hospital in Herat, and since 2018 we have been offering a tutoring project for low-income students. With the tutoring project we enable students, and so far also female students, from destitute families to better prepare for upcoming exams. This has made it possible to significantly increase the number of school graduates from the poorest families in recent years. Unfortunately, since the Taliban only allow girls to at-

tend school up to the 6th grade, no girls have been taught in the tutoring project since 2021.

The dialysis center in Herat is the only state-run one in Afghanistan. Cap Anamur supports the operation of the center by providing financial resources and technical equipment. In return, it guarantees that vital treatment is made possible, especially for people who cannot afford the expensive dialysis procedure. At the beginning of 2021, we were able to send two more dialysis machines, a donation from Göttingen University Hospital, to Afghanistan to perform even more life-saving dialyses in the future.

With the Taliban coming to power in August 2021, the living conditions of the people in Afghanistan have worsened extremely. People are increasingly struggling with a humanitarian catastrophe, as the supply situation in the country is devastating.

The banking, health and education systems have collapsed under the Taliban. The currency has lost massive value and prices for almost all goods have risen sharply. Unemployment is high and people lack money for basic necessities: food, clothing, heating fuel, gas for cooking, medicines, and farmers lack money for seeds. Therefore, in the winter of 2021, Cap Anamur distributed 80 tons of food to 2,100 families affected by absolute poverty.

How successful we are

In 2021, the dialysis unit we support in Herat carried out a total of 1,514 dialysis patients, of which 994 were men and 470 were women. We can perform up to 160 dialyses a day.

In our training program, since 2009, a total of over 200 graduates have completed midwifery and nursing training and are already working in rural areas. The current training course is attended by 37 young women who are expected to complete their training in the spring of 2023.

The tutoring courses are attended by a total of 700 students. In 2021, there were over 2,000 applicants, and unfortunately we could not accommodate all of them.

How we monitor

In Afghanistan, we work with a team of about 25-30 employees. Administrative and accounting tasks are handled by a team, which in turn is led by a local coordinator. The dialysis station is run by the regional hospital in Herat. Cap Anamur supplies the station with the necessary dialysis sets so that the treatments can be carried out. The corresponding demand for these sets and necessary infusions is communicated to us and we purchase them accordingly in the country. The teachers of the training institute are also employed by Cap Anamur. The training plan for our nursing courses is coordinated with the local Ministry of Health. The final exams are then also approved by the ministry, so that they are certified by the state. The teachers of our tutoring project are paid by our organization and besides the tutoring hours we also support the students with school material. In regular intervals our project coordinator visits the running projects in Afghanistan. During these visits, the accounting records of the individual projects are checked (a receipt must be available for every expenditure).

What happens next

Events in the wake of the withdrawal of international troops from Afghanistan and the Taliban's seizure of power in the summer of 2021 are changing the country. Our work is also affected, but so far continues. As our longtime project director, Faisal Haidari, describes it: „The work continues - under much more difficult and uncertain conditions, and we are concerned about the future of the country."

The measures taken by the Taliban so far mainly affect girls and women in the country, whose access to education and equal rights is once again severely restricted. In cooperation with our local contacts from the government and administration, we try to continue our projects in the best possible way, as they are urgently needed in the future as well.

ACTION
Medicine: Example Sudan
Mother-Child Care

Why we are here

For decades, Sudan has been the scene of armed conflict between the official government and rebel groups. The 2011 secession of a South Sudan independent of the north intensified the fighting, particularly in the border state of South Kordofan. In 2019, the uprising movement led to the ousting of the presidents and the formation of a new transitional government composed of civilians and the military. However, a new military coup in 2021 has again exacerbated the situation.

The civilian population suffers most from the fighting between rebels and government troops. They flee their home villages, which are often under fire, and seek shelter in the caves of the Nuba Mountains. However, lack of food, low water reserves and poor medical care quickly turn life in the mountains into a struggle for survival.

What we want to achieve

Cap Anamur has been providing basic medical care in the Nuba Mountains since 1997 with its own hospital in Lwere. With three more clinics within a radius of about 150 kilometers, we have been able to significantly expand our aid. In total, our work in Sudan reaches over 200,000 patients annually.

We offer a wide range of consultation and treatment services, as well as the opportunity to be admitted as an inpatient in the case of serious illnesses, and to undergo surgery and receive follow-up care if necessary. The doctors and nurses we send to the hospital provide ongoing training for local staff in all specialist areas. In particular, we further expanded the area of mother-child care in 2021 with a newly built maternity ward.

How we operate

In our central hospital in Lwere, we operate an emergency room and a separate operating room, as well as a laboratory, a pharmacy, beds for inpatient treatment and rooms for various consultations. The maternity ward is a separate building with examination and delivery rooms, a milk kitchen and a surgical procedure room. Pregnant women are professionally accompanied by our midwives, nurses and medical specialists, starting with prenatal examinations, supporting them through delivery, to postnatal care. In addition, we offer postpartum care and care for critical pregnancies, as well as family planning and counselling, and medical treatment for sick pregnant women. Permanent training of local staff is important for the sustainability of the project – whether this is for direct patient care, the evaluation of laboratory results or in the handling of the medical equipment.

In the newly built maternity center, we can now offer even more women comprehensive prenatal and birth care. The care of mothers and children, before and after birth, is therefore an important part of our work in the Nuba Mountains. To this end, we have provided appropriate training to local midwives in recent years. In 2021, Cap Anamur again had medical staff on duty to support the work in the mother and child ward. Until the summer of 2021, there was a gynaecologist on site who attended many births and also performed emergency caesarean sections. The midwife sent by Cap Anamur, together with the medical staff, cared for the expectant mothers and attended to the new-borns. The new maternity ward was very well received and so we had significantly more births than the previous year. We are able to provide even better care for premature babies and twin births and have recorded significantly better survival rates here.

How successful we are

We were able to significantly improve the area of mother-child care in 2021 thanks to the new maternity ward. There were a total of 8,782 patients in maternity, of whom 1,862 were treated as inpatients. In 2021, we had an average of 25 births per month and over 600 prenatal consultations. Improved care for premature or twin births is one of our success stories.

