



**Malteser
International**

Order of Malta Worldwide Relief



**Malteser International
Annual Report 2012**

Contents

- 3 Foreword
 - 4 Where we help
 - 6 How we help
 - 7 **Annual Review**
 - 8 Editorial: Humanitarian aid at the crossroads
 - 10 In Focus: Syria crisis
 - 12 Africa
 - 18 Asia
 - 28 Americas
 - 30 Highlighted events and campaigns
 - 31 **Financial Report:
Facts & Figures**
 - 32 Secretary General's report
 - 34 What we achieved in 2012
 - 36 Our staff
 - 38 Our programs
 - 40 Financial overview
 - 42 Annual accounts as of 31 December 2012
 - 45 Our donors and cooperation partners
 - 46 Our structures and members
-

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Foreword



Dear readers, friends and supporters,

I write to you for the first time as Malteser International's president. Last year on 14 December, I took over the office from my predecessor, Johannes Freiherr Heereman. He left me with a very well-managed organization. I'd like to take this opportunity to thank him once again for his extraordinary work not only as president, but in his various positions before that as well. The moving farewell party organized by our staff showed just how grateful we all are for his caring leadership over the years.

Once again, 2012 was an eventful year for Malteser International. Even in the absence of massive natural disasters, numerous smaller and larger crises and conflicts brought death and destruction, flight and displacement, disease and loss of livelihood to millions of people around the world. With this report, we would like to give you an account of where

and how we helped the poor, the sick, and the needy around the world, on your behalf.

At the same time, 2012 was a year of planning at Malteser International. After long and careful preparations, we are undergoing some structural changes in 2013 as our answer to the rising and changing demands upon a modern international relief organization. With our new regional headquarters for Europe, Africa and the Middle East as well as in the American continent – and soon also in the Asian-Pacific region – we would like to help even faster and more efficiently in the future. With the founding of an independent legal entity for our General Secretariat on 1 January 2013, we have created a small, but strong new unit which is responsible for the strategic management of these regional headquarters. The goal is to bring our operations closer to our program areas, to improve our response speed in case of disaster, and to make better use of the valuable resources that the Sovereign Order of Malta can offer us as its humanitarian NGO. All of this will go hand in hand with a strategic “fine-tuning” of our mission and our profile taking place this year, and which you'll hear more of next year.

For now, I would like to thank you, our donors, partners and friends, for your support and our excellent cooperation over the years – in our name and that of the people who we were able to help. With your contribution, you charged us with the task to stand by people in need on your behalf. Together with our nearly 900 staff members worldwide, we were able to reach great things. We hope you will continue to give us your vote of confidence!

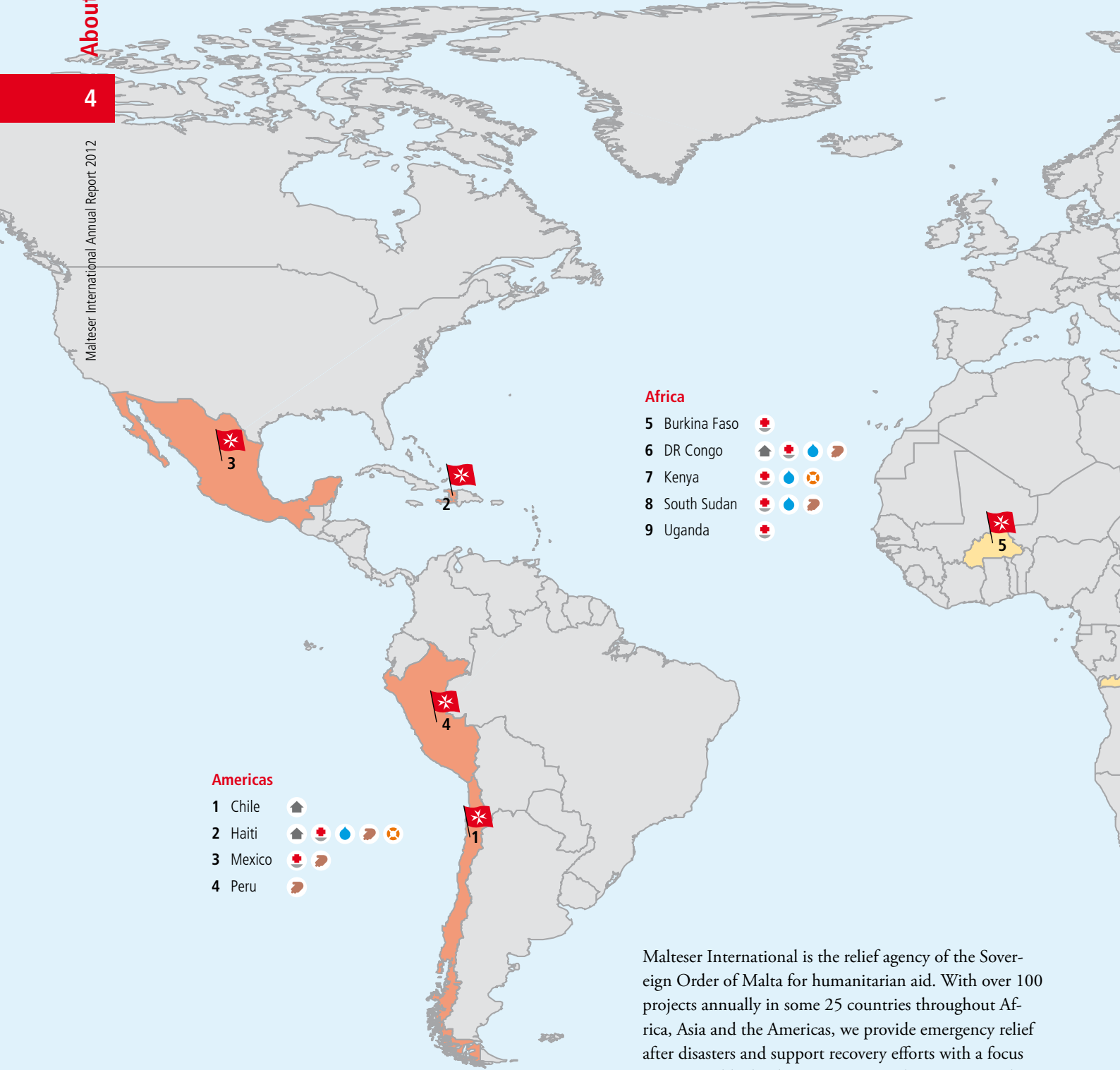
Sincerely,

A handwritten signature in blue ink that reads "Thierry de Beaumont-Beynac". The signature is written in a cursive style.



Thierry de Beaumont-Beynac
President

Where we help



Americas

- 1 Chile
- 2 Haiti
- 3 Mexico
- 4 Peru

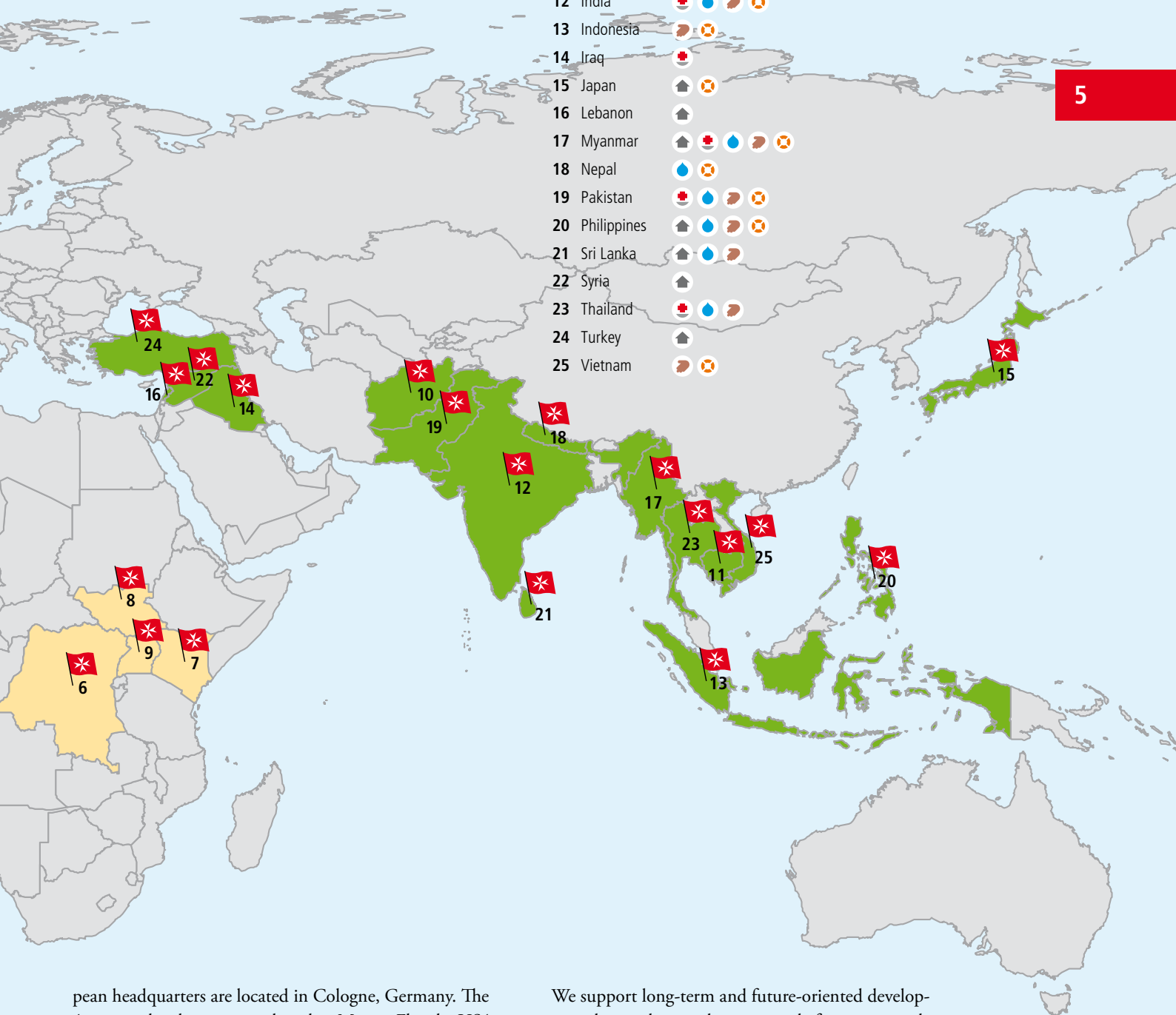
Africa

- 5 Burkina Faso
- 6 DR Congo
- 7 Kenya
- 8 South Sudan
- 9 Uganda

**Malteser International –
for a life in health
and dignity**

Malteser International is the relief agency of the Sovereign Order of Malta for humanitarian aid. With over 100 projects annually in some 25 countries throughout Africa, Asia and the Americas, we provide emergency relief after disasters and support recovery efforts with a focus on sustainable development. For nearly 60 years, Malteser International has been standing by those affected by poverty, disease, conflict and disaster, helping them lead a healthy life with dignity – without distinction of religion, race or political persuasion. Christian values and the humanitarian principles are the foundation of our work.

Malteser International is a non-governmental organization with headquarters in Europe and America. The organization's General Secretariat as well as its Euro-



pean headquarters are located in Cologne, Germany. The American headquarters are based in Miami, Florida, USA. The international network of the Order of Malta plays an essential role in our work, allowing us to help people in need quickly and efficiently. Currently, 25 national associations and priorities of the Order of Malta are members of Malteser International.

Cooperation and participation are vital elements of our approach to humanitarian aid. Through a close collaboration with local communities, national and international partners as well as our donors, we ensure our projects are sustainable and efficient. Transparency, accountability and the compliance with international standards of humanitarian aid are the fundamental basis for the quality of our programs.

We support long-term and future-oriented development by combining short-term relief measures with a holistic and sustainable approach in the following areas:

- 🏠 Providing emergency relief after disasters, helping communities rebuild and recover;
- 🛖 Establishing and promoting primary health care services and nutrition programs;
- 💧 Ensuring access to drinking water, sanitation and hygiene (WASH);
- 👤 Helping people secure their livelihoods through social programs that reduce vulnerability and poverty;
- 🛡️ Reducing the risks of disaster, especially at the community level.

How we help

Five core areas, one goal: a healthy, dignified life



Relief, Reconstruction & Rehabilitation

Millions of people suffer from the consequences of natural disasters, conflicts and crises each year. In 2012, 200 million people were affected by 900 natural disasters¹, and millions more caught in the midst of 34 conflicts and wars². This results in destroyed social, financial and physical infrastructure, displacement, poverty, food insecurity and a disruption of development. We provide emergency medical aid and distribute food and other needed supplies immediately after a disaster. At the same time, we pave the way for reconstruction efforts and help restore people's livelihoods sustainably. Our approach is focused on strengthening local capacities.

¹ Source: www.munichre.com

² Source: AKUF (Arbeitsgemeinschaft Kriegsursachenforschung)



Health & Nutrition

Nearly seven million children under five die each year from causes such as malaria, diarrhea and pneumonia – 99 percent of them in developing countries. Access to basic health care can prevent these deaths and millions more. We work to improve health care for people in need – especially mothers and infants – and for strong, sustainable public health care systems. Since a population's health is also closely connected with its diet, we incorporate nutrition into our health programs, working to prevent and treat malnutrition and increase food security.



Water, Sanitation & Hygiene (WASH)

According to the World Health Organization, 900 million people worldwide live without access to clean water, and 2.6 billion live without basic sanitation. Many diseases are caused by poor hygienic conditions and scarce or polluted water. We advocate for the right of every human being to clean water and sanitation, and call on each person to apply basic hygiene principles. If this vision came true, we could save the lives of 5,000 children every day who die from the effects of poor hygiene.



Livelihood & Social Programs

Diseases, disasters, conflicts, climate change and economic crisis threaten the livelihoods of low-income families all over the world, making it even harder for them to make a dignified living and sustain themselves. With our social programs and income generation measures, we would like to work together with communities to promote the integration of those who are excluded from society, reduce their vulnerability and secure their means of subsistence.



Disaster Risk Reduction (DRR)

As populations grow, global temperatures rise and environmental degradation is rampant, extreme natural events such as droughts and floods become ever more frequent, more intense, and more destructive. Before disaster strikes, people living in high-risk regions should be prepared. We help communities make emergency plans and implement protective measures to reduce the risks of disaster. As a founding member of the Disability-inclusive Disaster Risk Reduction Network, we place a special focus on people with disabilities and their active participation in disaster preparedness.

