Annual Report 2015
Vision

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English Edition

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In order to unbureaucratically realize its strategy of target-oriented and sustainable support for people who innocently got in need, Cap Anamur keeps its internal structures small with only five employees in its Cologne headquarters and three board members on a voluntary basis. Together with barely 25 sent out employees from the fields of medicine, care and technology we currently focus on ten projects worldwide. The trust from our donors enables us to remain politically, economically and denominationally independent.

Despite our small organizational structure our projects have a huge impact for the affected people. Not only the number of patients, the educated nurses and midwives, the built and renovated facilities, the renewal of infrastructure and the supply with medication and food are proof for this. But also people’s rising hope for a better future, the newly created perspective, their strengthened trust and their recovered motivation visualize the impact of our work.

The whole population should be able to participate in the health care system of its home country. With our commitment we build structures that are not only beneficial for individuals but can also change a society sustainably. After projects are finished we leave functioning structures that can be used for the well-being of the population. The training of staff does not only serve their personal development but the medical specialists’ patients also benefit from their extended knowledge.
Access to the health care system

Our effort holds true for the vision to create a world in which every country is able to secure the health care of its population by its own efforts.

Because: A health care system that opens up for the whole population and also includes those that are without any means is a keystone of an intact society. With this vision in front of our eyes we work on our projects on different levels in order to improve the local health care structures.

Our commitment is sustainability-oriented and thus clearly goes beyond acute medicine.

Which is why first, we set great value upon the training and development of local staff. In workshops, advanced trainings and daily work our employees pass on their expert knowledge from the fields of medicine, care and technology; in Afghanistan we even run a two-year training program for midwives and nurses.

Secondly, we support our local partners in the development of an effective administration program which ensures the independence of the facility in the medium to long-term. This includes the optimization of the infirmary processes, the
development of a documentation scheme and last but not least the implementation of a financial concept that identifies earning potentials and enables the monitoring of spendings.

Thirdly, we develop a technical infrastructure that simplifies medical work or enables it in the first place. Through the construction, overhauling and restructuring of facility complexes as well as the installation of power and water supply we build secured spaces in which patients can be treated trustfully.

In order to ensure care of patients we, fourthly, support the health care facilities with the delivery of medication, medical and technological equipment as well as dressings. Furthermore, we run immunization campaigns, we offer prematurity medical care as well as consultation hours for diabetics and treat uncountable patients with chronic nutritional deficiency and undernourishment.

The fewest people leave their home to find themselves in a foreign country with an uncertain future when they feel safe and well cared for at home. With our work Cap Anamur wants to improve the living situation of the people in need and thus give them hope for a better future in their own homeland. We set great value upon keeping our work independent - and in two different ways: on the one hand we support people regardless of their ethnic background and skin color, political opinion, religion, mother tongue, social background, disablement, age or gender.

On the other hand, our commitment only acts in the mandate of private donors who value and foster our projects. This kind of funding secures our independence from contributions led by interests of big companies or institutions.

Under these circumstances we, as a small organization with a lean administration, work every day to realize our vision.
Talking to our CEO and Managing Director

Although the Ebola epidemic has been declared over, it has had serious consequences for the West African countries affected. What is your assessment of the current situation in Sierra Leone, a country that Cap Anamur has been active in for several years?

Werner Strahl: Sierra Leone’s health system, which was already fragile, completely collapsed with the burden of the Ebola epidemic. In this country alone, the virus took over 3,500 lives, including 400 healthcare workers. Hospitals were forced to close and it was not possible to treat patients with curable diseases, such as malaria and lung infections. During the epidemic, there was one doctor for every 30,000 people; now the ratio has fallen to one doctor for every 50,000 people. In addition, the country still has to recover from the economic catastrophe caused by the breakdown in cross-border commerce that lasted several months. We were active in the country throughout this difficult time, providing support by operating an isolation station, organizing a hygiene project for public toilets in the slums of the capital and running a shelter for Ebola orphans. Our focus now is on rebuilding the healthcare system. As we have seen with isolated new infections in the recent past, Ebola outbreaks will continue to occur in Sierra Leone. With greater awareness among the general population following the epidemic and an increased number of competent laboratories, we are optimistic that future outbreaks will be detected early and contained within local areas.

Bernd Göken: We see the current situation as an opportunity to help the entire country. Cap Anamur has been working at a hospital in Makeni in the center of Sierra Leone since mid-2015. The hospital lost 20 employees to the virus. Our young team is collaborating with the highly-motivated local staff to reestablish the clinic.