How we control

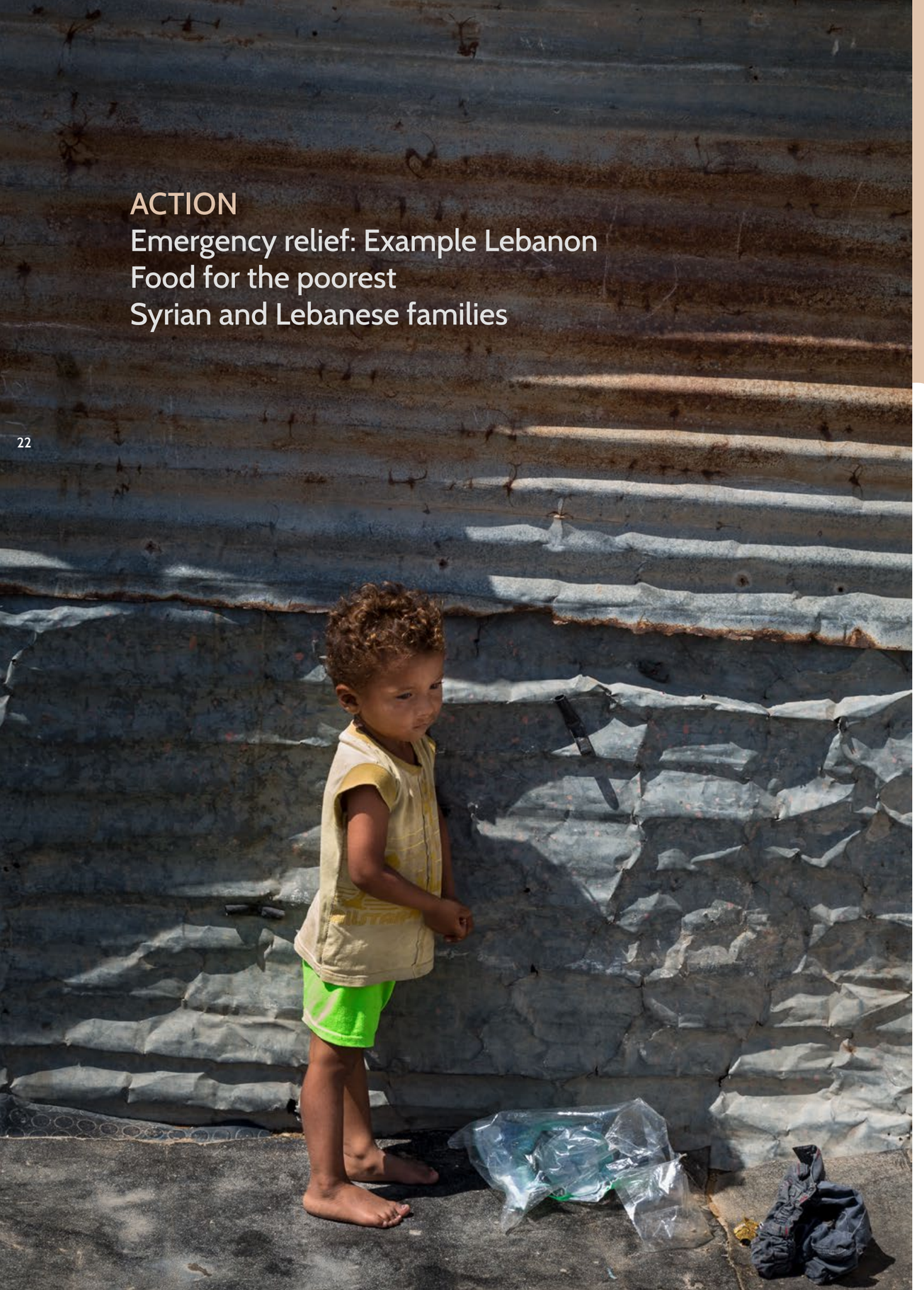
We deliver a large shipment of medicines, food and construction materials to the hard-to-reach region twice a year. The logistical process is subject to strict control from purchase to delivery. After carrying out a needs analysis, we plan the purchase and check out offers from various distributors. Once a supplier is found, our team supervises the delivery and loading, transport and unloading of the goods. Once at the destination, the entire load is checked for completeness and then deposited in our storage facilities.

Each step is checked separately by the Cologne headquarters, corrected if necessary and finally approved. Payment transactions in particular are subject to control from Cologne and are handled on a dual control basis. In our hospital, only authorized personnel are allowed to enter our medication warehouse and withdraw daily supplies. All withdrawals are documented. Cash on site is stored securely and is only accessible to the responsible cashier. The cashier prepares a statement of all cash receipts and disbursements, which must be verifiable by receipt. Monthly cash statements are then sent to the central accounting department in Germany, where they are checked again. Patient statistics and reports on medical and construction activities are sent to project coordination at the same intervals. In addition, there is a permanent exchange of information on the political situation and thus on the threat situation in the region via satellite-based communication media.

What happens next

After a lot of political activity in the Nuba Mountains in 2020, there was another military coup in 2021, which continues to cause further suffering among the civilian population to this day. As an integral part of the local community, we will continue to assist the local population by offering basic medical care. Whether we are able to expand our radius of action to include new areas will depend on the respective danger situation.

One thing is certain: in 2022, we will again be sending highly qualified medical professionals to the project to provide further training for local staff. In addition, the emergency room of the hospital site will be rebuilt.



ACTION
Emergency relief: Example Lebanon
Food for the poorest
Syrian and Lebanese families

Why we are here

The economic and political situation in Lebanon has been getting more and more catastrophic for years. Since 2016, Cap Anamur has been working in Lebanon, in the settlements of Syrian families who have fled, in the Sidon area. Currently, inflation is rising faster than ever before and many essential goods are no longer affordable for the majority of the population. With the increasing economic crisis, the effects of the Corona pandemic and finally since the explosion in Beirut, the situation in Lebanon is getting worse. Victims are the poorest of the population and the approximately 1.2 million Syrian refugees who struggle daily to survive.

Many Syrian refugees have crossed the border to Lebanon to seek safety from the war in their own country. Here, they mostly live in large campsites with no financial security and uncertainty about if and when they will be able to return home. Many of these settlements are located in the Sidon area, south of the capital Beirut. There is no adequate medical care there. Since consultation and treatment in health facilities in the region is not free of charge for Syrian refugees either, many people remain without medical care even for acute illnesses.