Annual Review 2012

In 2012, Malteser International continued to work for health and dignity with some of the most marginalized and vulnerable communities around the world. Read about our local solutions for global problems – working with and for people in need.

Humanitarian aid at the crossroads: reinventing ourselves to help better

We are more interconnected today than ever before. What happens in one part of the globe can have disastrous consequences in another. The unpredictable consequences of fast-paced environmental, political and economic transformation require constant innovation in our approach to humanitarian aid.

With well-trained medical staff in the health centers and health awareness campaigns in villages, Malteser International contributes to a healthy future for mothers and children.



The humanitarian field is in constant change, affected both by current events and emerging patterns that influence the future of our planet. Whether through social media, the Earth's climate or the global economy, our society is more interconnected today than ever before. What happens in one part of the globe can have unexpected and disastrous consequences in another.

In 2012, humanitarian crises continued to grow in complexity. Some were caused by natural forces, such as Hurricane Sandy or Typhoon Bopha; others by violent conflict, such as the Syrian civil war; and sometimes by a combination of both, such as the political crisis in Mali aggravated by a drought in the Sahel region. Volatile governments, markets and weather make the world more fragile and humanitarian work increasingly difficult – but more important than ever.

For this reason, we are determined to enhance our emergency response mechanisms, help increase resilience within the populations we serve, and improve coordination with other humanitarian actors, creating and expanding networks and building a bridge between humanitarian aid and development. This vision gave impulse to Malteser

International's work in 2012 and that has continued to guide our strategy into 2013 and beyond.

Faster deployment, stronger networks

As an organization with a focus on emergency relief, Malteser International aims to react quickly to major disasters. Our goal is to be ready to deploy within 48 hours, no matter where in the world the disaster occurs. To ensure the initial help can transition smoothly into long-term rehabilitation and development, we have focused on strengthening our ties to our partner organizations on the ground, helping them develop and so meet our high-quality standards. In this way, we can guarantee the good execution and the continuity of our projects – even after our own work is done.

Over the past year, we also continued improving and expanding several of our ongoing projects by cooperating with national governments and local authorities. Successful initiatives, such as the creation of grassroots citizen groups that assume responsibility for health care, water and disaster management in Pakistan, South Sudan and Vietnam, have been included in national development plans, ensuring that they are sustainable in the long run and further increasing their reach.

Tackling the most complex challenges of our times

As a forward-thinking organization, Malteser International has also tackled new, complex challenges, starting several projects in the areas of Climate Change Adaptation and Disaster Risk Reduction. Regions such as northern Kenya, which already suffer from a challenging climate, are now even more susceptible to extreme weather. The complexity is higher, so it pays off to invest in careful, detailed planning. Whether through school brigades in Haiti, village disaster management committees in Indonesia or mangrove reforestation in Myanmar, the people we have worked with in disaster-prone areas are now more resilient – that is, they are better able to withstand the next disaster.



To increase our impact, we are making sure the most vulnerable groups in the communities we serve, such as ethnic minorities and people with disabilities, are included into our work – not only as recipients of our help, but as active participants who help shape their communities. We've had positive results working with people with disabilities in Vietnam, the Karen community in Thailand, and exiled Tibetans in India, to name a few.

Thinking beyond the Millennium Development Goals

In addition, we have focused on crises away from the media spotlight – those which happen every day and are mostly easily prevented, such as childbirth-related deaths. By investing in maternal and child health, especially in training of qualified health staff, Malteser International could save thousands of lives. The equally neglected area of sanitation also deserved special attention in 2012 – improved sanitation and hygiene prevents several deadly diseases and saves countless lives, both before, during and after disasters and crises. That's why we not only built more than 4,000 latrines in households, health centers and schools around the world last year, but also taught communities how to build their own latrines, maintain them and use them hygienically.

The development community has already started thinking beyond the Millennium Development Goals, as their 2015 deadline quickly approaches. Several of the goals have yet to be reached, and many challenges still lie ahead. The unpredictable consequences of fast-paced environmental, political and economic transformation require constant innovation in our approach to humanitarian aid. We will continue to adapt our work to be able to meet these challenges and strive to improve people's lives sustainably.

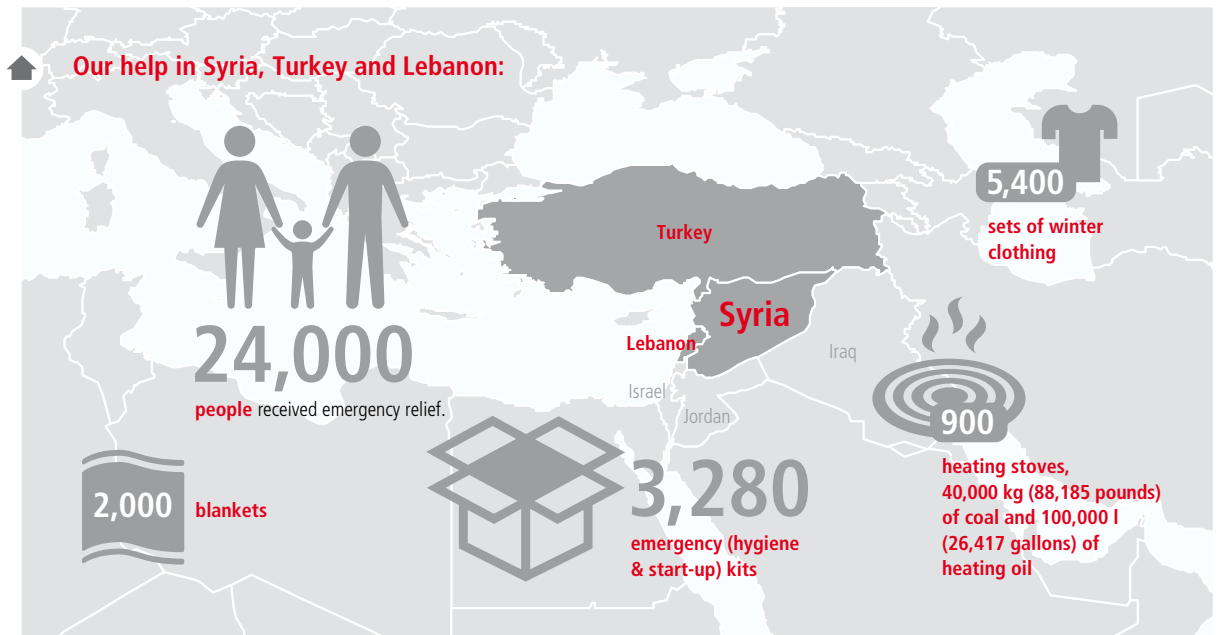
Disaster Risk Reduction in Pakistan: village residents are trained in first aid. They put their skills to the test in regular drills.

PHOTO: USMAN GHANI/REDR UK



By Sid Johann Peruvemba, Vice-Secretary General, program director, and Dr. Marie Theres Benner, public health expert & senior policy advisor

Syria crisis: Help to overcome a devastating civil war



On a cold December morning, Omar Sharif tried to burn a few pieces of wet wood in a tin can, in a futile attempt to keep warm. He was living with his wife, daughter and grandchildren in a single room in the Turkish village of Saribük, on the border with Syria. It had taken the Sharif family almost an entire week to get there, making the perilous journey on foot. Omar's son and son-in-law were both killed in air strikes back home. When Omar saw that a distribution team sent by Malteser International had brought his family a heating stove, he burst into tears. In the midst of their hardship, the stove would bring the family much needed

comfort and help them survive in the coming months.

The Sharif family's story is one in hundreds of thousands of stories of suffering, displacement and loss caused by the Syrian civil war. The conflict escalated dramatically over the past year, and many were forced to leave their homes. By July 2012, more than one million people, both those displaced within Syria and refugees in the neighboring countries, needed immediate help.

Fast, direct relief for the displaced

Through its long-standing regional partners, Malteser International was able to channel its aid efficiently and reach the population living in areas with difficult access. "Our help had to arrive quickly and reach Syrians directly," says emergency relief coordinator Thomas Molitor. The relief activities started in Damascus and later expanded to include the Syrian cities of Homs, Hama and Aleppo, as well as Kilis and Hatay provinces in Turkey and Zgharta district in northern Lebanon. Our help was focused on Syrians living outside refugee camps, who found refuge with host families and relatives, in rented rooms or in empty buildings.

Despite constant attacks inside Syria and high security risks, our partners were able to identify the neediest families and deliver start-up and hygiene kits containing a variety of essential items, from blankets, mattresses and kitchen

Omar Sharif has been living in this small room with his wife, daughter and grandchildren since they fled from Syria to Turkey.

PHOTO: KEREM YUCEL





utensils to soap, diapers and ointment for babies. With the onset of winter, the teams brought heating stoves and warm clothes to thousands of families in Syria and Turkey who were most vulnerable to the freezing temperatures.

In Khaldieh, Lebanon, Malteser International supported the medical center of the Lebanese Association of the Order of Malta, which provided free treatment for nearly 2,000 Syrian refugees last year. Our help allowed the center to purchase direly needed drugs and medical equipment, such as a vital sign monitor, a fetal ultrasound monitor, and an X-ray table. “We adapted our help to fit the needs of the patients coming into the clinic,” Molitor explains. In the winter, the center also distributed 280 emergency kits including food, hygiene products and blankets.

No end in sight – relief efforts must continue

By now, the Syrian conflict has reached unprecedented proportions – more than one million refugees and up to four million internally displaced Syrians continue to need help. In 2013, Malteser International scaled up its aid in the region to cover an additional 13,000 people, not only continuing its relief activities in the previous locations, but also expanding to new rural areas in northern Syria. Distribution teams brought emergency food packages and baby food across the Turkish border into Syria to help

struggling mothers and small children. We also helped support a school in Kilis, Turkey for 1,350 Syrian children by paying a monthly allowance to teachers, subsidizing running costs, and providing school materials and healthy snacks for the children.

Unfortunately, an end to the violence in the region is not yet in sight. As long as the Syrian crisis lasts, Malteser International will stand by those who need help, no matter their origins or convictions. “Most of the Syrians I’ve met are simple people who are just trying to survive and protect their families,” Molitor says. “They just want to be able to live in peace.”

Before receiving their new heating stove, Omar Sharif and his wife tried keeping themselves warm by burning wet logs in a tin can.

PHOTO: KEREM YUCEL



Staff from the health clinic in Khaldieh (Lebanon) vaccinate Syrian refugee children against diseases such as polio and rubella.

PHOTO: ANDREA KROGMANN

Kenya: Better prepared for the next drought



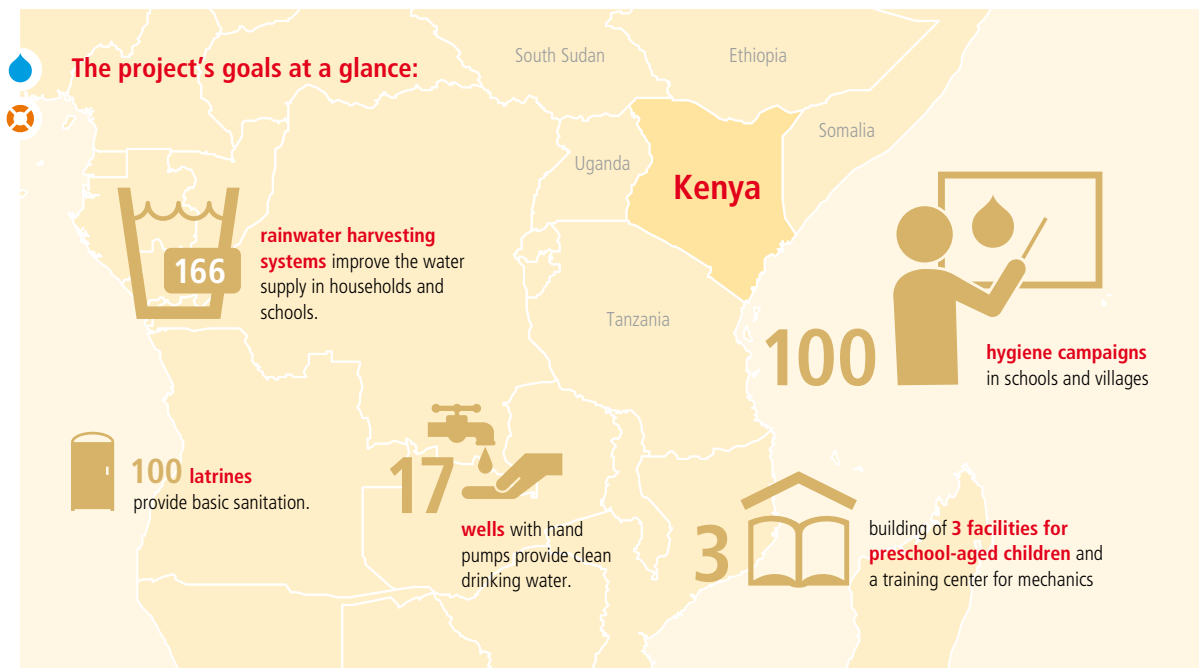
Margaret Nakua fetches clean drinking water from her new 300-liter water tank.

Clean water is a very scarce resource in the remote district of Illeret, a drought-plagued region in northern Kenya, close to the Ethiopian border. Despite being located on the shore of the Turkana Lake, Illeret has practically no drinking water, as the lake water is too alkaline and not safe. The more than 15,000 half-nomads from the Daasanach tribe who live in this region usually fetch their water from unprotected sources, and then store the water in dirty, open containers. Almost three quarters of the children suffer regularly from diarrhea.

To help the Daasanach make the best of the little resources they have available, Malteser International is teaching the herders to collect pure rainwater for drinking. “That way, they can prepare for the extended dry periods which are happening ever more frequently,” explains Kenya expert Katja Horstmann. We are also teaching the population to handle water hygienically, so they can avoid contamination and diseases.

A goat for a 300-liter water tank

Before the start of the rainy season, Malteser International



built rainwater harvesting tanks in 55 households in Illeret and in four surrounding villages. To get the population familiar with the idea, they started a competition: each family had to ‘pay’ one goat to participate. “In this way, the families had a stake in the process and were interested in the outcome,” Horstmann says. In return, they received a 300-liter tank and a plastic tarpaulin to collect rainwater. The families in each village who collected the most – and most importantly, the cleanest – drinking water won the goats paid as the entry fee. During the competition, the villagers also participated in trainings on the topic of potable water.