As well as providing expert training, we are also supplying medicines and medical devices, teaching staff how to use technical equipment and repairing the whole hospital. We are expanding the range of available treatments, such as by building a new intensive care unit. This is generating an incredible amount of motivation from the local staff, which is absolutely essential for rebuilding the health care system.

The topic of refugees became a sociopolitical focus in Germany and Europe in 2015. How important is this topic for Cap Anamur?

Werner Strahl: Cap Anamur was founded to save Vietnamese refugees from the South China Sea, so the topic of refugees is one that is close to our hearts. After being severely penalized by the Italian government in 2004 for our activities rescuing African refugees from the Mediterranean Sea, we have concentrated on helping refugees in their home countries. It is our firm belief that humanitarian assistance is most effective when it is deployed in the countries where the distress originates. Nobody decides to leave their country voluntarily and choose an uncertain future for their families if they feel safe in their own country and see opportunities there. Cap Anamur’s aim is to improve the situation in conflict and crisis regions, thereby reducing the need for people to leave their home countries. Of course, we can’t
end wars, but we can provide medical aid that will act as an important pillar of the social system. This is the only way for us to be able to make lasting change.

Bernd Göken: This is why there are no Cap Anamur projects along the European refugee routes or near the Italian and Greek islands. Instead, we are directly engaged in places like Syria, supporting several underground clinics that treat the people who have remained behind. We are also active in the neighboring countries of Lebanon and Jordan. While thousands of Syrians have managed to leave their country by crossing the southern border, they are largely destitute. The majority lack the funds for the journey to Europe. In Lebanon, they try to find a place for their families to stay among abandoned buildings or in wooden shacks, trying to earn some money as day-laborers. While they haven’t given up hope of returning to their homes, the food aid they rely on is being successively reduced, with a ten-person family now receiving just $150 a month to spend on groceries. In Jordan, the situation is similar. Hundreds of thousands of refugees are arriving in the cities of Irbid and Mafrak in dire circumstances. Anyone who has left their home country is already suffering a lot. If there is no support for them, it is extremely difficult not to give up hope. We are helping these people medically, so that if nothing else, they have one thing less to worry about.

In your opinion, which ongoing conflicts are currently not receiving enough public attention?

Bernd Göken: The list is long. For example, you have the armed conflict in the state of South Kordofan in Sudan. The Sudanese government is bombing the entire region in order to eliminate the rebel groups fighting for the area to become part of South Sudan. The state-backed militias don’t care about the civilian population. Blanket bombing and powerful ground troops are driving hundreds of thousands of people from their villages. The barren region has left them with no choice but to seek safety in the numerous caves found in the mountains. The lack of food and water even forced many to flee to South Sudan, only to be confronted with yet another conflict and return to the mountains. We have written a letter to the German Foreign Office, calling on it to work toward achieving a peace agreement - unfortunately, we haven’t received a response. Moreover, this conflict is not being covered by the media either.

Which challenges will Cap Anamur face in the next few years?

Werner Strahl: In view of the global build-up of arms, the likelihood of peace breaking out is diminishing. We will continue to condemn this development and inform people about the situation in crisis regions far from tourist hotspots. Sadly, there is no solution within reach for the complex Syrian conflict. As soon as the situation improves and it is possible to think about rebuilding the country, we will most definitely be involved.

Bernd Göken: In short, we see it as our duty to follow the mandate given to us by our donors and collaborate on professional development projects. We are resolutely opposed to the current trend of new initiatives that only offer assistance for an intense but short period. Over the coming years, we will do our utmost to maintain our high standards and implement effective projects, working with local colleagues over the long-term to help people in desperate situations through no fault of their own. We will manage these projects in such a way that it will eventually be possible to hand them over to local administrators. While there are many complex conflicts across the globe today, if we remain true to our principles - as we have during our organization’s 36-year history - we will continue to achieve our goals for the poorest people in the world.
Every trouble spot in the world takes on a character and urgency of its own, depending on the political and economic situation, religious backdrop, tribal affiliations, culture and climate. For this reason, our day-to-day activities are conducted in a way that meets the specific requirements of the project country and we remain exclusively focused on the emergency at hand. Each mission is individual and can’t be suddenly uprooted and moved to in another location. If the situation in a country changes, we adapt our strategy so that our activities address the new circumstances. By doing this, we maximize the amount of targeted assistance we are able to deliver to people in need.