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What we want to achieve

The supply situation for poor people in Lebanon is catastrophic. Since the outbreak of the Corona pandemic, the living situation has worsened, especially for Syrian refugees. The curfews at the beginning of the pandemic resulted in the drying up of earning opportunities as day laborers. Food has become unaffordable due to the economic crisis and medicines are in short supply.

Therefore, in addition to providing medical care to Syrian families, we increasingly provided food parcels to completely destitute families in 2021.

How we operate

Cap Anamur has been working in Lebanon in the Sidon area since 2016. Our medical care includes the operation of a mobile clinic that offers consultation hours in the housing settlements of Syrian refugees. In addition, we have been operating a physiotherapy practice since 2018, for the treatment of children with mental or physical disabilities. If needed, we organize daily transportation to cooperating health facilities.

We cover the costs of examinations, treatments and medications and also support some of the poorest families with food parcels. Mostly it is single women, widows or orphans that we help. A food package includes oil, sugar, rice, pasta, salt, tomato sauce, bulgur and sometimes sweets for the children.

How successful we are

With our mobile clinic we treat about 1,500 - 2,000 people per month. In the physiotherapy practice, we conduct up to 210 therapy sessions per month for an average of 40 children. We regularly distribute food parcels to about 2,000 Syrian and Lebanese families affected by absolute poverty.

What happens next

The situation in Lebanon is catastrophic - Cap Anamur stays. The already precarious supply situation was further aggravated by the additional fuel shortage in the summer of 2021. Power outages for hours across the country were the result, as electricity in Lebanon is supplied by gasoline-powered generators. Cold chains collapsed, and tons of much-needed food spoiled. Food and also medication became more expensive as a result. The operation of hospitals also depends on a functioning power supply. The financial and economic crisis and the prevailing corruption are well-known factors that have currently led to inflation rising faster than ever before. Many essential goods are no longer affordable for the majority of the population.

Despite the circumstances, we continue to provide medical care with our mobile clinic. By distributing food parcels, Cap Anamur supports those severely affected by poverty. And by running a physiotherapy practice, we are able to provide help to some children.

ACTION

Education: Example Central African Republic
Further training for local staff

Why we are here

Since independence from colonial power France in 1960, violent changes of power have been the norm in the Central African Republic. Since the last coup in 2013, there has been civil war and the fighting between rival militia and rebel groups has dominated people's lives. The conflict is as much about religious motives as it is about political and economic power, as well as securing territorial claims and valuable resources. The election of Faustin Archange Touadéra as president in February 2016 and numerous peace treaties between rebel groups and the government in Bangui have not yet led to any lasting calming of the situation. Nationwide armed clashes have continued since the December 2020 election. Rebel groups and militias control about 80% of the country; large parts are considered ungovernable.

The social situation is devastating. There are hundreds of thousands of refugees throughout the country. The Central African Republic is listed by the United Nations as the second poorest country in the world, with an annual per capita income of $476.85 (World Bank 2020). Medical care for the population is disastrous and completely inadequate.

One example of this is the district hospital in the town of Bossembélé, which was once in serious disrepair. It is located about 160 kilometers northwest of the capital Bangui. Care for the approximately 130,000 people living in this region could no longer be guaranteed. Fled specialist staff, a lack of medicines and buildings that were ripe for demolition rendered the clinic practically incapable of acting. In the meantime, thanks to the efforts of Cap Anamur, it has become the most efficient hospital in the region.

What we want to achieve

In the Central African Republic, our long-term goal is to build an interdisciplinary hospital complex in Bossembélé and Yaloké. This is intended to provide a functioning center for health care in the entire region. To this end, we are constantly training the local medical staff through seconded specialists. In close cooperation, the daily hospital routine is mastered together.

How we proceed

At our project site in Bossembélé, we supervise the regional hospital. Here, the medical professionals sent by Cap Anamur work directly in the care of the patients on a daily basis and provide professional training to the local staff. In this way, best practices can be communicated and a sustainable transfer of knowledge can take place. In 2021, we provided advanced training in anesthesia. A total of 5 local employees participated in the training. This included both practical and theoretical hours and a demanding final examination. For example, the participants were taught how to use spinal anesthesia. Our female physicians accompanied the practical application of anesthesia well beyond the training period so that safe handling was learned. In the fall of 2021, the Central African government also provided our hospital with a ventilator under the government's COVID program. The use of this device was also trained by Cap Anamur staff within intensive training courses.

How successful we are

In 2021, we treated about 45,000 patients at our central site in Bossembélé. The hospital's vaccination program also provided about 5,200 vaccinations, for example against polio or measles, to the population. In July 2021, Cap Anamur was commissioned by the Ministry of Health to implement the coordination of a COVID-19 vaccination campaign in the Bossembélé area. Our medical professionals assisted hospital staff in this effort.

How we control

Our staff in Germany and the Central African Republic thoroughly check every step in the project process. Our local project coordinator is in regular contact with the Cologne office. Any new purchases are checked and discussed. The need for medicines and medical equipment is brought to us by the hospital management and checked in the same way. Subsequently, our coordinator takes care of the procurement and purchase of the materials locally or in one of the neighboring countries, e.g. Cameroon. As in all projects, the purchase is also based on the well-known principle: No expenditure without receipt. Every flow of money is receipted and proven to the Cologne accounting department. Monthly statements make the financing system transparent. The documentation of the project is the responsibility of our seconded medical staff and our coordinator. Monthly reports document the day-to-day running of the hospital and the projects that are pending or have been implemented with regard to remodeling measures, further training projects, and much more. In 2021, a project visit was made by our board member Dr. Werner Höfner, who got a personal impression of our work on site and discussed new project ideas with those responsible.

What happens next

In 2022, there is still a lot to do in the Central African Republic. We continue to send medical professionals to train the local staff and work directly and together with them in patient care. In addition, we are building new school buildings from the ground up for 300-400 students per building.

ACTION

Construction: Example in the Central African Republic
Aid for an ailing education system

Why we are here

The illiteracy rate is around 60% amongst those over 15 years of age in the Central African Republic. The education system suffered greatly during the years of civil war. While the majority of schools were destroyed, only very few were replaced, due to lack of state resources available for reconstruction. In addition, many children in rural areas are not even enrolled, since they must work to contribute to the family‘s income, for example in agriculture.