One of the winners is Margaret Nakua, who lives with her family in the village of Ilkimere. The herder family owns some livestock – a few oxen, goats and sheep, whose milk and meat is their main source of sustenance. Margaret and her children are traditionally responsible for fetching water. “I heard about the competition during a village meeting and I definitely wanted to participate. After just three days of rain, we had already collected 300 liters of water. Our tank was full,” she tells proudly. “The tanks of our neighbors were full as well, but our water was the cleanest – I sealed the lid of the tank with a piece of rope and kept the drain faucet closed. Now, we have clean drinking water directly at home. I hope we can buy a second or a bigger tank soon, so we can have more clean water during the dry season.”

Together for sustainable development

After the devastating drought that affected millions of people in the Horn of Africa in the summer of 2011, Malteser International helped more than 80,000 people survive with food and medicine. But, after the emergency relief phase is over, it is important to help the population get back on its own two feet again. So the Daasanach’s living conditions are improved sustainably, Malteser International involves the residents in every step of the

project. “In this way, they take responsibility for their community’s development and contribute to the solution of their problems,” Horstmann says. This approach requires time and patience, but it pays off in the long run: the population doesn’t become dependent on aid, and instead assume the ownership of their efforts toward a better future.

Why are we helping the people of Illeret?

- 100 percent of the population fetches drinking water from unprotected sources.
- During the rainy season, 50 percent of the families have to walk more than two hours per day to collect water. In the dry season, this number rises to 80 percent.
- More than 93 percent of households can only store 60 liters of water or less in their water tanks.
- 75 percent of households store their water in dirty, open water containers.
- 72 percent of children suffer regularly from diarrhea.

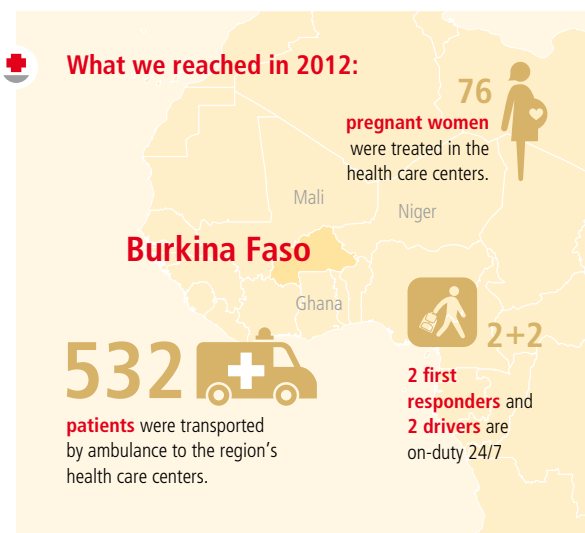


Malteser International helps village residents to improve their hygiene standards. Here, they are learning how to use tippy-taps, simple handwashing devices that work with very little water.

Burkina Faso: Health and new hope for Malian refugees

Old Mohamed was forced to flee his homeland, Mali, with his entire family in January of 2012. The fights between the Islamist Tuareg rebels and the Malian government drove the 41-year-old merchant from Timbuktu to seek safety in Burkina Faso. Like him, more than 200,000 Malians fled to neighboring countries such as Mauritania, Niger or Burkina Faso. Ninety-five percent of the nearly 50,000 Malian refugees in Burkina Faso have settled in the northern Sahel, one of the country's poorest regions. There, a long drought that led to a food crisis last year have made the humanitarian conditions especially critical for refugees.

The Malians living in the refugee camps have poor access to clean water, and the sanitary conditions are precarious. Many refugees suffer from respiratory infections, diarrhea or malnutrition. The most vulnerable population, including pregnant women, children and the elderly, requires medical attention. Malteser International supports the French relief organization of the Order of Malta, who have been active in Burkina Faso for ten years, in transporting sick refugees who need treatment beyond what is available in the camps. "We operate an ambulance service which takes patients from the camps to health care centers in the neighboring cities," says Salifou Ouédraogo, who coordinates the relief efforts. "In the north, two fully equipped ambulances are stationed in Dori and Gorom-Gorom, and each is manned by a driver and a first responder." The refugee service of the United Nations as well as other local and international organizations working



in the camps notify the first responders of refugees in need of medical assistance. The transport is free of charge for the refugees.

The ambulance service does not only benefit the refugees, but the local population as well. In the long term, the local authorities will take over the project and offer it to local residents for a small compensation. "Our joy and relief, when we are able to help someone in great need, gives us strength for our work," Salifou says. "It is the solidarity that counts."

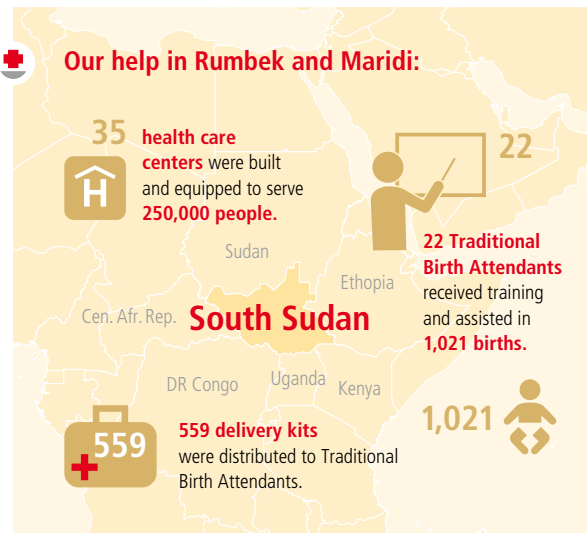
Left: In 2012, the ambulance service brought more than 500 patients to the nearest health centers.

PHOTO: ORDRE DE MALTE FRANCE

Right: Some 50,000 Malians have sought refuge in Burkina Faso, including many women and children.



South Sudan: Birth attendants bring health to mothers and children



“I have brought more than a thousand children into this world,” says Mary-John proudly. In her village in Maridi, a district in southwestern South Sudan, the 54-year-old woman is already famous: she has been working as a traditional midwife there for more than 20 years.

The work of women like Mary-John is more crucial than ever in South Sudan. Many pregnant women and mothers in the young country do not have access to health care, with dire consequences: according to the United Nations, South Sudan has the highest maternal mortality rate in the world, with 2,054 maternal deaths per 100,000 live births. The most common causes of maternal death, such as infections or risky pregnancies, can be prevented through education and proper delivery facilities.

As a Traditional Birth Attendant (TBA), Mary-John does not only deliver babies, but also attends to the women during pregnancy. She explains to them how important it is to be examined in the health care facilities during pregnancy and after the birth. “When it comes to a risky pregnancy, it is very important for women to be seen regularly by health care providers,” says Mary-John.

Throughout the country, Malteser International has built up 35 health care facilities, equipped with latrines, rain-water harvesting systems and wells, which offer a secure access to health and hygiene. But in a country where women traditionally give birth at home, it is not always easy for TBAs like Mary-John to convince women

to come for examination and delivery at those centers. As an incentive, the women who do so receive so-called “mommy kits,” with mosquito nets, iron sulphate and vitamins.

So the TBAs in the districts of Maridi and Rumbek are better prepared to do their jobs, Malteser International trains them in topics such as prenatal care, safe deliveries and referral to a hospital in case of high-risk pregnancies. After the trainings, each TBA receives a delivery kit with gloves, soap, disinfectant, razor blades, and a hearing trumpet to control the babies’ heartbeats.

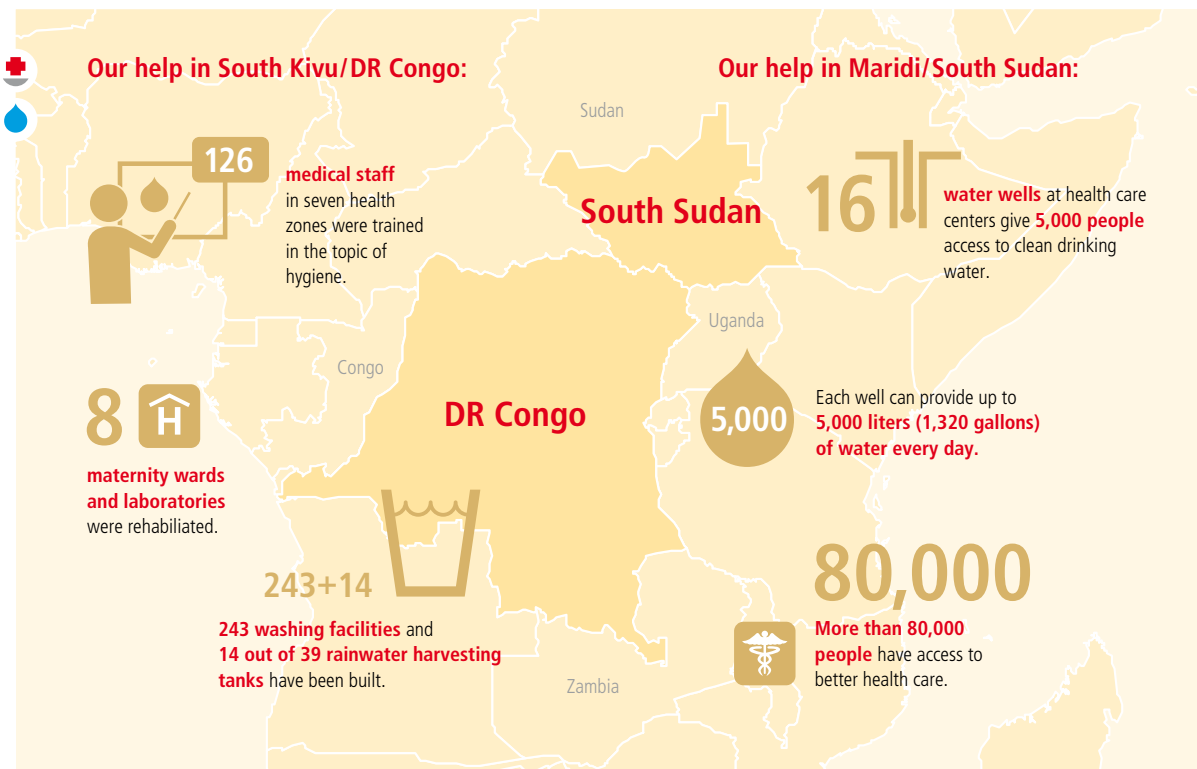
Mary-John works on a voluntary basis. “Sometimes, after I deliver a baby, the mother offers me a little bit of sugar or soap to thank me,” she tells. But that’s not what really matters to her. Making a concrete contribution is what counts.

Each TBA has received a “delivery kit” which includes an ear trumpet, enabling them to monitor the children’s heartbeats.

“I’m happy to contribute to the development of my village, my community and my country through my work, improving the health of women and children.”

Mary-John, traditional birth attendant in Maridi

South Sudan and DR Congo: Water is a human right



Millions of people die each year from drinking contaminated water. The United Nations has declared access to clean drinking water as a human right. Yet in South Sudan, only half of the population has regular access to clean water. In the Democratic Republic of the Congo, the situation is even worse: only one in four people has clean water to drink.

South Sudan: Water committees keep wells running and clean

Malteser International has been building health care centers in the remote villages of Maridi district since 2011; each post is equipped with a rainwater harvesting system. Our teams have also drilled 16 wells at the health centers which guarantee the drinking water supply in the dry season. They then helped the village residents form water committees which are responsible for the maintenance of the wells and hand pumps.

William Temale and his ten-person team form one of those water committees. In trainings, they learned how to keep the wells clean and how to repair them, as well as

how to use water sparingly and daily hygienic practices. William and the other committee members visit the village residents regularly, teaching them about hygiene and calling on the families to keep the wells clean. This work has already started to show positive results: at the Mambe I health center, the community built a cement drainage

A member of the water committee controls the water quality in the health care center in Munya, DR Congo.





shaft and planted sugar cane plants. The plants soak up the excess water that runs off from the well. Soon, the village will even be able to sell the sugar cane on the market and earn a small income.

DR Congo: Health centers with tap water

Change of scene: South Kivu, in northeastern DR Congo. There, people have suffered for years from the effects of war and violence. The attacks of the rebel group M23 in 2012 once again aggravated the already precarious humanitarian situation. Only one in ten families in the region own a latrine, and only a quarter of the health facilities there have access to clean water. “But, especially in the health care centers, it is important that we have clean water, showers and latrines for our patients, mothers and their newborn babies. Otherwise, there is a high risk of infection with diarrhea or cholera,” says Bigabwa Buhendwa, a nurse in Munya.

“Access to clean water and hygiene is one of our highest priorities,” adds Emmanuel Kayeye Riziki, WASH coordinator in Bukavu. His team has built 13 water sources, 243

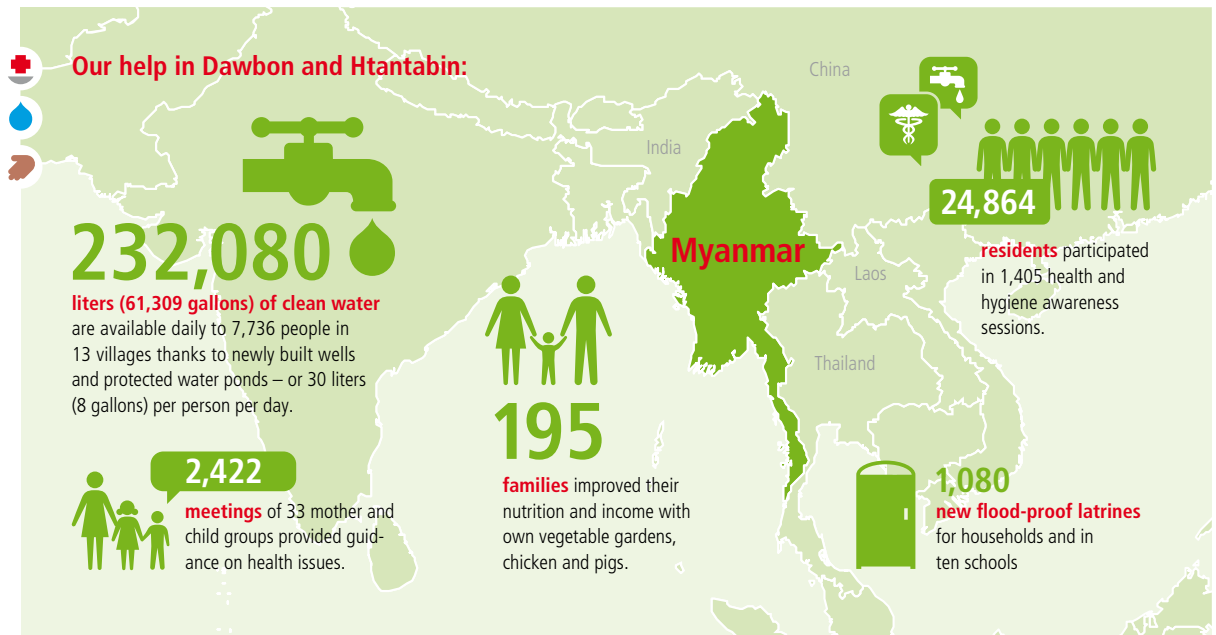
“With my work, I make an important contribution to the health of my fellow human beings. Every day is a new challenge – yet the needs are so great, that I feel I must do something.”