Our missions are vary greatly from one another, but they each share a common core that involves us carefully integrating our work into existing structures and incorporating the skills of local staff in the project. This not only facilitates the initial phase of a mission, it also paves the way for the people from the region to identify with the project, making the mission more effective. As a result, there is a greater likelihood that the work will continue at the same intensity after we have left and responsibility for the project is in the hands of local administrators. Furthermore, to stimulate the local economy, we usually buy all medicines, food and construction materials in the project countries themselves.

As an organization whose core focus is on medical assistance, the majority of our projects deal with providing healthcare to people in distress. However, in order to make lasting change in our project countries, we are also dedicated to supporting education and construction. These activities are usually closely tied to the strategies of our medical missions, but sometimes take place as separate projects. The next few pages offer an overview of some of our projects and the main focuses of our work.
**Recovery after Ebola**

For Sierra Leone, 2015 was yet another year marked by the Ebola epidemic. Precautionary measures governed every aspect of daily life, either imposed by the government or put in place by the people themselves. For a long time, schools remained closed. There were no visitors at the beaches, and people stopped making physical contact when greeting each other. The healthcare system, already fragile before the epidemic, fell apart entirely with the arrival of the difficult-to-control virus. Over 3,500 people died from the epidemic in Sierra Leone alone. Around 400 of those were healthcare workers. It is precisely these trained medical staff that hospitals and health centers lack today. While the epidemic still was spreading, the majority of clinics were forced to close for a while. This meant it was not possible to care for people with treatable diseases like malaria and lung infections. Many of these patients, left to fend for themselves, succumbed to their illnesses, thereby becoming indirect victims of the devastating epidemic.

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*Sierra Leone’s health system has been fragile ever since the civil war in the 1990s; the Ebola epidemic made it collapse entirely.*

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Cap Anamur ran its isolation station for identifying and caring for suspected Ebola patients until the end of October. By this time, there were hardly any new infections in the region, so it was possible to bring this project to a close. However, even at the height of the epidemic, it was clear what our next task in Sierra Leone would be - helping rebuild the country’s shattered healthcare system.

**Strategic orientations**

Alongside our ongoing street children project in the capital Freetown, we decided to assist the reconstruction of Sierra Leone’s health service. After various assessments, we selected the hospital in Makeni, a town in the center of the country, as the location of our next project. The hospital’s dedicated staff suffered enormously during the epidemic, with 22 workers dying after being infected with Ebola. Construction work ground to a halt and the epidemic made it impossible to use certain medical equipment. The clinic is in need of comprehensive assistance to be able to operate as proper medical center again.

**Implementation and effects**

After reaching a basic agreement with hospital management and the health ministry about collaborating on the project, it was possible to form our initial team in Makeni. First of all, they assessed the situation at the hospital in order to be able to plan more precisely. We were then able to make the first orders for medicines and bandaging materials and deliver them to the newly reorganized pharmacy. Structural defects on all the buildings were documented and assessed for urgency. Important matters were dealt with quickly, such as supplying every building with electricity, light and ventilators. Existing equipment was repaired or replaced.

Our medical personnel made a detailed assessment of the daily working processes of the stations and accompanied local staff in their routines. The most pressing need in this regard was the introduction of a new documentation system to ensure the most suitable treatment is selected.
for each diagnosis. This has made it possible to arrange specific times for visits and shift-changeovers.

A new sterilization room was set up and fitted with disinfection equipment, which staff received training on in several workshops. In fact, one of the main focuses of our team has been training the local personnel. At weekly sessions, they broaden their knowledge in a variety of disciplines.

Patient medical care improved as soon as our first measures were implemented. The local staff are now better able to interpret laboratory results, make more precise diagnoses and therapy is more effective. Patient numbers confirm the trust people have in our work. In the first phase of the project, around 1,700 patients used our hospital on average each month.

Control mechanism

In Makeni, as on all of our projects, we monitor the flow of capital, order lists, deliveries and the distribution of materials to each station. The prescribing of drugs is also monitored, as is staff attendance/absence. Working with management, we have developed a documentation system that penalizes absenteeism.

Perspective for future

By the end of the year, the project will be on a solid footing. The collaboration with staff and management has been a success, construction work is progressing well and the medical training sessions are well attended. We are going to build on these achievements next year. Our team is working hard on to construct an intensive care station and fit it with all the proper equipment. Moreover, the project will be supported by additional physicians, specializing in different fields, who will pass on their knowledge through the weekly training sessions. Over the long-term, we are striving for the hospital to operate on its own and act as a cornerstone in the rebuilding of the country’s health service.
Bangladesh is among the poorest countries in the world. Besides external factors like speculation on food, land theft or the role of the country on world markets, internal factors contribute to this status, too, like access to education, status of women and natural disasters. An imbalance in distribution of resources and power strengthens the uneven social situation.