The effect we wish to achieve

School attendance is cumpulsory between the ages of 6 and 15 years in the Central Republic of Africa. Actual attendance is free, but costs for school supplies and transport to and from school must be carried by the families. Only a few can afford such expense. As a result, despite compulsory attendance, very few actually attend lessons. Through construction of new schools, we provide the necessary infrastructure to accommodate more boys and girls. We also regularly provide pupils with school supplies, which many families cannot afford.

How we proceed

In close cooperation with our on-site project coordinator and the local community, we research the need for new school buildings. In 2021 we completed or initiated the following school projects:

Construction of a new primary school in Bowesse 2 was planned in the spring of 2021. The village is a 90-minute drive from our clinic in Bossembélé. Currently, around 1,332 people live in the small village.

The previous school was completely derelict, and consisted basically of a roofless wooden skeleton. For some time, this provisional school served around 580 pupils. Both village churches offered an interim solution. However, the boys and girls didn‘t even have enough seating, and were forced to attend lessons standing up. They carried the blackboard into the interim school before each class could commence.

No government funds were available for restoration of the derelict village school. Thus, the mayor of Bowesse 2, in cooperation with the village community, approached the Cap Anamur project coordinator with the request for support.

We ensured that as many of the construction workers as possible were from the region. Building materials were locally sourced, and the furniture build by local craftsmen and women. This increa-

sed people's identification with the construction project.

How successful we are

In the autum of 2021, we finalised construction of the primary school in Bowesse 2, in the District of Bossembélé. A modern and spacious school complex for around 580 pupils has been created. By the end of 2021, we commenced construction of a further primary school in Bossongo Café, and estimate completion by the middle of 2022.

How we monitor

Our colleagues in Germany and the Central African Republic thoroughly check every step during project duration. Construction stages are planned and checked by experts, necessary materials exactly calculated and consequently compared with tenders from various local dealers before orders are placed. A documentation system is employed to oversee the movement of all goods. Processing of all building materials is traced and logged. We are thus able to ensure that materials such as timber, steel and tools are neither wasted nor stolen during the building phases. Our construction manager is permanently on-site, which enables us to continuously follow the progress of all construction measures, and to intervene if necessary. As with all projects, procurement follows the proven principle: No issue without receipt. Every cash flow is acknowledged and documented to the accounts department in Cologne. Monthly validations ensure that the financing system remains transparent.

How to proceed

Renovation or replacement of derelict school buildings will not be financed through government funding in coming years. For this reason, Cap Anamur will consider further school construction projects, to assist the ailing education system and provide the infrastructure necessary for children's education.

ACTION
Other projects – Worldwide engagements

Bangladesh

In Bangladesh, we cooperate with four public and three non-public hospitals to give the country´s poorest free access to the healthcare system. Cap Anamur provides medicine, technical equipment, medical tools and supplies at the medical facilities.

Above all, for women, who are severely disadvantaged throughout the country, this offer constitutes an opportunity for adequate medical care, which is primarily used by pregnant woman. In 2021, counting all participating hospitals, we treated more than 200.000 patients. Furthermore, we distributed 150.000 masks at various locations to the poorest people in the course of the COVID-Pandemic.

Jordan

In early 2021 we conducted a three-month-long project in Jordan, in collaboration with the Association of International Cooperation (GIZ) on behalf of the Federal Republic of Germany. This program targeted Syrian refugees residing in Jordan with employment in the waste sector. The aim of our project was to provide the participants with a basic knowledge of the topics general health, Occupational safety, COVID-19, Tetanus and hygiene. As part of the 12-week program, basic medical care and counselling was also provided to participants, at the various locations. In addition, they were given practical training in the correct use of their work clothing and the adherence to protective measures. The initiative was intended to improve the general knowledge and awareness of the aforementioned topics and the general state of health of the workers.

Sierra Leone

Street Children Shelter

In 2021, we took in a total of 112 boys and girls in our street children's shelter Pikin Paddy. Of these, we were able to return 60 boys and 52 girls back to their families. Besides the return to the families or corresponding substitutes, we also provided the children with access to education. In 2021, 139 pupils received school support. School support includes school fees, school supplies and mandatory school uniforms, paid for by Cap Anamur. This way, we enable children from the poorest families to attend school, which gives them better opportunities for their future.

Children´s Hospital

Since 2003, Cap Anamur has been working in Sierra Leone in order to rebuild the completely collapsed healthcare system. In Freetown, we support the operation of the Ola During Children's Hospital. There, the posted medical professionals are working to provide for our young patients and teach the medical staff.

The medical care situation in Sierra Leone is catastrophic. There are only 0.1 doctors per 1.000 inhabitants. Furthermore, the state itself is not in a position to guarantee health care for the population. Hospitals, such as the Ola During Children's Hospital, are run by the state, but need the support of non-governmental organisations. Cap Anamur therefore supports the operation of the children's hospital. We send skilled personnel and are responsible for a large part of the medicine

supply. In recent years, our work considerably improved and secured the care situation in the town of Freetown. In a year, the staff at Ola During Children's Hospital treats around 40.000 children.

Hygiene Project

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

The slums are an overcrowded collection of hovels, shacks and dilapidated houses constructed on and among rubbish heaps. In between runs a completely filthy river spur, clogged and polluted by everyday waste, and in which domestic animals wallow. Clean water is a rarity despite the proximity to the ocean.

The households do not have running water. Therefore, toilet houses have been established where the slum dwellers take care of their daily necessities.

In 2014, Cap Anamur included nine of these toilet houses in its hygiene project. At the time, Ebola was rampant in the West African country and hygiene became an important part of epidemic prevention. To date the houses are cleaned daily und users are reminded of important hygiene measures, like washing their hands. We regularly renovate the washhouses, so they are continuously usable.

ACTION
Other projects – Worldwide engagements

Uganda

Cap Anamur renovated and extended St. Claire Health Center Orungo between 2003 and 2014. Since 2014, the hospital has been back under the self-administration of the local staff. To ensure long-term operation of the site, we support the Health Centre annually with a basic stock of medicines. These are used to provide for the people who are unable to afford medical treatment. Among other things, we have thus prevented supply bottlenecks, especially during the pandemic.

Central African Republic

In July 2021, the government of the Central African Republic requested Cap Anamur to conduct a COVID-19 vaccination campaign. Around 2.500 vaccine doses were provided. Large-scale information initiatives were carried out to inform the people in the Bangui region about the vaccination campaign.

We were able to administer the majority of the vaccinations at our site in Bossembélé. Our provided medical staff supported the local personnel with the task.