Bigabwa Buhendwa, nurse in Munya

washing facilities as well as 39 incinerators and 38 garbage pits. In addition, Malteser International has trained 126 local medical staff on the topics of water, hygiene and handwashing. Their task is to increase the population’s awareness of proper hygienic behavior – and they do it with a lot of creativity: photos, songs and even theater plays. “The health center staff even started sorting their trash. We know that our work really pays off,” tells Riziki.

Above: This well equipped with a water pump can provide 5,000 liters of clean water every day.

Myanmar: Hygiene, health and income for a changing country



Dawbon, a slum in the metropolitan area of Yangon – Myanmar’s former capital and largest city – was formed around the city’s old landfill. There, around 80,000 people live in less than 1.5 square miles. One of those residents is U Moe Way. He works as a waste collector. “Before Malteser International came to Dawbon, the streets were covered in mud, trash and feces,” he says. “With each rainy season, the water brought all of the dirt inside our homes.” The 43-year-old was hired by the Village Development Committee, which was initiated by Malteser International and

consists of volunteers who work to improve health and hygiene in their community.

Cleaner streets, extra income, grateful neighbors

Way and four other waste collectors are responsible for keeping their ward’s 24 streets clean. Each street has two waste bins for about 30 families. Way collects the trash in the bins several times a day and brings them to the collection points built by Malteser International. Before throwing it all away, he sorts out the recyclable material – metal, glass, plastic and paper – and sells it to a recycling

“Since the village residents were on the forefront from the beginning, they are now able to create and realize their own development plans. We’ll continue supporting the project. The successful work here must go on.”

German Development Minister Dirk Niebel during a visit to the projects in Dawbon/Htantabin in February 2012





U Moe Way collects the trash in the bins several times a day and brings them to the collection points built by Malteser International.

PHOTO: EITAN SIMANOR

center for a little extra income. Way says the residents have responded well to the new collection system. “They are very well disciplined and don’t let their trash spill over the bins,” he says. “They even give me small tokens of their appreciation. The local tea shop often offers me a cup of tea when I pass by with my handcart.”

Sustainable community development

A working waste management system is just one of many measures that Malteser International started in Dawbon to improve the lives of its residents. Although waste disposal was one of the densely populated slum’s biggest problem, the nearly 200,000 people living in Dawbon and the neighboring township of Htantabin also lack an adequate water supply and sanitation. They draw their drinking water from unprotected rain ponds or from the river. Only a third of the families in Dawbon have fly-proof latrines; in Htantabin, merely one in ten. Many residents also lack knowledge about hygiene and how to prevent diseases, resulting in widespread diarrhea, infections and chronic malnutrition.

Over the past several years, Malteser International has helped the communities tackle these problems on various fronts: better health care, clean water, sanitation and more income. We built and equipped eight health facilities in the two townships, trained assistant midwives and volunteer health workers and conducted health and hygiene campaigns; these measures increased the number of births assisted by skilled medical staff from four percent in 2006 to 48 percent in 2008. To improve the water supply, we helped residents fence in their ponds, drill wells and build rainwater harvesting tanks. We built both latrines in homes and child-friendly bathrooms in schools. And, to help improve the families’ income, we helped them set up vegetable gardens and raise livestock, started up small embroidery and sewing workshops, trained women and provided them with machines and material.

Today, with the help of village development plans, the local village development committees conduct most projects under their own direction. The committee members are respected, older residents of the villages and are also recognized by the local state authorities. In this way, Malteser International is able to contribute directly to improving the self-help potential of the communities, making sure the activities are sustainable in the long run.



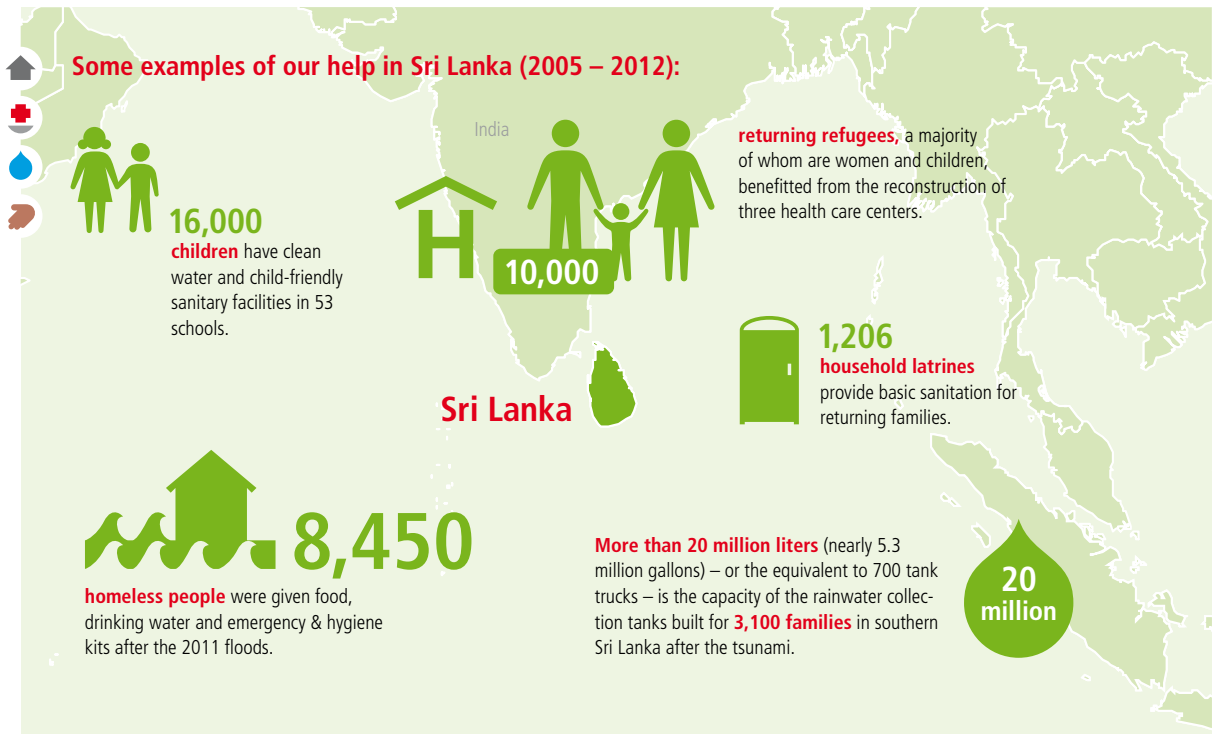
To improve the water supply, Malteser International helped residents fence in their ponds, drill wells and build rainwater harvesting tanks.

PHOTO: EITAN SIMANOR

Humanitarian crisis in Rakhine State

Since June 2012, outbreaks of ethnic violence have caused suffering and displacement for the population of Rakhine State in western Myanmar. According to the United Nations, 115,000 people have fled their homes since the start of the conflict and are living in provisional shelters, without access to health care or clean water. Malteser International’s mobile clinics treated around 4,000 displaced persons in two months alone. The teams also distributed emergency relief and hygiene kits with soap, toothbrushes, mosquito nets, blankets and kitchen utensils to 2,000 families. In refugee camps, we built 577 toilets, 50 bath houses and 15 waste collection points.

Sri Lanka: More than a new home for returning refugees



The effects of a brutal 30-year civil war linger in Northern Sri Lanka, a region that lags many years behind the country's other provinces in its development. Most of the population there are Tamils, whose ancestors came to the island from India over 2,000 years ago. The war between the Sri Lankan army and the Liberation Tigers of Tamil Eelam, who

called for an independent state, left a path of destruction in the region: many houses, streets and bridges are still destroyed. 70,000 people died. To make matters worse, the 2004 tsunami swept through the northern coast with full force. Poverty, destruction and violence forced nearly a million people to flee.

After the end of the war in 2009, the government started a comprehensive repatriation process to bring the displaced population back to their homes. Malteser International helped them make a fresh start.

The Maniratnan family (name changed) also returned to their village in Killinochchi District with their five children. "Our house was completely destroyed – everything was gone," Mr. Maniratnan tells. He had lost a foot after stepping on a landmine and couldn't find a job. "We had no water and no food. The war took all we had from us." The only thing the family had left was a piece of land.

Today, a new home stands where the old had been, surrounded by a garden where papayas, mangoes and sweet potatoes grow. The Maniratnans' home is one of a total of 205 houses that Malteser International and its Sri Lankan partner organization, Sarvodaya, built for the

Malteser International staff examine one of the 170 renovated wells in the north of the island.





neediest families in the region. We also recovered much of the local infrastructure: 170 rehabilitated wells now provide clean water to the families, and three health care centers have been rebuilt. 203 families also participated in agricultural trainings and received livestock and pumps to irrigate their fields.

The fruits and vegetables that the Maniratnans plant in their garden not only complement the family's diet, but also puts a little extra money in their pockets, as they are able to sell their surplus in the market. The earnings are not enough for a stable income, so we also gave Mrs. Maniratnan a sewing machine. "I've set up a small sewing room in our house, where I sew school uniforms and other clothing to sell," she tells. "Thanks to Malteser International and Sarvodaya, we not only have a new home – we don't have to struggle every day to put food on the table anymore. Our house has indeed been blessed with good fortune!"

Most of the returning refugees have embraced the chance for a new beginning. "They are building upon the foundation which we've laid with the recovery of infrastructure, the water supply and sanitation, and new

sources of income," says Daniel Bergfeld, senior desk officer for Sri Lanka. "Many families painted their homes a different color, installed electricity or a pipeline from the water tank to the latrine. As we now leave Sri Lanka after eight years of work, we can do that with a clear conscience – the seed now bears fruit."

Left: The Maniratnan family at the laying of the foundation stone and in front of their new house. Right: Through hygiene campaigns, the residents learned how to keep their new latrines clean.

PHOTO: CARMEN WOLF

2005 – 2012: Eight years of sustainable relief in Sri Lanka

Malteser International started working in Sri Lanka after the tsunami in 2004. With 45 projects, we supported the reconstruction of infrastructure, built water supply systems and latrines, provided psychosocial care and health education and started income generation activities. Since mid-2009, we provided emergency relief for civil war refugees in camps and helped them start over in their home villages until late 2012. In 2010 and 2011, we provided flood relief after heavy monsoon rains. A focus of the eight-year program was the area of water, sanitation and hygiene.

Vietnam: Persons with disabilities prepare for disasters



Tran Cong Danh playing with project manager Dung Mai. "I learned a lot from him," she says.

PHOTO: GUILHEM ALANDRY

11 -year-old Tran Cong Danh still remembers the time when his house in the small village of Ngoc Kinh Dong was flooded in 2009. In this region of central Vietnam, many villages get flooded two or three times a year. But that flood was the worst in his memory: as the waters rose up to the second floor of his house, it was already too late to evacuate. "I was so scared," Danh says. "I clung very tightly onto my parents' arms."

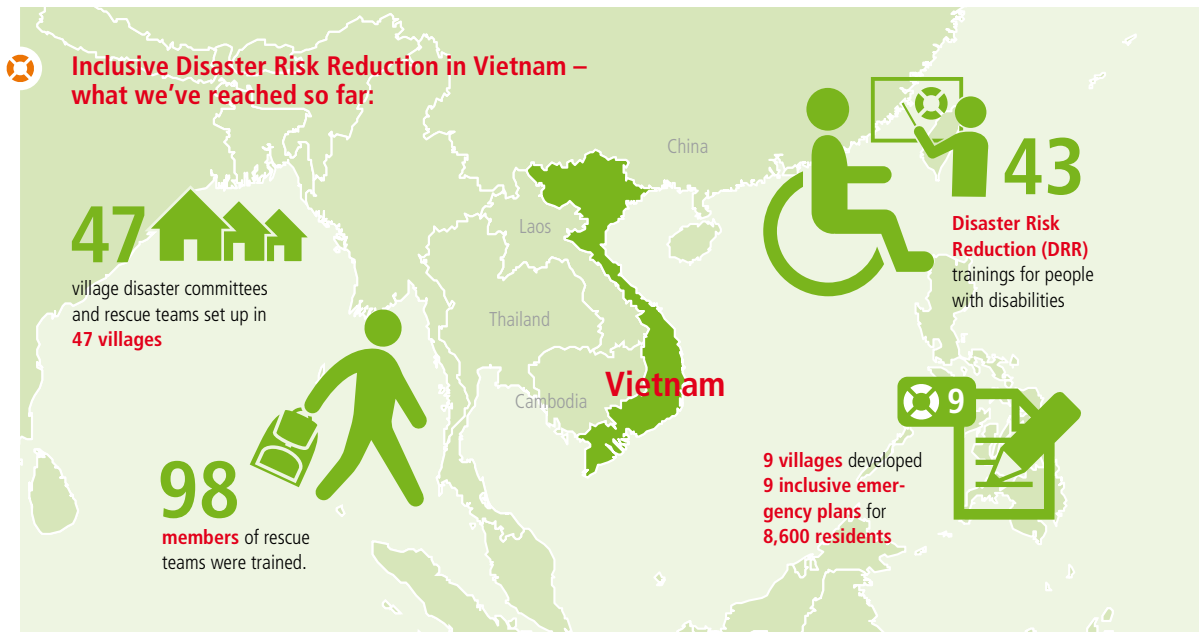
Danh, a cheerful, outgoing boy who is eager to learn new things, was born with a physical disability and is not able to walk without assistance. Because of that, he and his family are especially vulnerable to disasters. Due to their impairments and lack of awareness from the community, persons with disabilities are often left behind during emergencies. Until recently, disaster plans in Vietnam did

not take disabled persons into consideration. But now, Malteser International is helping families like Danh's change this reality.