Even when recently it looked like the role of women would have improved- for instance by implementing a quota for women in parliament- the discrimination for women from lower social groups is evident. While women became legally stronger through pressure from civil movements, they still are excluded from civil decision making due to an illiteracy rate of 45 % and they are economically dependent on their husbands. With divorce or dead of the husband the situation gets worse.

Extreme poorness excludes these people from most civil life. Not only participation in economic exchanges is limited, but the access to healthcare and education, too. Lack of school education diminishes the perspective for future. Due to high prices for food it is impossible for the Ultra Poor to receive adequate nourishment, which leads to worse state of health. The treatment of undernourishment or false nourishment, wounds and infections, but also necessary surgery or treatment for pregnancy and help with childbirth are not affordable for them. A cost free healthcare for deprived people does not exist.

**Strategic orientations**

Our approach in Bangladesh is focused on this situation of health care for the poorest. We want to open the door for them to cost free healthcare.

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**Our engagement aims for providing access to healthcare for extremely poor people.**

Our strategy is as simple as successful: We support medical facilities with medicines, medical equipment and medical dressings to treat deprived people cost free. In light of the disadvantages for women we put most emphasis on treatment of female patients and their children.

**Implementation and effects**

Following this strategy we supported 8 medical facilities in the country. So month by month we could reach over 9,000 patients, who previously were excluded from medical treatment. The various diseases now are professionally diagnosed and treated. The number of childbirth in hospital has duplicated. Pregnant women in poor economic situations, who were forced to give birth to children in their living huts, now are assisted in hospital by midwives, nurses and doctors. While previously only 10 to 12 birth took place in hospitals annually, now there are 20 to 30 monthly.

During the second half of this year we have decided to include non-governmental medical institutions in or support program. These organizations are specialized in dealing with the Ultra Poors, have good connections and have the trust of the people. They are closer to the people we want to reach.
Cooperation with the non-governmental sector provides new perspectives

We entered into cooperation with four non-governmental hospitals and a school for physically and mentally handicapped children. While so far the hospitals could only treat 150 to 250 patients a month, now the number has increased to about 1,000. Women and children account for about 80% of patients. The engagement in the non-governmental sector also will enable us to send our doctors to the country, which was not allowed in the governmental system.

Control mechanism

All transfers of money and goods - starting with ordering to delivery to supported institutions - are observed by our local staff. There are no transactions without our approval. All facilities account for number of patients, diagnosis, therapies and use of medicines, which is checked by us and adjusted with the stockpiles. Our local staff visits all partners periodically but unexpected; twice a year a member of the management or the board notes the status of the project and plans further development.

Perspective for future

With the extension to non-governmental institutions we expect a better access to the poorest people. We continue to work for an improvement for the Ultra Poors, namely women and children. We plan to send own medical staff not only to treat patients, but also educate local staff to further develop the facilities.
New construction of hospitals

Since decades Afghanistan has unclear structure of power, complex security issues and unsettled population. Latest since 5 years ago the Taliban regime was overthrown after the attacks of September 11, 2001, regional power structures came into force again and this until today complicates implementation of effective structures on a countrywide basis. While political influence of official governments does not reach far beyond the city borders of Kabul, political and religious leaders of various tribes fight for regional power in the 34 provinces. This unorganized situation is an ideal breeding ground for a reinforcement of Taliban.

According to “Global Terrorism Index 2015” Afghanistan is second behind Iraq in the list of countries which are struck by terrorism. Fear and uncertainty dominate day to day life of people leaving flight as the only realistic alternative from a life without any perspective in their home country. Since mostly higher class people can afford the cost for leaving, Afghanistan for many years now experiences the loss of talent, artists and specialists, which now cannot contribute to the political, civil and infrastructural reconstruction of the country.

In most civil fields there is a lack of functional facilities, in the medical sector alike. Most hospitals in Afghanistan are leaded by government, but despite this ensures financing of operating cost, there are by far not enough hospitals to provide adequate service for the people.

Furthermore most of the hospitals operate in centers like Kabul while in rural regions the support is worse. The long journeys to medical facilities are not only dangerous, but expensive, too and thus for severe sick or pregnant women not achievable.

Strategic orientations

As the governmental healthcare system does only provide financing for operation of own hospitals but has no budget for new-builds, no improvement for the support of rural population can be expected. Here our strategy starts: Cap Anamur constructs hospitals in rural areas, operates them together with locals for a mandatory period of three years and then transfers them to local health ministers, who include the facilities in the governmental system and ensure financing.