After another 1.000 vaccine doses were provided, we were able to work in the surrounding area and at our clinic in Yaloké.

REFLECTION
Reflected, Active & Transparent

Reflected

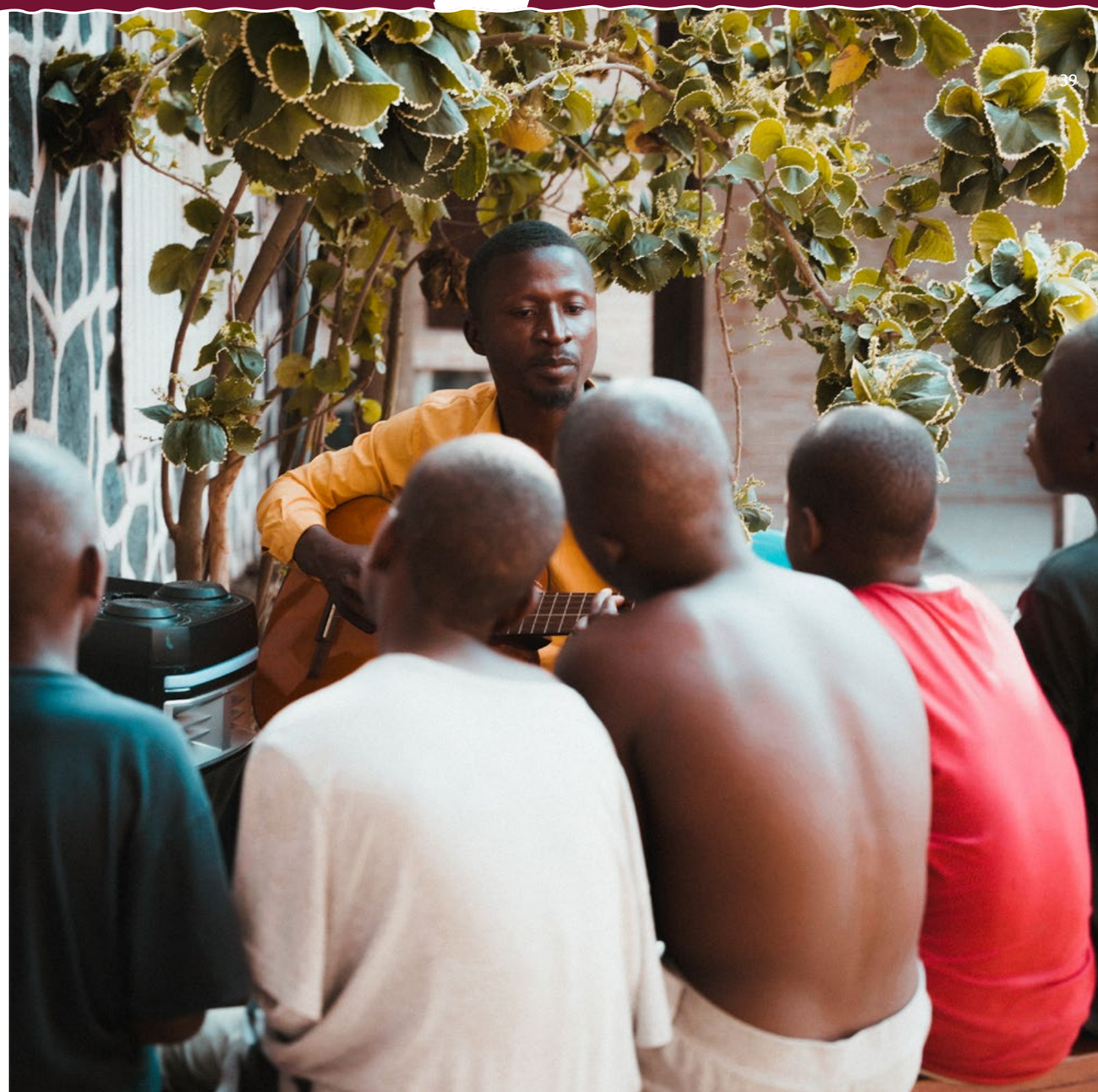
Our professional and experienced team in Cologne accompanies each of our projects with theoretical guidelines that underpin our practical commitment. Any new experiences and reports from our local staff are directly incorporated into this process. The focus is on observing the course of each project,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

Active

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

Transparent

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



REFLECTION
Controlled aid worldwide

Monitoring project progress

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

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

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

REFLECTION
Managing Risk and Threats

Managing Risk and Threats

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

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

Risks and Risk Management

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

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

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

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

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

Threat and Threat Management

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

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

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

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

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

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

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

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

Continuous development of projects and employees.

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

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

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

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

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

REFLEXION
Our organisational structure

General assembly

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

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

Executive Board

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

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

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

Head office

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

Audit

As in previous years, our accounts were audited by an independent auditor. The fee for the 2021 financial statements was 16.832,55 €.

Remuneration structure

In 2021, the total annual remuneration of head office employees amounted to € 69,705.53. Although there are only very few full-time employees, there is a clear structure with regards to salary brackets. Employees' remuneration is based on their level of responsibility and length of service. 13 monthly salaries are paid.