Persons with disabilities make their voices heard

When Malteser International conducted a training session on flood preparedness for persons with disabilities and their families in his village, Danh attended with his father. "Danh was the only child in the training, but he pointed out many things which I did not think of," his father recalls. Danh is enthusiastic about telling others what he learned: "Persons with disabilities need to evacuate earlier than other villagers, so they can be safe. If there is water on the road, it's already too late!"

The active participation of persons with disabilities in their local planning processes is an important step to



increase the communities’ acceptance and understanding of the issues that affect them. After all, they and their families know best what kind of support they need. The motto of the Disabled Persons Organizations (DPOs), “nothing about us without us,” also guides Malteser International’s work.

Communities should feel responsible for all members

Even small adjustments in terms of early warning or emergency planning could already make a difference. But the most important change is in people’s minds, says project manager Dung Mai. “Inclusion starts with patience and understanding, and genuine care for one another – with or without disability,” she adds. “At first, I was skeptical about what persons with disabilities could contribute. But as I got to know some of them and saw them in action, I was amazed at how much they could achieve. With the right knowledge and opportunities, they can go all the way! I learned a lot from them.”

Danh is a perfect example of this kind of empowerment. He has become a very confident child who knows what to do when the next disaster strikes. “Thanks to

Malteser International’s project, I now know I have to evacuate to the house of my relatives, up in the mountains,” he says. The village disaster committee will make sure Danh’s family receives an early warning, so they can get there in time. “I am not scared anymore!” Danh announces proudly. “If other children want to learn about flood preparedness, I can teach them too.”

Who are persons with disabilities?

According to the Convention on the Rights of Persons with Disabilities, “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

Malteser International is a founding member of the Disability inclusive DRR Network (see page 30).



Left: Danh practices walking around his house. In case of disaster, he and his family need an early warning so they can escape in time.

PHOTO: GUILHEM ALANDRY

Right: Danh at home with his parents. He’s an active participant in his village’s disaster committee.

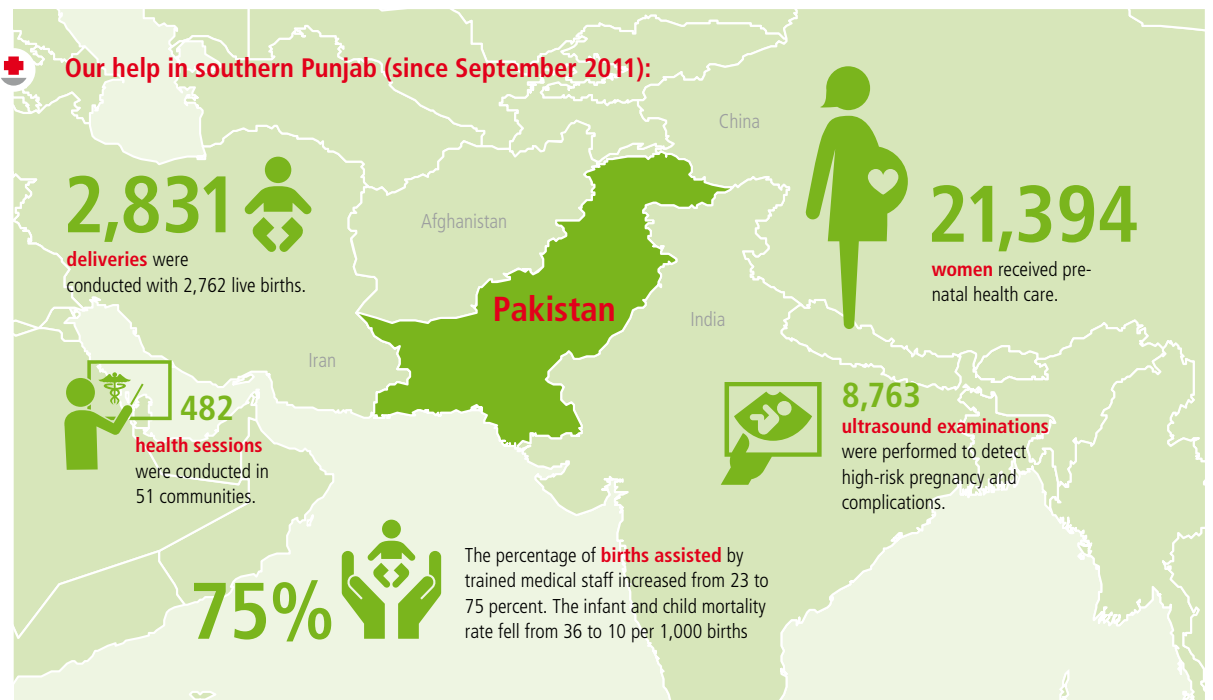
PHOTO: GUILHEM ALANDRY

Pakistan: It takes a village to keep mothers and babies healthy



Trained health care staff offer pre- and post-natal care.

PHOTO: STEFAN TRAPPE/ADH



The lower Punjab region in south-eastern Pakistan was one of the strongest hit by the disastrous monsoon floods of 2010 – much of the already basic infrastructure there was badly damaged or completely destroyed. But even before the floods, the remote villages of Rahim Yar Khan district, a neglected area within the region, did not count on a functioning health care system.

Before Malteser International arrived in the region, most women there delivered their babies at home, either without any assistance or with help from untrained traditional birth attendants. The result was a very high mortality rate for both mothers and newborn babies. Being able to give birth in a fully equipped facility with trained staff highly increases the chances that both mother and child will be healthy, and in case of complications, can mean the difference between life and death.

For a good start in life

After the initial emergency relief after the floods, Malteser International seized the opportunity to “build back better” and improve the health of mothers and children in 48 remote rural communities. The old basic health units were rebuilt and improved: two regular health care units and two emergency obstetric care units now offer pregnant women and mothers free pre- and post-natal care and a safe delivery, even when there are complications. In addition to equipping the health centers with ultrasound machines and an ambulance service, our teams also provided trainings for skilled health staff, who work around the clock in the emergency units. Within the first year of the project, we were able to increase the number of deliveries in the health centers from 24 to more than 1,500. “The women came even before the units were



officially opened – they came from as far as the neighboring provinces,” says Gabriele Gross, Maternal and Child Health (MCH) program coordinator. “Many of them gained access to quality health care for the first time.”

Program coordinator Gabriele Groß (left): “People have to trust our services.”

Mutual trust and shared responsibility

Yet, the project’s success lies in the active participation of the local community. “It isn’t enough to provide equipment and train staff – people have to trust and accept your services,” says Gross. “Only then will they start using them.” By involving the population, we made sure that the services were also culturally accepted. “Many women would not come for treatment to the health centers because there was no separate area just for women,” Gross explained. “Now that this has changed, the women feel comfortable in the facilities.”

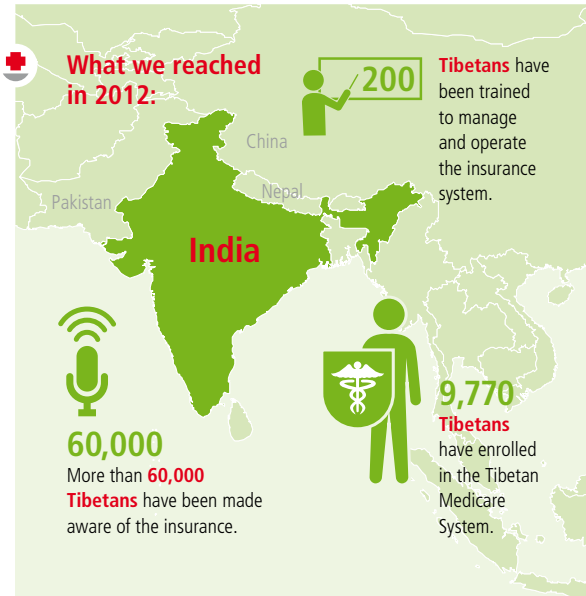
Left: Traditional birth assistants participate regularly in trainings at the health care centers.

Malteser International was also able to get the local population involved by creating two Village Health Committees which act as a link between the villagers and the government health department. These committees are able to pay a small allowance to traditional birth attendants, who previously had to be paid by the families themselves and often received no payment for their services. “Because they work so closely with the population and are respected by the villagers, traditional birth attendants can act as the link between the population and the health care system,” Gross says. “They now encourage the women to give birth in the health centers.”

But most importantly, the health committees make sure the progress in the local health care system is sustainable: even after Malteser International is gone, they will continue supporting their local health structures. “The fact that health committee members now take full responsibility for the functioning of the health centers is a very important progress,” Gross concludes.



India: Affordable health insurance for Tibetans in exile



When 86-year-old Thakchoe fell at home and broke his hip last April, he didn't have to worry about being rushed to the nearest hospital and hospitalized for three days. Previously, the exiled Tibetan living in northern India wouldn't have been able to afford the nearly 100,000 rupees that visit cost him – an incredibly large sum for his poor family's standards. But, even with such an unfortunate accident, Thakchoe was not completely out of luck. Just a few days earlier, Malteser International and the Central Tibetan Authority (CTA) had launched the Tibetan Medicare System, to prevent people like Thakchoe from falling through the cracks. Three weeks later, Thakchoe's family was reimbursed for the medical bill, so this incident did not push them further into poverty.

Before the start of the Tibetan Medicare System, the Tibetan population in India had nearly no access to health insurance, since private insurance premiums are too high for this mostly low-income group, and they are not eligible for India's public health insurance. Now, more than 10,000 Tibetans are covered by the plan – the vision of the project is that, eventually, all of the 95,000 Tibetans living in India receive coverage.

Malteser International helped the CTA's Health Department and the Micro Insurance Academy (MIA) implement the plan by providing technical support and giving trainings on setting up a health insurance system and motivating people to use it. The project also combines health education and awareness campaigns to explain the benefits of health insurance and how it works to the population. "We emphasize the social aspect of the system as well, and call on the population to take responsibility for their own health," explains health expert Nicole Moran, who monitored the project for Malteser International. She says the system has been well-received among Tibetans because it appeals to their strong sense of community and solidarity. "They say, 'if it doesn't help me, then it will help someone else'."

A Tibetan nurse next to an awareness poster explaining how the health insurance system works



Thailand: For a better future on both sides of the border



The 140,000 refugees living in nine camps in northwestern Thailand, on the border with Myanmar, have been there for as long as 20 years. Human rights violations, ethnic conflicts and poverty have forced many Burmese to flee. Their presence is merely tolerated by the Thai authorities. The refugees are not allowed to leave the camps and are up to 100 percent dependent on help from the international community.

Many of the school-aged children in the two camps that Malteser International supports have been born as refugees. On 15 October, hundreds of children gathered on the grounds of two schools in the camps to celebrate World Handwashing Day. A colorful program with drawing competitions and film screenings called the children's attention to the importance of proper hygiene: washing hands with soap can reduce the incidence of diarrhea among children under five by almost 50 percent, and respiratory infections by nearly 25 percent. The highlight of the day was the inauguration of the new handwashing and toothbrushing stations built by Malteser International: simple wood shelters with a perforated pipe that delivers running water from a rainwater tank. Combined with educational activities, these are an affordable and effective way to prevent diseases – so more stations for the camps are being planned.

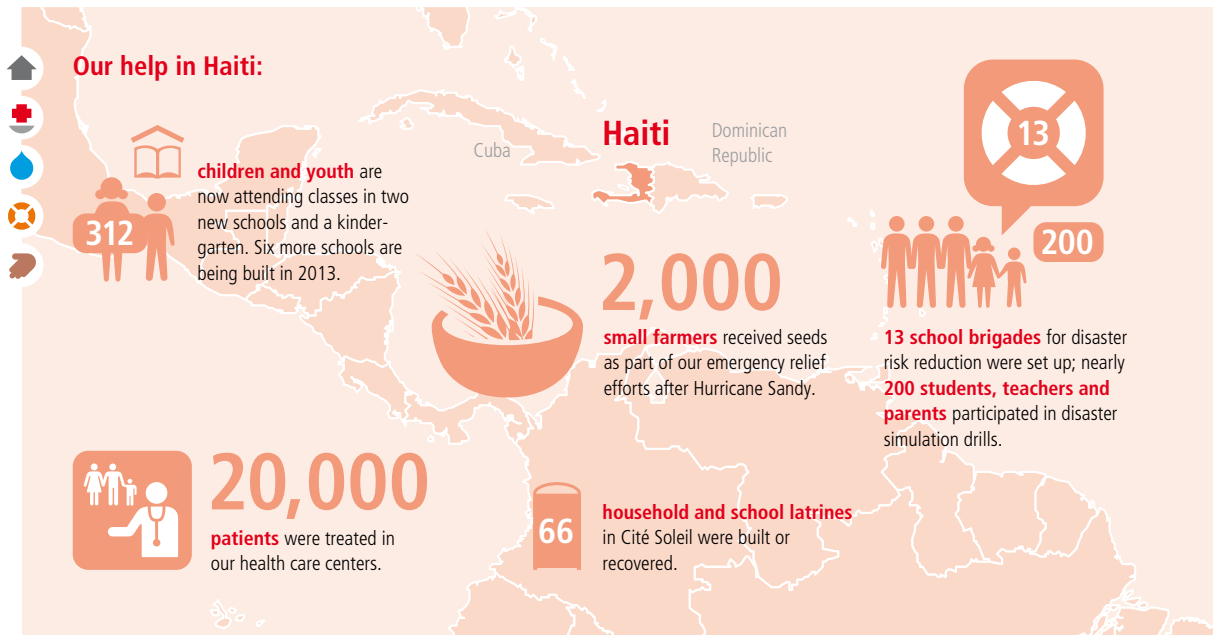
Informing, training and educating the nearly 30,000 camp residents we serve – no matter what their age – is one of our highest priorities in Thailand. Working in the camps as community health workers, lab assistants and technicians, the refugees have been improving the lives in their communities and preparing them for a better future back home. With Myanmar's current political transformation, there's a chance that the refugees will be able to return home. In Kayin (Karen) State, on the other side of the border, Malteser International is currently building up structures for health care and water supply for both the local population and the future returning refugees. While still in the camps, the refugees get involved in the health and water projects and so improve their knowledge and skills.

At the same time, Malteser International also expanded its help to 24 neighboring villages in Sob Moi District, strengthening the Thai health care system in the region by training health care staff and supporting the authorities in creating an ambulance service.

Together with the refugees, the villagers and the local health authorities, we are paving the way to a better future – on both sides of the border.

On World Handwashing Day, the refugee children showed how to properly wash hands with soap at the new water stations.