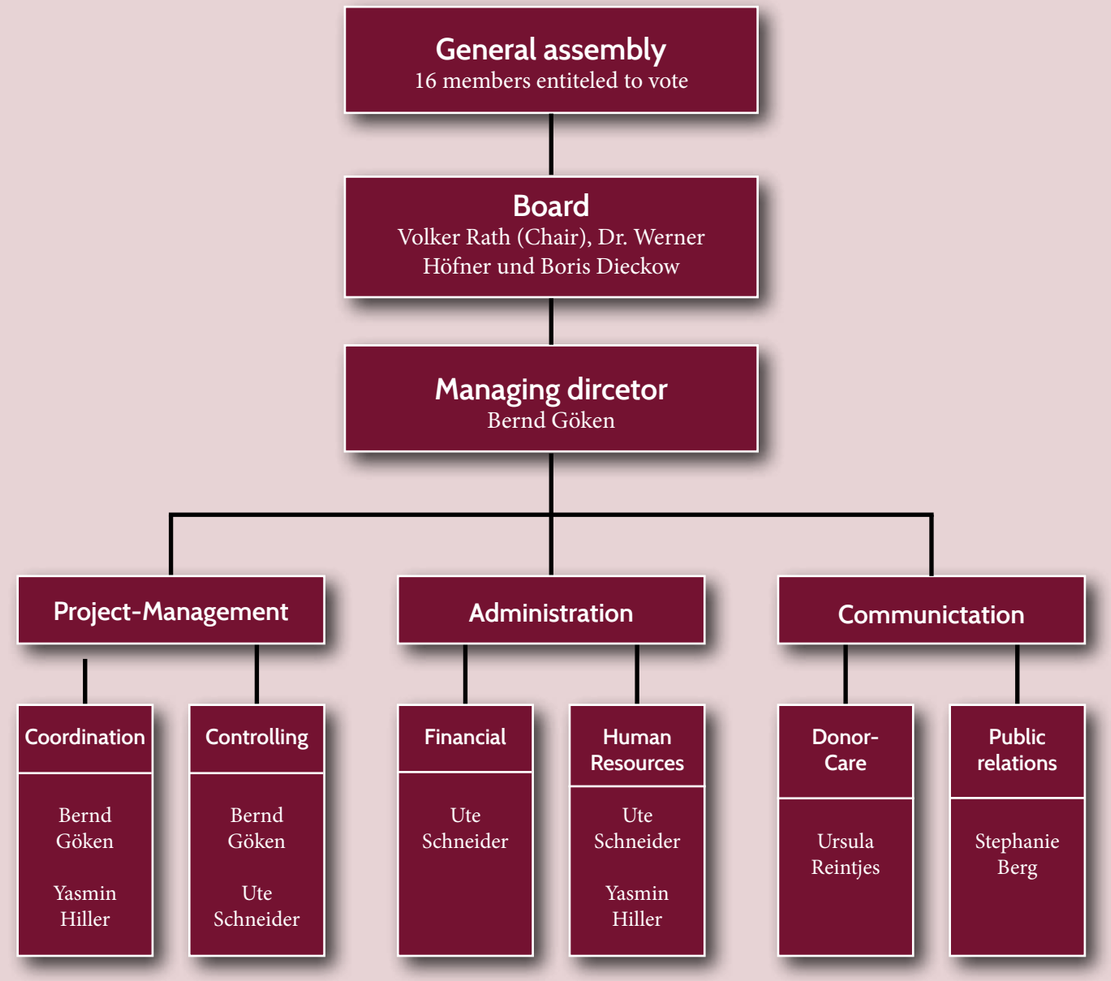
Gross annual salary from € to €		
Interns:	**9.600,-**	
Clerical assistants:	**27.800,-**	**45.600,-**
Trainees:	**26.000,-**	**30.000,-**
Coordinators:	**43.800,-**	**56.600,-**
Department heads:	**47.200,-**	**68.900,-**
Managing Director:	**64.300,-**	**78.300,-**

REFLEXION
The main bodies and their functions

Cap Anamur/Deutsche Not-Ärzte e.V. is active worldwide as a non-profit non-governmental organisation. We are incorporated as a registered non-profit association. The head office is located in Cologne. The organisation chart shows the composition of the association as of 31.12.2021.

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

Our employees outside of Germany are not represented in the organisation chart. In 2021, we had an average of 15 seconded employees worldwide, working in the fields of medicine, healthcare and technical support. As a rule, they commit themselves to a minimum of six months‘ secondment, and receive the same salaryregardless of their profession.



FINANCIAL
Principles

Independently examined

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

No entry without receipt

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

Traceable

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

Expenditure by project country (in euro)

	Free funds	Earmarked funds	Total
Africa			
Guinea	7.226,05	0,00	**7.226,05**
Mozambique	-300,00	300,00	**0,00**
Sierra Leone	381.380,21	140.021,72	**521.401,93**
Sudan	869.860,15	236.909,40	**1.106.769,55**
Uganda	30.566,85	0,00	**30.566,85**
Central African Republic	1.042.774,25	15.583,50	**1.058.357,75**
Asia			
Afghanistan	334.125,41	9.850,99	**343.976,40**
Bangladesh	143.727,17	5.174,40	**148.901,57**
Jordan	160.648,07	0,00	**160.648,07**
Lebanon	236.297,45	16.189,50	**252.486,95**
Nepal	752,43	0,00	**752,43**
Corona	29.843,45	4.135,00	**33.978,45**
Project support			**60.898,62**
Total output Project countries	**3.236.901,49**	**428.164,51**	**3.725.964,62**

Expenses for project support, administration and public relations

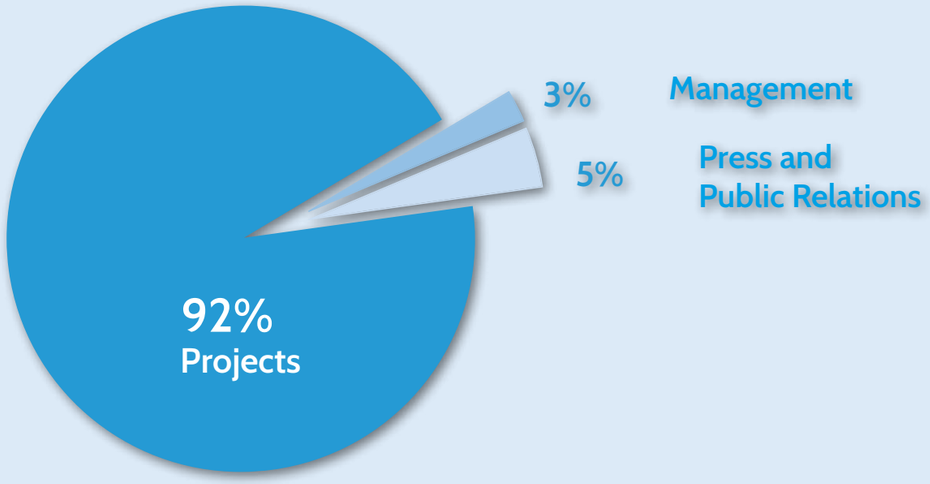
	Expenditure (in Euro)
Project output	**3.725.964,62**
Administration + project support	**138.951,38**
Press and Public Relations	**193.630,62**