Haiti: School brigades always on stand-by



“I would like to help my country be better prepared for disasters, so in the future we can avoid damages and save lives.”

Gwedmaël Lorie, member of a school brigade in Cité Soleil

Members of a school brigade train basic first-aid techniques.
PHOTO: VINCENT TREMEAU



Gwedmaël Lorie is ten years old and lives in Cité Soleil, a slum near Haiti’s capital, Port-au-Prince. Since last November, she has been a member of a so-called school brigade. In case of disaster, she has to help bring her fellow students to a safe shelter as quickly as possible.

In the summer of 2012, Gwedmaël participated in one of five disaster preparedness trainings organized by Malteser International and the Haitian Civil Protection Department (DPC). “I learned how to evacuate people from buildings and their premises, and I also learned how to provide first aid,” she says.

As the devastating 2010 earthquake made clear, the Haitian population was not sufficiently prepared for disasters. The school brigades form an essential element of Malteser International’s work in the field of Disaster Risk Reduction. While our teams work closely with local and state structures such as the DPC, it is also important that residents commit themselves to protecting their communities. In the long term, the Haitian government and resident organizations should assume responsibility for the work. In the future, the DPC itself will train and provide guidance to the school brigades.



All members of the school brigade have specific tasks. The evacuation group brings everyone on the school grounds to safety. The first aid group takes care of the injured until the professionals arrive and maintain contact to the local authorities. The fire and rescue group safeguards the premises and prevents fires from breaking out. All of the nearly 200 members of the brigades have received both theoretical and practical training. The school committees see to it that students, teachers and parents participate in the school brigades and spread their knowledge in their villages.

Gwedmaël is happy to teach her classmates, friends and families what she learned from Malteser International: “Everyone has to know exactly what to do in case of disaster,” she says. “Only then will they be able to save lives.” Malteser International has formed and trained 13 school brigades in Léogâne and Cité Soleil. They are part of a comprehensive Disaster Risk Reduction program that includes the reconstruction of earthquake- and cyclone-resistant schools and nurseries, as well as the set-up of early-warning systems.

In simulation drills, children, teachers and parents learn how to behave in case of disaster.

PHOTO: VINCENT TREMEAU

Emergency relief after storms Isaac and Sandy

The tropical storms Isaac and Sandy caused more devastation in Haiti in 2012, killing 78 people and displacing 35,000; 28,000 houses were destroyed, heavily damaged or flooded. To prevent epidemics and the spread of diseases, Malteser International distributed 2,000 hygiene kits with buckets, purification tablets, soap, detergent and other hygiene products. We also gave the residents tools, canvas, wood and nails to repair their homes. “After Isaac, we equipped our partner organizations so they could remove the debris from the streets. So when Sandy came around, they were able to clear the gutters and pipes right away and prevent greater damage to the area,” says Haiti expert Jelena Kaifenheim. In Belle-Anse, in the south of the island, 2,000 small farmers whose crops had been destroyed by the storm received new seeds to plant manioc, beans, potatoes and plantains.

Highlighted events & campaigns

70 posters and photos informed visitors to the European Parliament about the Order of Malta's activities around the world.

PHOTO: EUGENIO AJROLDI



Photo exhibition in the European Parliament in Brussels

In March, the European Parliament housed a weeklong photographic exhibition on the Order of Malta's activities around the world. Photographs illustrated the dedication of the Order in fighting hunger and thirst in the world, in looking after the sick and in assisting the homeless, elderly and disabled. In addition to the exhibition, a panel discussion was held presenting the Order's humanitarian activities, including Malteser International's work in the DR Congo, where victims of sexual violence receive medical and psychological support.

Disability inclusive DRR Network (DiDRRN) founded in Asia

In October of 2012, Malteser International and six other relief organizations founded a network in the Asia-Pacific region which advocates for inclusiveness in disaster risk reduction (DRR). The network calls for the inclusion of the needs and experiences of persons with disabilities in disaster prevention and risk reduction efforts, thus making disaster-prone communities more resilient. To achieve this, the group works to empower persons with disabilities and ensure their active participation in the policy-making process.

International Disaster Risk Reduction Conference (IDRC) in Davos, Switzerland

Malteser International and its Indian partner organization, Sahbhagi Sjiksan Kendra (SSK), presented case studies from Myanmar and India at the International Disaster Risk Reduction Conference (IDRC) in August. They portrayed the challenges and opportunities of linking inclusive social mobilization with early warning systems (EWS) on cyclone and flood preparedness from a community perspective.

World Water Week in Stockholm, Sweden: "No food and nutrition security without WASH"

During World Water Week 2012, a panel co-chaired by the German WASH Network – of which Malteser International is a member – examined the neglected nutritional impact of lack of safe water, sanitation and hygiene (WASH). "Investments into WASH could considerably contribute to reduce malnutrition of children," stated Arno Coerver, regional WASH advisor for Malteser International. "Even simple and quite cost-saving measures like washing hands with soap are highly efficient and ensure that the available food is a source of health rather than diseases."



Financial Report 2012 – Facts & Figures

*Budget development and annual accounts, our programs,
staff, partners and structures at a glance.*

Secretary General's Report



The children of Fujinono in Japan eagerly await the completion of their new home.

PHOTO: KAZUSHI ABE

At Malteser International, we take transparency and accountability very seriously. For this reason, we are proud to present to you the “Facts and Figures” section of our Annual Report, where we present a wealth of information about our organization in a clear, concise and open manner. Here, you can learn more about our budget and how it has developed over the years, where our funding comes from, and what our expenses are. In addition, you can also gain insight into our program details, our staff and our structures. The following report is a summary of our organization’s most important financial and structural developments in 2012.

The year 2012 saw once again a high program volume for Malteser International and the people we reached with our help. We ran more than 100 projects in 25 countries with a total volume of €30.9 million (2011: €31.1 million). Of the total volume, €24.6 million derived from public grants – €8 million alone from the German Ministry for Economic Cooperation and Development (BMZ) for projects in DR Congo, in South Sudan, Myanmar, Pakistan, Cambodia and Haiti – while €4.8 million correspond to private donations and funds from the Order of Malta. The €6.8 million reduction in public grants as compared to 2011 is due mainly to three contracts signed in the previous year for comprehensive multi-annual projects in Japan and DR Congo which were already booked in 2011. The income from private donations and own funds sank by more than 50% in 2012 when compared to the 2011

sum of €9.1 million – of which €7 million alone were earmarked for emergency relief in Japan and drought relief in Kenya. This shows that private donors give most in case of large natural disasters, and that, regrettably, there’s very little support for relief activities in humanitarian crises caused by political conflict, such as in Syria, or for the so-called “forgotten crises” such as those in South Sudan, DR Congo or Myanmar.

Malteser International ensures that all of its funds are spent responsibly, in a cost-effective and efficient manner, only to the extent they are needed to complete a given task. We are committed to keeping our advertising and administrative costs within a fair and reasonable range; currently, those costs correspond to less than 10 percent of the total expenditures. We count on the support of the national units of the international network of the Order of Malta for support with our fundraising and administrative tasks.

Our regional focal points

Last year, Malteser International reached around 10 million people in Africa, Asia and the Americas with its relief activities. Most programs continue to be located in the Asian continent, with a current total volume of nearly €14 million for 16 countries (2011: €19.5 million). As in the previous year, our key programs in Asia are located in Myanmar (€3.4 million), Pakistan (€3.2 million) and Cambodia (€1.4 million). After eight years of work in Sri Lanka, our program in the country was concluded in early 2013. The construction of a new children’s home in Ichinoseki, Japan was nearing conclusion at time of print, with its inauguration planned for the end of June. A new focal area in the Middle East includes our activities for Syrian refugees in Turkey and Lebanon, as well as the displaced within Syria, with a total budget of nearly €600,000. Due to the constant increase in the number of refugees and an intensification of the humanitarian crisis in the region, these relief measures are experiencing a significant expansion in the current year.

In Africa, the 2012 program volume of €11.2 million has once again increased in comparison to 2011 (€8.8 million). This is especially due to a renewed extension of our programs in DR Congo. Burkina Faso became a new program country in 2012 with the support of ambulance services for Malian refugees.



The future belongs to them: in many countries, such as DR Congo, Malteser International commits to improving the lives of children and their families.

With a program volume of €2 million, Haiti was once again our largest program country in the Americas. Three years after the earthquake, the reconstruction work continues – now with a greater focus on strengthening local capacity. In countries such as Chile and Peru, we continue to support projects of the national associations of the Order of Malta. In the coming years, we plan to intensify our activities in the Latin-American region – especially in view of the new regional headquarters set up in the United States.

Our sectoral focal points

With more than 45 percent of the total program volume, the health and nutrition sector continues to be the main focus of our work. This shows not only that worldwide demand in this area continues to be very high, but also the continuation of the original (and still valid) mission of the Order of Malta as an organization which is committed to providing health care – more than 900 years ago in a hospital for pilgrims in Jerusalem, and still today in many areas, nationally and internationally. Closely related to the health sector, and for this reason often combined with health projects, are measures in the field of water, sanitation and hygiene (WASH) – our second-largest sector with 16.8 percent of the program volume. In addition to the area of emergency and disaster relief (15 percent), Malteser International is now focusing more and more on preparing people living in disaster-prone areas for emergencies and protecting them from their effects. The percentage of programs in the Disaster Risk Reduction (DRR) sector increased from 8.8 percent in 2011 to 15.3 percent in 2012.

To help those affected by poverty, disease and disaster start again and stand on their own two feet, we also conduct social programs and livelihood projects (7.7 percent).

Looking back, looking forward

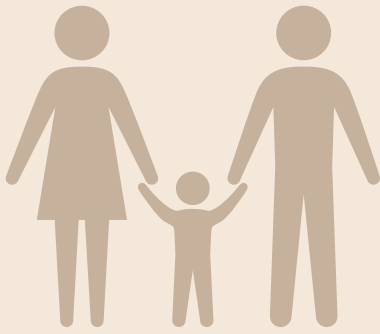
2012 was also a year of structural change for Malteser International, with a gradual transition into our new regional structures. The process started back in 2008, with the creation of the first regional association, Malteser International Americas, in the U.S. With the opening of our regional headquarters in Miami, Florida, planned for fall 2013, we will transfer the operational management of all projects on the American continent to this new unit. The management of all other projects will continue under Malteser International Europe, which is legally a part of Malteser Germany and located in Cologne. A third regional unit, Malteser International Asia/Pacific, will also be founded at a later time not yet determined, concluding the restructuring process. The independent legal entity for Malteser International's General Secretariat based in Cologne was founded on 15 March 2012 and assumed responsibility for the overall management of the regional headquarters on 1 January 2013.



Ingo Radtke,
Secretary General

What we achieved in 2012

Malteser International helped around 10 million people in 25 countries with more than 100 projects in 2012.



119,562

people received emergency relief after disasters and crises (emergency and hygiene kits, food, winter relief, temporary shelters, and more).

82,135 people benefitted from our malaria programs – whether in form of prevention through the distribution of mosquito nets, or through diagnosis and treatment of the disease.

82,135

300,582

pre- and post-natal care examinations for pregnant women were conducted in health clinics we support, ensuring a safe pregnancy and delivery for mothers and a healthy start for babies.

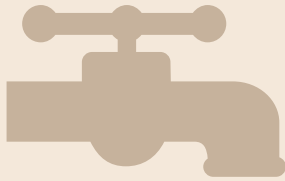


179	97	15	10
2	1	1	1

97 health care facilities and 10 hospitals were built or restored, ensuring better access to medical services. In addition, we built 179 temporary homes, 15 schools, 2 preschools, a multi-purpose hall, a sewage treatment plant and a marketplace, helping communities start over after disasters.

11,255

We protected 11,255 newborn babies and infants and infants from malnutrition and undernourishment with therapeutic foods enriched with important vitamins and minerals.



531,043

people gained daily access to clean drinking water, thanks to our help.



499,464

village residents were informed through hygiene awareness campaigns about the importance of regular hygiene practices such as handwashing in order to lead a healthy life.

2,963 people participated in professional trainings and educational sessions, using this new knowledge to improve their income or to acquire further qualification for their jobs.



4,155 new latrines provide basic sanitation for about 85,000 people in households, schools and health centers.

In 718 Disaster Risk Reduction (DRR) trainings, children, youth and adults learned both in theory and practice how to properly behave before, during and after a natural disaster, and how to quickly provide help to others.



234 villages and their residents have developed emergency plans, defining evacuation routes and the location of evacuation shelters and assigning responsibility for helpers in early warning, evacuation and first aid, so the population knows exactly what to do in case of disaster.

27,377



We helped 27,377 families improve their living conditions, their nutrition and/or their income by farming, growing fruits and vegetables, raising livestock, or through temporary jobs (cash for work).



This was possible thanks to the work of 739 local and 83 expatriate staff members in the field as well as 45 staff members at our headquarters.



We counted on the support of around 70 local and national partner organizations, more than 30 public donors and cooperation partners, and thousands of private donors.



Our staff

Nearly 900 staff members in over 100 projects in 25 countries worldwide work to carry out Malteser International's mission: to make sure all people have a chance to live a healthy life with dignity.



Staff abroad

229



Region/Country	Local staff ¹		Expatriate staff ²	
	2012	2011	2012	2011
Africa	201	236	28 (23)	32 (21)
DR Congo	88	92	11 (9)	10 (8)
Kenya	21	15	3 (3)	2 (2)
South Sudan	85	120	13 (10)	19 (10)
Uganda	7	9	1 (1)	1 (1)

521



Region/Country	Local staff ¹		Expatriate staff ²	
	2012	2011	2012	2011
Asia	478	612	43 (35)	53 (41)
Cambodia	43	31	6 (4)	3 (3)
Indonesia	5	5	0 (0)	0 (0)
Japan	0	0	1 (1)	1 (1)
Myanmar	231	379	15 (12)	18 (11)
Nepal	0	0	1 (1)	1 (1)
Pakistan	100	120	11 (9)	17 (16)
Sri Lanka	27	23	3 (3)	5 (3)
Thailand	54	44	5 (4)	7 (5)
Vietnam	18	10	1 (1)	1 (1)

72



Region/Country	Local staff ¹		Expatriate staff ²	
	2012	2011	2012	2011
Americas	60	137	12 (9)	19 (13)
Haiti	59	136	12 (9)	19 (13)
Peru	1	1	0	0 (0)
Total	739	985	83 (67)	104 (75)

In all of our project countries which are not listed, programs are implemented by the national associations and relief corps of the Sovereign Order of Malta (e.g. Burkina Faso, Chile, Philippines, Lebanon) or by local partner organizations (e.g. Afghanistan, Iraq, Syria, Turkey).

¹ Numbers correspond to staff positions in each country.













² Some of the staff members were working cross-nationally. The total figure refers to the total number of contracts signed in the year 2012. The numbers in parentheses correspond to the staff positions in each country, some of which were filled more than once during the year.

Nationality of expatriates










Albania	1	Hungary	1	Philippines	8
Australia	2	Italy	2	Serbia	1
Bangladesh	1	Japan	1	Sri Lanka	1
Belgium	3	Kenya	1	Sweden	1
Canada	2	Madagascar	3	Switzerland	1
France	2	Myanmar	2	Uganda	3
Germany	36	Nepal	1	Uruguay	2
Great Britain	2	Netherlands	2	USA	3

Our programs in 2012

Africa

Country	Sectors	No. of projects	Short description	Program volume (in euros)*	Donors/Cooperation partners**
Burkina Faso		1	Health transport and first aid for Malian refugees and local populations	117,558	ADH
DR Congo	   	8	Support of health care system and health authorities, rehabilitation of health care facilities (incl. sanitary facilities) and transport infrastructure, care for victims of sexual violence, income-generating measures, distribution of seeds	7,223,952	BMZ, ECHO, EuropeAid, FAO, SDC
Kenya	  	2	TB and HIV/AIDS prevention with focus on maternal and child health, WASH to strengthen drought resilience	1,152,654	ADH, CRS
South Sudan	  	6	Provision of primary health care, TB and HIV/AIDS prevention, reconstruction of health care facilities, support for a laboratory school and a leprosy settlement	2,197,513	AECID, BMZ, BSF, GF, Lions Club
Uganda		2	Treatment of malnourished children, rehabilitation of a hospital pharmacy	213,478	ADH, MMB, PMK

Americas

Country	Sectors	No. of projects	Short description	Program volume (in euros)*	Donors/Cooperation partners**
Chile		1	Reconstruction of a marketplace	13,500	Own funds/donations
Haiti	    	7	Emergency relief after hurricanes, setup of community gardens and irrigation systems, construction of a health care station, a maternity and schools, WASH and DRR programs in slums and schools	2,003,840	AA, ADH, BMZ
Mexico	 	2	HIV/AIDS prevention, fish farming	7,740 <small>(booked in previous year)</small>	Own funds/donations
Peru		7	Support for elderly people and children, distribution of school materials, soup kitchen for school children	24,373	Futur 21

Abbreviations:

AA: Federal Foreign Office (Germany), ADB: Asian Development Bank, ADH: Germany's Relief Coalition (Aktion Deutschland Hilft), AECID: Spanish Agency for International Development Cooperation, BMZ: Federal Ministry for Economic Cooperation and Development (Germany), BSF: Basic Services Fund of the Government of South Sudan, CDF/AusAID: Community Development Fund/Australian Agency for International Development, CRS: Catholic Relief Services (USA), ECHO: European Commission Humanitarian Aid Department, FAO: Food and Agriculture Organization of the United Nations, GF: The Global Fund to Fight AIDS, Tuberculosis and Malaria, GIZ: Deutsche Gesellschaft für Internationale Zusammenarbeit (Germany), MMB: Margarete Müller-Bull Stiftung (Germany), PMK: Päpstliches Missionswerk der Kinder (Germany), SDC: Swiss Agency for Development and Cooperation, UNFPA: United Nations Population Fund, UNHCR: United Nations High Commissioner for Refugees, UNICEF: United Nations Children's Fund, UNOPS: United Nations Office for Project Services, WCF: World Child Future Foundation (Liechtenstein), WFP: World Food Programme, WHO: World Health Organization

 Relief, Reconstruction & Rehabilitation  Health & Nutrition  Water, Sanitation & Hygiene (WASH)  Livelihood & Social Programs  Disaster Risk Reduction (DRR)

Asia

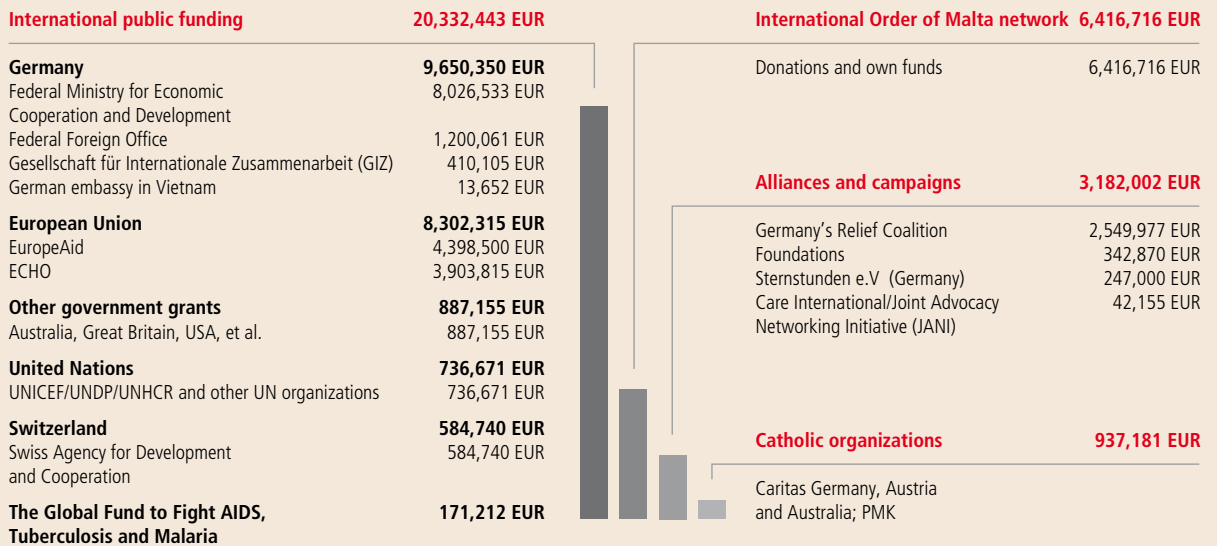
Country	Sectors	No. of projects	Short description	Program volume (in euros)*	Donors/Cooperation partners**
Afghanistan		1	Set up of an educational television channel	158,768	BMZ
Cambodia		6	Emergency relief, maternal and child health, food security, WASH, community-based health insurance	1,418,130	BMZ, CDF/AusAID, EuropeAid, GIZ
India		4	WASH and DRR for flood-prone villages, HIV/AIDS prevention, set-up of a health insurance system, strengthening the resilience of Dalits and tribes	571,982	BMZ
Indonesia		2	Support for agricultural development initiatives, health and WASH, community-based DRR	406,810	AA, BMZ, Caritas international
Iraq		2	Support of a health care facility for internally displaced	20,000 <small>(booked in previous year)</small>	Own funds/donations
Japan		1	Reconstruction of a children's home	611,092	ADH, Allianz, Bild Hilft, Caritas Österreich, Caritas international
Lebanon		1	Emergency relief for Syrian refugees, support of a health care center, winter relief	57,136	ADH
Myanmar		19	Emergency relief, reconstruction of social infrastructure, provision of primary health care, maternal and child health, TB, HIV/AIDS and Malaria prevention, WASH, income-generating measures, funding of support groups, DRR and climate change adaption	3,128,410	AA, ADB, BMZ, ECHO, EuropeAid, GF, UNHCR, UNOPS, WFP
Nepal		1	DRR and WASH for flood-prone villages	9,315	BMZ
Pakistan		11	Provision of primary health care with focus on maternal and child health, reconstruction of social infrastructure, income-generating measures, earthquake early warning system, WASH, DRR	3,165,536	AA, ADH, BMZ, Caritas international, Deutsche Bank Stiftung, Wacker Chemie AG, WHO
Philippines		5	Emergency relief, reconstruction and psychosocial care after typhoons, strengthening the resilience of flood-prone villages	118,258	Caritas international, PMK
Sri Lanka		2	WASH, livelihood for civil war refugees	1,329,539	BMZ, UNICEF
Syria		1	Emergency for internally displaced: distribution of emergency relief, hygiene and winter kits	297,674	AA, ADH
Thailand		8	Provision of health care and WASH in refugee camps and villages, HIV/AIDS and malaria prevention, funding of HIV support groups, maternal and child health, dental health	1,749,484	ECHO, EuropeAid, GF, UNHCR, UNFPA, Donor groups
Turkey		1	Winter relief for Syrian refugees	237,348	AA
Vietnam		5	Income generation, preservation and sustainable use of forests, inclusive DRR for flood-prone villages, provision of training materials, construction of a kindergarten, medical equipment for a rural clinic	341,880	AA, BMZ, ECHO, German Consulate in Ho Chi Minh City, WCFF

*The above-mentioned program volumes only include the expenditures booked during the financial year 2012. Many of our projects are multi-year projects with a higher total budget.

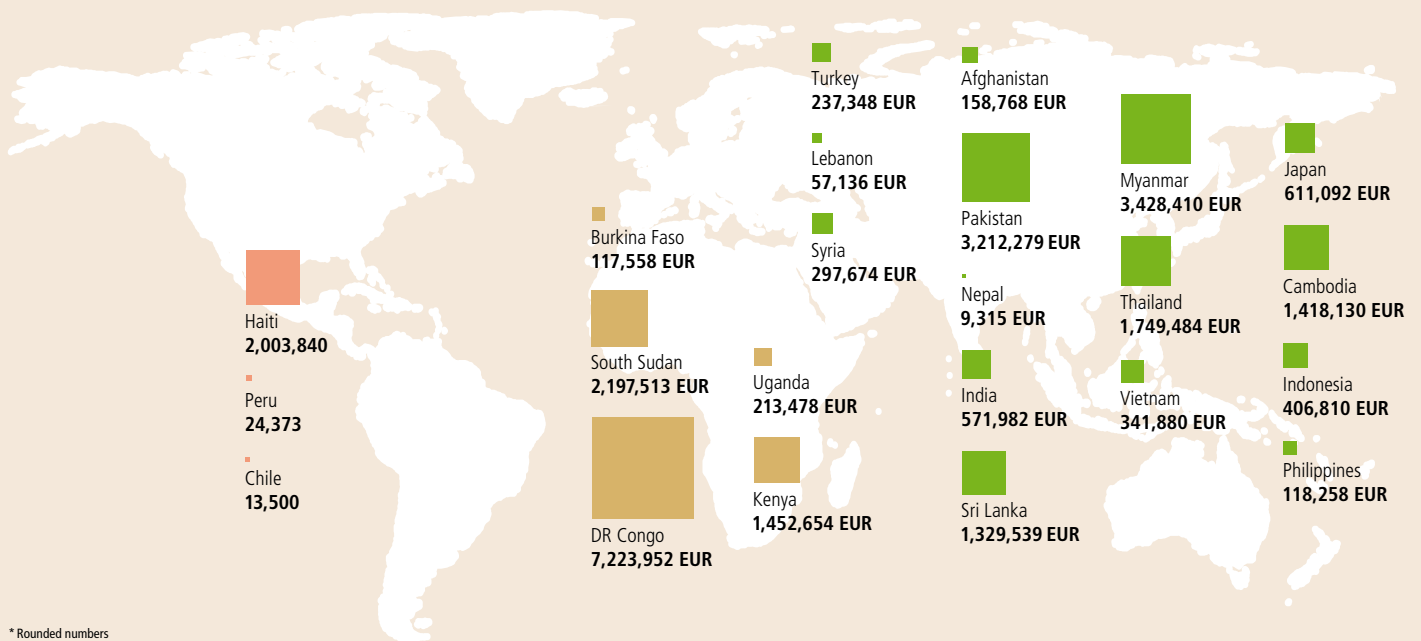
**Unless otherwise specified, all our projects include own funding and financial support from the international network of the Order of Malta.

Financial overview

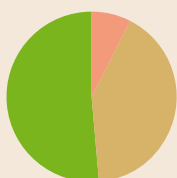
Revenue sources*



Program expenditure by region and country*



* Rounded numbers

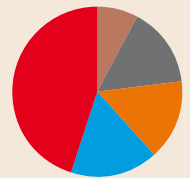
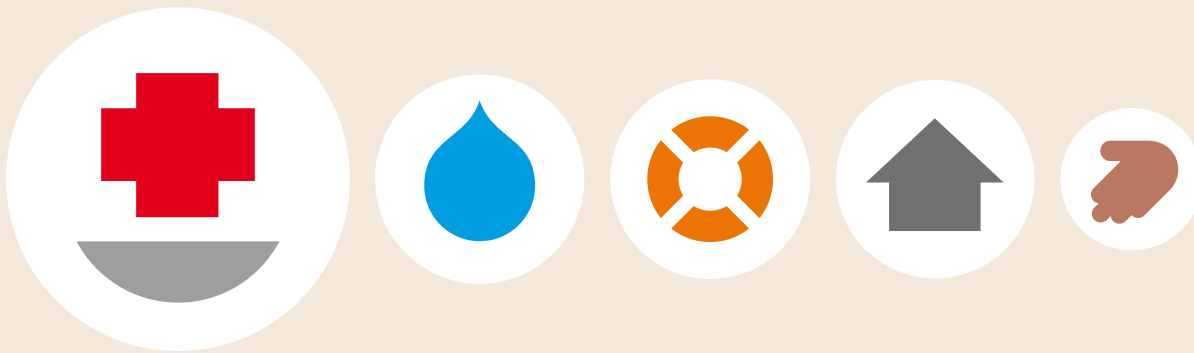


Americas
2,041,714 EUR
Previous year: 2,905,870 EUR

Africa
11,205,154 EUR
Previous year: 8,762,798 EUR

Asia
13,948,106 EUR
Previous year: 19,464,906 EUR

Program expenditure by sector

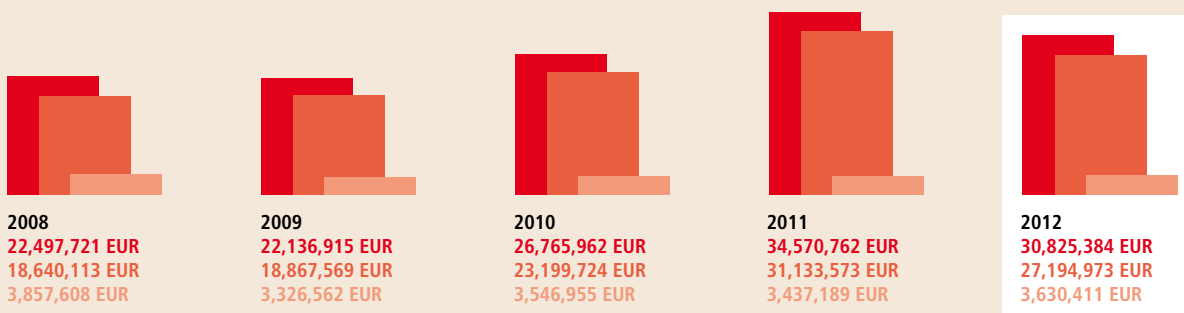


Income development*



Deficits are covered by reserves and funds from previous years. Surpluses are transferred to the reserves.