Percentage distribution of expenses

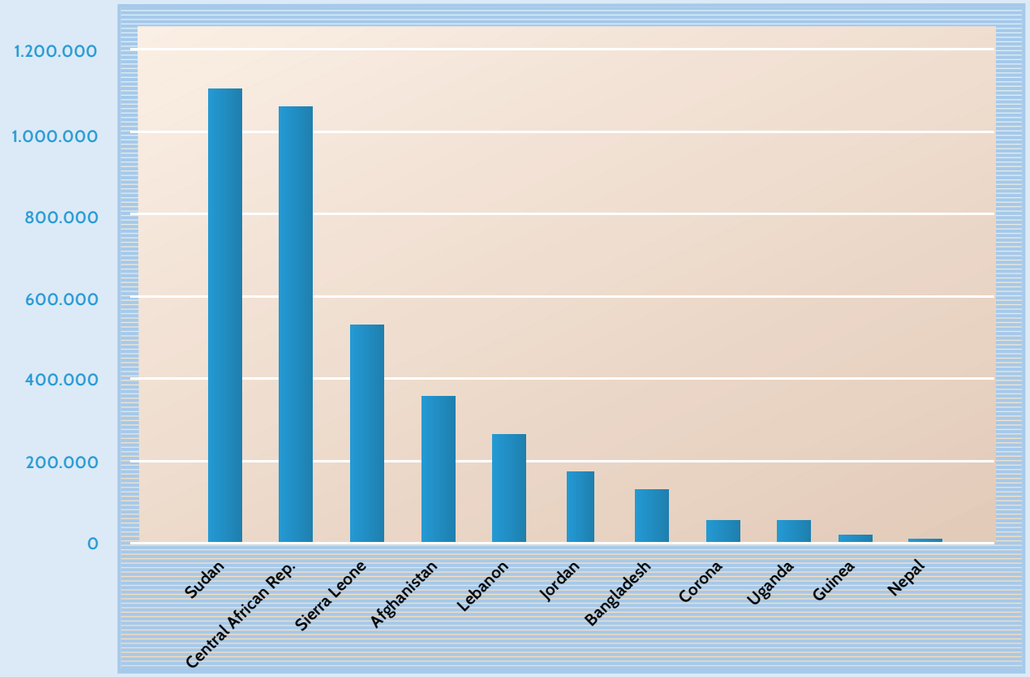
	Expenditures (in euros)	Percent
Projects	3.725.964,62	91,81 %
Management	138.951,38	3,44 %
Press and Public Relations	193.630,62	4,75 %
Total	**4.058.546,62**	**100 %**

FINANCES
Expenses

Percentage distribution of expenditure (in %)



Expenditure by project country (in euros)

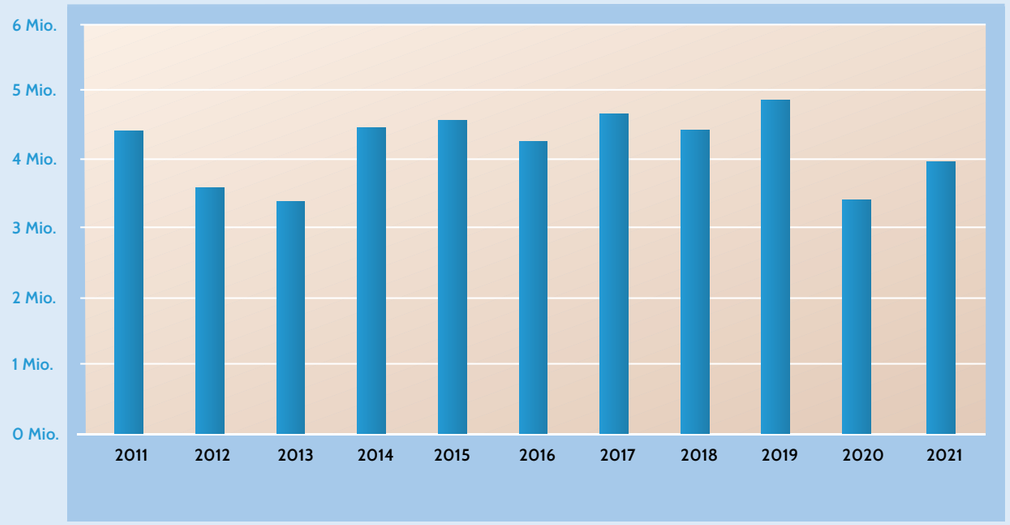


FINANCES
Expenses

Development of expenses

Year	Project expenses
2011	4.301.632,22
2012	3.721.774,82
2013	3.217.785,74
2014	4.338.035,21
2015	4.390.561,55
2016	4.184.413,62
2017	4.515.879,10
2018	4.313.296,72
2019	4.779.054,98
2020	3.537.417,38
2021	4.058.546,62

Development of project expenditures (in million euros)

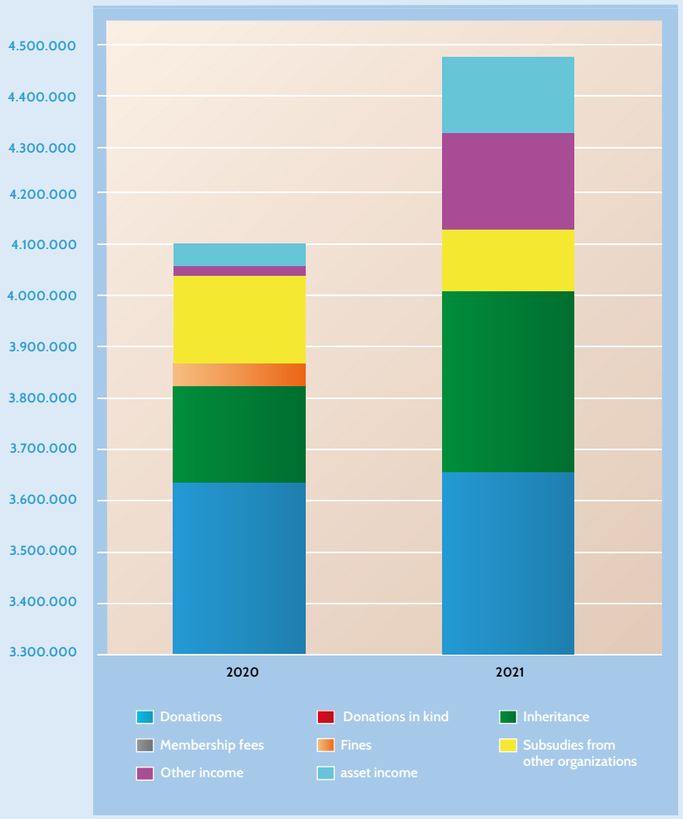


FINANCES
Expenditure by activity in the project country (in euros)