Expenditure development*



* Rounded numbers

¹The position "other costs" covers overhead costs and other indirect project costs, expenses for the set-up of the structures for Malteser International Americas and support to partner organizations in Central and Eastern Europe as well as costs from the release of liabilities.

Annual accounts as of 31 December 2012

Balance Sheet as of 31 December 2012

Assets	31 Dec 2012 EUR	31 Dec 2011 EUR
A. Fixed assets		
I. Intangible fixed assets		
Concessions, industrial and similar rights and assets and licences in such rights and assets acquired for a consideration	0.00	4,333.36
II. Tangible fixed assets		
Other equipment, operating and office equipment	334,275.43	201,866.92
	334,275.43	206,200.28
B. Current assets		
I. Receivables and other assets		
1. Trade receivables	11,997.92	26,506.29
2. Receivables from other long-term investees and investors	4,146.38	39.14
3. Receivables from related corporate entities	843,020.85	745,782.30
4. Receivables from Malteser Hilfsdienst e.V. – internal –	10,027,301.80	15,864,744.84
5. Other assets	21,122,957.87	20,554,075.81
	32,009,424.82	37,191,148.38
II. Cash-in-hand, bank balances and cheques	6,417,161.12	5,786,390.99
	38,426,585.94	42,977,539.37
C. Prepaid expenses	90,518.22	137,045.51
	38,851,379.59	43,320,785.16

Equity & Liabilities	31 Dec 2012 EUR	31 Dec 2011 EUR
A. Equity		
I. Assets of the Association	3,192,336.08	3,263,541.77
II. Net income (prior year: net loss) for the financial year	42,958.44	– 71,205.69
	3,235,294.52	3,192,336.08
B. Provisions – Other provisions	756,368.76	938,765.60
C. Liabilities		
1. Trade payables	328,872.81	277,171.35
2. Liabilities to related corporate entities	1,493.71	756.85
3. Liabilities to Malteser Hilfsdienst e.V. – internal –	70,004.63	52,922.37
4. Liabilities related to earmarked allocations	31,846,212.00	32,751,375.67
5. Other liabilities	2,613,133.16	6,107,457.24
	34,859,716.31	39,189,683.48
	38,851,379.59	43,320,785.16

Income Statement for the Period from 1 January to 31 December 2012

	2012 EUR	2011 EUR
1. Sales	40,662.48	50,429.62
2. Other operating income	30,692,054.21	41,578,929.93
3. Cost of materials		
a) Cost of raw materials, consumables and supplies and of purchased merchandise	- 4,746,495.13	- 5,916,538.44
b) Cost of purchased services	- 4,622,038.11	- 3,716,338.72
4. Personnel expenses*		
a) Wages and salaries	- 8,268,406.16	- 2,922,161.70
b) Social security, post-employment and other employee benefit costs Of which post-employment costs: EUR 231,467.72 (prior year: EUR 224,607.59)	- 846,882.60	- 778,163.17
5. Income from release of liabilities related to earmarked allocations	31,705,246.44	24,650,627.13
6. Expenses due to addition to liabilities related to earmarked allocations	- 31,846,212.00	- 32,751,375.67
7. Amortisation and write-downs of intangible fixed assets, depreciation and write-downs of tangible fixed assets	- 217,682.71	- 171,458.15
8. Other operating expenses	- 11,881,182.34	- 20,162,955.99
9. Other interest and similar income Of which from related corporate entities: EUR 0.00 (prior year: EUR 64,672.20) Of which from Malteser Hilfsdienst e.V. – internal –: EUR 116,281.58 (prior year: EUR 70,895.45)	135,625.64	151,433.87
10. Interest and similar expenses	- 2,540.60	- 1,191.26
11. Result from ordinary activities	142,149.12	11,237.45
12. Other taxes	- 99,190.68	- 82,443.14
13. Net income/loss for the financial year	42,958.44	- 71,205.69

* Starting with the fiscal year 2012, the expenses for freelance staff will be reported under personnel expenses; for this reason, the comparison with the personnel expenses for previous years is only possible to a limited extent (see explanation on page 44).

Independent Auditors' Report



To Malteser Hilfsdienst e.V., Cologne/Germany

We have audited the annual financial statements – comprising the balance sheet and the income statement – together with the bookkeeping system, of the General Secretariat, Maltese International Division, of Malteser Hilfsdienst e.V., Cologne/Germany, for the business year from 1 January to 31 December 2012. The maintenance of the books and records and the preparation of the annual financial statements in accordance with the German commercial law regulations of the First Section of the Third Volume of the German Commercial Code (HGB) are the responsibility of the Executive Board of the Association. 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 („German Commercial Code“) and German generally accepted standards for the audit of financial statements promulgated by the Institut der Wirtschaftsprüfer. 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 of the General Secretariat, Maltese

International Division, of Malteser Hilfsdienst e.V., Cologne/Germany, as well as 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 the Executive Board, 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 of the General Secretariat, Maltese International Division, of Malteser Hilfsdienst e.V., Cologne/Germany, comply with the legal requirements.

Düsseldorf/Germany, 22 April 2013

Deloitte & Touche GmbH

Wirtschaftsprüfungsgesellschaft

Harnacke

(Wirtschaftsprüfer)

[German Public Auditor]

Höll

(Wirtschaftsprüfer)

[German Public Auditor]

Notes on the income statement

Other operating income

This category contains:

Contributions by third parties such as:

- Germany's Relief Coalition
- BSF - Basic Services Fund (Great Britain)
- International Caritas network
- Swiss Agency for Development and Cooperation
- Sternstunden e.V. (Germany)
- Foundations
- UN Organizations

Public grants from:

- ECHO
- EuropeAid
- Federal Foreign Office (Germany)
- Federal Ministry for Economic Cooperation and Development (Germany)

Contributions, donations and other funding:

- Cash donations
- Inheritances
- Internal subsidies

Extract from table on page 43

1. Sales
2. Other operating income
3. Cost of materials
a) Cost of raw materials, consumables and supplies
b) Cost of purchased services
4. Personnel expenses*
a) Wages and salaries
b) Social security, post-employment and other provisions
Of which post-employment costs: EUR 23,000
5. Income from release of liabilities related to earmarked allocations
6. Expenses due to addition to liabilities related to earmarked allocations
7. Amortisation and write-downs of intangible financial assets
8. Other operating expenses
9. Other interest and similar income
Of which from related corporate entities: EUR 0
Of which from Malteser Hilfsdienst e.V. – in Germany: EUR 0
10. Interest and similar expenses
11. Result from ordinary activities
12. Other taxes

Cost of materials

a) Cost of raw materials, consumables and supplies and of purchased merchandise
This item contains all project costs for supplies, fuel for automobiles, food, medicine and similar goods.

b) Cost of purchased services

These costs of other purchased products and services comprise the construction and maintenance costs from reconstruction projects.

Personnel expenses

The reporting of the expenses for freelance staff takes place in the current fiscal year, as opposed to previous years, under § 275 par. 2 nr. 6 of the German Commercial Code (HGB), "Personnel expenses." In the previous year, these expenses were reported under § 275 par. 2 nr. 8 of the HGB, "Other operating expenses." The change in reporting provides an improved and more accurate depiction of Malteser International's financial situation. In the current fiscal year, the expenses for freelance staff correspond to EUR 5,519,000.

Income from release of liabilities related to earmarked allocations

Contributions from donors for multi-annual projects and earmarked donations which were not fully used in the *previous* business year were then released and added to the liabilities. They are available in the *current* year for the continuation of the projects.

Expenses due to addition to liabilities related to earmarked allocations

Contributions from donors for multi-annual projects and earmarked donations which were not fully used in the *current* business year are added to the liabilities at the end of the year and carried over to the *following* year.

Other operating expenses

This category includes both the financial support of partner organizations in Africa, America, Asia and Europe and project expenditures such as rent, salaries, transport and communications costs.

Our donors and cooperation partners

Private and public donors, companies, schools, parishes, local, national and international partners and institutions, and the international Order of Malta network have helped us provide fast, efficient and sustainable relief around the world. In the name of the countless people who benefitted

from our help: thank you for your support! The following overview gives an insight on the variety of public donors and cooperation partners who supported our work in 2012.



Our Structures

25 national Associations and Priories of the Order of Malta are currently members of Malteser International and actively support the organization in their areas of responsibility. Currently, both regional branches in Europe and the Americas serve as associate members. Their representatives, together with the Board of Directors, the Grand Hospitaller of the Order of Malta, the Chaplain, the Secretary General and the Vice-Secretary General form the General Assembly, the organization's highest decision-making body. The *General Assembly* is responsible for electing and discharging the Board of Directors, accepting the annual accounts, ordering financial audits as well as passing amendments to the by-laws. The President convokes the General Assembly once a year.

The *Board of Directors*, which is elected for a four-year term, consists of the President, the Vice-President, the Treasurer, and up to two additional elected members, as well as the representatives from the regional branches Europe and Americas and from the Asian/Pacific region. The Board of Directors works on a purely voluntary basis and is responsible for approving the financial plans and the annual budget, as well as commissioning the financial auditing of the annual accounts. The Board of Directors bears the overall responsibility for the organization's operative tasks.

The salaried *Secretary General* manages the organization's General Secretariat. He is responsible for the operational management activities in line with the financial plan and the annual budget. The Secretary General and the Vice-Secretary General are appointed by the Board of Directors at the President's suggestion. He prepares the meetings of the Board of Directors and participates in them in an advisory capacity.



Board of Directors



President

Thierry de Beaumont-Beynac
(France)



Vice-President

Richard von Steeb
(Austria)



Treasurer

Charles-Louis de Laguiche
(Switzerland)



Nicolas de Cock
de Rameyen
(Belgium)



Michele
Burke Bowe
(USA)



President, Malteser International Europe

Karl zu Löwenstein
(Germany)



President, Malteser International Americas

James F. O'Connor
(USA)



Delegate, Asia/Pacific region

Michael Khoo Ah Lip
(Singapore)



Chaplain

Bishop Marc Stenger
(France)

Management



Secretary General

Ingo Radtke
(Germany)



Vice-Secretary General

Sid Johann Peruvemba
(Germany)

The international network of the Sovereign Order of Malta

“As we face a world where economic distress is a fact of life, the plight of those who suffer – the poor, the sick, the homeless, internally displaced persons, refugees, the disabled, the elderly – becomes ever more acute. We, members of a religious lay Order with a 900-year old tradition of caring for the poor and the sick, are crucially aware of the need to look to our fellow man. This has always been our mission, and it remains our mission and our focus today.”

Fra' Matthew Festing, 79th Grand Master of the Sovereign Order of Malta



Exactly 900 years ago, in 1113, the Sovereign Order of St. John of Jerusalem of Rhodes and of Malta was officially recognized as an Order of the Catholic Church with a bull issued by Pope Pascal II. Today, it has more than 13,500 members all over the world. Apart from 60 professed friars who have taken the vows of chastity, poverty and obedience, the knights and dames of the Order are lay members, devoted to the exercise of Christian values and charity. What distinguishes the members of the Order is their commitment to serving the poor and the sick according to the Order's motto, “Tuitio Fidei et Obsequium Pauperum” (defense of the faith and assistance to the needy).

These principles are made concrete through the work carried out by dames and knights in numerous medical, social and humanitarian initiatives and organizations of the Order in over 120 countries. A total of more than 80,000 trained volunteers and 25,000 employees are dedicated to the Order's historic mission to help the sick, the needy and the most disadvantaged in society, regardless of race, religion or creed. The Order of Malta is a major global professional institution, providing services in the areas of humanitarian aid, health care and emergency medicine; it operates 20 hospitals, 110 retirement homes and 1,500 pharmacies and first-aid stations all over the world.

The Order is also a sovereign subject of international law and maintains a unique diplomatic-humanitarian network which serves as an instrument for its humanitarian activities. It has bilateral diplomatic relations with 104 states, as well as official representations and permanent observer status at the United Nations and its specialized agencies, the European Union and numerous other organizations. The Order has also signed cooperation treaties in the health sector with more than 50 states, gaining crucial support for the work of its agencies and institutions. Thanks to this diplomatic network, the Order can react quickly to crises and disasters and speed up its relief efforts. The Order's embassies also have the mission to

support the international medical and humanitarian activities of the national associations and Malteser International. As a neutral and non-political party, the Order is able to act as mediator in civil and armed conflicts and to intervene as a protective force.

At the head of the Order is the 79th Prince and Grand Master Fra' Matthew Festing, who was elected for life and started serving in March of 2008. www.orderofmalta.int

Malteser International's member associations (as of June 2013)

Australia

www.orderofmalta.org.au

Austria

www.malteserorden.at
www.malteser.at

Belgium

www.ordredemaltebelgique.org

Canada

www.orderofmalta canada.org

Colombia

www.orderofmalta colombia.org

Cuba

www.ordendemaltacuba.com

France

www.ordredemaltefrance.org

Germany

www.malteser.de

Great Britain

www.orderofmalta.org.uk

Hungary

www.mmlsz.hu
www.maltai.hu

Ireland

www.orderofmaltaireland.org

Italy

www.ordinedimaltaitalia.org

Malta

www.orderofmalta-malta.org

Mexico

www.ordendemalta.mx

Netherlands

www.ordevanmalta.nl

Philippines

www.orderofmalta.int

Poland

www.zakonmaltanski.pl

Portugal

www.ordemdemalta.pt

Scandinavia

www.malteserorden.se

Singapore

www.orderofmalta.org.sg

Spain

www.ordendemalta.es

Switzerland

www.malteserorden.ch

United States of America

www.orderofmaltaamerican.org
www.orderofmalta-federal.org
www.orderofmaltausawestern.org



Malteser International is a member of the following networks and campaigns:



[Donate Now](#)

We thank all of our donors, supporters and partners who helped us provide health and dignity to people in need all over the world in 2012.

www.malteser-international.org