Country	Region	activity	Project expenses (in Euro)
Afghanistan	Herat, Shade	Nurse training, tutoring, support of a hospital, support of a dialysis station	343.976,40
Bangladesh	Joypurhat, Noagaon	Providing care to four government hospitals and three non-government hospitals	148.901,57
Corona	Afghanistan, Bangladesh, Lebanon, Sierra Leone, Sudan, Central African Republic	Provision of hygiene measures, hand washing stations, disinfectants, protective clothing for employees	33.978,45
Guinea	Labé	Assessment trip support hospital in Labé	7.226,05
Jordan	Various locations	Basic medical care and training on health topics for employees in the waste sector	160.648,07
Lebanon	Sidon	Transportation of refugees from the camps to health care facilities, payment of treatment and medication costs, physiotherapy for refugee children with disabilities.	252.486,95
Nepal	Judeegaun, Chandeni	Construction and support of two schools	752,43
Sierra Leone	Freetown	Support for a children's clinic, supply of medicines and technical equipment, supervision of a street children's project and a hygiene project in the slums of the city	521.401,97
Sudan	Nuba Mountains, Lwere	Operation and supply of several hospitals, operation of a feeding center, supply of pregnant women, vaccination program.	1.106.769,55
Uganda	Orungo	Repair and operation of the district hospital, supply of medicines and technical equipment, staff training	30.566,85
Central African Republic	Bangui	Rehabilitation, new construction of pediatrics and supply of the district hospital of Bossembélé and the hospital in Yaloké, new construction of an elementary school in Bowesse	1.058.357,75

FINANCES
Income

Development of income (in Euro)



*** less donations not yet used**

The majority of our total income is made up of cash donations, which our supporters give us either as free donations or as earmarked donations for a specific project. either as free donations or as earmarked donations for a specific project. Donations that are specifically earmarked for a project are not project, but which can only be spent in the coming year. In addition to monetary donations, there are donations in kind, bequests from legacies, membership fees from the association, interest and property income, and fines imposed. Other income includes the sale of books and mugs or the reimbursement of insurance costs

Development of income (in Euro)	2021	2020
Donations	3.695.733,56	3.623.352,11
Free donations	3.138.611,47	3.285.776,80
Earmarked donations	436.558,20	491.975,18
Use of earmarked donations from previous years	128.957,58	1.076,00
Unused earmarked donations from previous years	-8.393,69	-155.475,87
Deduction of membership fees	-	-
Donations in kind	-	-
Inheritance	**372.775,95**	**197.497,88**
Membership fees	**1.140,00**	**1.140,00**
Fines	**3.052,00**	**39.975,00**
Governmental Subsidies	-	-
Subsudies from other organizations	**96.185,55**	**170.138,27**
Other income	**202.079,85**	**12.204,71**
Operational income	230.175,37	21.400,09
Deduction for currency fluctuations	-28.095,52	-9.195,38
Interest- and asset income	**72.736,55**	**54.370,11**
Income from securities	37.812,35	37.977,15
Other interest and similar income	6.828,68	7.197,58
Income from currency valuations	28.095,52	9.195,38
Total income*	**4.443.703,46**	**4.098.678,08**

FINANCES
Assets / Passiva

Assets	31.12.2021	31.12.2020
Property, plant and equipment	1.610,00	1.490,00
Financial assets and securities	5.212.120,33	4.773.840,63
Cash on hand and bank balances	2.617.484,60	2.773.058,22
Claims	107.771,19	34.706,23
Accruals and deferrals	15.871,60	26.305,02
	7.954.857,72	**7.609.400,10**

Passiva	31.12.2021	31.12.2020
Free reserves from inheritances	7.738.540,31	7.353.383,47
Accruals	142.451,86	80.819,16
Commitments	73.865,55	175.197.47
	7.954.857,72	**7.609.400,10**

Independent Auditor‘s Report

We have audited the annual financial statements of Cap Anamur / Deutsche Not-Ärzte e.V., Cologne, comprising the balance sheet as of December 31, 2021, and the profit and loss statement for the fiscal year from January 01, 2021, to December 31, 2021, as well as the appendix, including a description of the accounting policies.

In our opinion, based on the findings of our audit, the attached annual financial statements comply, in all material respects, with the German commercial law and fairly presents, in accordance with the German principles of proper accounting, corresponding to the true circumstances the asset and financial position of the association as of December 31, 2021, as well as its financial performance for the fiscal year from January 01, 2021, to December 31, 2021.

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

Basis for the audit opinion

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

Responsibility of the legal representatives for the annual financial statements

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

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

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

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

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

Auditor´s Report

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

- we identify and assess the risks of material misstatement of the financial statements, whether intended or unintended, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our audit opinion. The risk of not detecting material misstatements is higher for noncompliance than for inaccuracy, as noncompliance may involve fraudulent collaboration, forgery, intentional omissions, misleading presentations, or rather the overriding of internal controls.

- we obtain an understanding of the internal control system relevant to the audit of the annual financial statements, in order to design audit procedures that are appropriate under the given circumstances, but not for the purpose of expressing an opinion on the effectiveness of this associations' system.

- we evaluate the adequacy of accounting policies used by the legal representatives as well as the justifiability of presented estimated values and related disclosures made by legal representatives.

- we conclude on the adequacy of the accounting policies used by the legal representatives for the continuation of business activities, as well as whether a material uncertainty, based on the audit evidence, related to events or circumstances may cast significant doubt on the Association's ability for the continuation of business activities. If we conclude that a material uncertainty exists, we are required to draw attention to the related disclosures in the annual financial statements in our auditor's report or, if such disclosures are inadequate, to modify our particular audit opinion. We draw our conclusions on the basis of the audit evidence obtained up to the date of our auditor's report. Future events or circumstances may, however, result in the association being unable to continue their business activities.

- we assess the overall presentation, structure, and content of the annual financial statements, including the disclosures, and whether the annual financial statements represent the underlying business transactions and events in a manner that the annual financial statements give a true and fair view of the net assets, financial position, and financial performance of the association in accordance with German principles of proper accounting.

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

Bonn, 1th of July 2022.

W I R O G GmbH
Wirtschaftsprüfungsgesellschaft
(Auditing company)

Daniel Hübner
Wirtschaftsprüfer
(Auditor)

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