Our target is the improvement of medical support for the people by new construction of hospitals which is not financed by government.

Thus we close a gap in the healthcare system. The network of support becomes tighter, medical treatment easier to reach.

Implementation and effects

In close consultation with local authorities and health offices our employees, familiar with the situation, define a place for a new hospital. We use local architects for planning and run the construction with local craftsmen and logistics.

After construction we deliver the necessary fixtures, assure the permanent support with medicines and materials and install modern medical equipment. The hospitals are constructed in a robust and sustainable way in order to contribute a major share to the improvement of the healthcare system in Afghanistan on a long term.
We have already erected five such hospitals and transferred to the government system. As planned all facilities are in operation and provide services to people who were previously excluded from medical support. They offer wound care as well as birth help and complicated surgery.

Mid of 2015 we finished construction of the 6th hospital, which will be transferred into the government system after three years.

Control mechanism
In light of the high danger for foreign staff of aid organizations in Afghanistan we operate with local staff only. All threads come together with our Afghan project coordinator, who define locations, negotiate with ministers, keep the project cash, employ and pay staff and organize ongoing construction as well as order medicines and technical equipment. Any phase of the project is closely monitored, documented and coordinated with the executives in Cologne.

Perspective for future
After finalizing construction of the 6th hospital we will run it for three years and transfer it. We are thinking about construction of a nephrologic clinic to improve treatment of dialysis patients. Here we want to increase our engagement.
Nepal is located on the borders of the Indian-Australian and the Eurasian tectonic plates. The pressure caused by movement of these plates on April 25th, 2015 unloaded in an earthquake in the strength of 7.8. The epicenter was located about 80 kilometers north east of the capital Kathmandu. Until mid of June aftershocks hit the region. In the areas affected almost 8,800 people died, another 22,300 were seriously wounded. Countless houses, schools and business buildings broke down, some buildings belonging to the world cultural heritage were destroyed, too. Most access roads were buried, the deliveries of electric power and water collapsed.

Strategic orientations

The international community mostly reacts within days after such natural disasters. Normally the aid reaches the regions easy to access and with dense population first. Step by step then remote areas are supported. Our three-person team-two nurses and a logistic expert- therefore was instructed to move directly into regions, which were not supported by other aid organizations. There the needs for support should be evaluated and actions taken accordingly.

Implementation and effects

In the morning of April 29th our team arrived in Kathmandu and immediately proceeded to Bhaktapur, some 15 kilometers east of the capital, in order to reach the small villages around the there, where no help had started yet. So our team reached Judeegaun, a remote mountain village, which could no longer support itself. Out of 1,900 inhabitants 9 were killed by the earthquake, another 60 heavily wounded and others suffered from smaller injuries. In the ruins of the village, destroyed to 90 %, most people lost their farm animals, which are the existential cornerstone of living in the mountains.

First we put priority on the medical support. Our team erected a treatment station and took care of wounded and sick patients. In parallel our logistic expert organized purchase and deliveries of medicines, dressing materials and food as needed. Due to the broken down infrastructure the transport was a real challenge. In cooperation with a local NGO, familiar with the region, we could organize transportation in a short period of time.

While the station had all necessary medicines available, we handed out food to the people enough for one month.
Besides this first aid another need was evident: Our support for reconstruction of the village. The school had functioned as the central institution for the village, where the civil life took place and where the children had a perspective. Such we decided to focus on complete reconstruction of the school first. To prevent for further earthquakes we consulted with a local architect and took a shockproof construction mode. After removing the debris, improving the access roads and thus making transportation possible again, the reconstruction could start. We planned five buildings for classrooms, offices, storage rooms, cantina and sanitary facilities. End of 2015 all buildings were erected, detailed work for the interior started. We had an administrative success, too. Previously children up to class 8 had been educated in Judeegaun. Older children had to walk day by day for two hours to their school. In the new school now about 300 pupils up to class 10 can be educated.

Control mechanism

The project is controlled closely in all stages. This starts with the definition of the site, which was made by our team and leads to a documented evaluation of needs in order to estimate efforts and cost well beforehand. On this basis our logistic expert initiated procurement of medicines, food and construction materials with a local supplier, who could offer the goods in good quality and reasonable local prices. Checking of deliveries and payment followed the “four eyes principle”, every single expense is documented on paper. The construction progress, the deliveries and usage of materials as well as building inspections are permanently performed and documented by our construction supervisor.

Perspective for future

The official opening ceremony and start of operations are planned for spring 2016. Further we will ensure water supply for the school by drilling a well and installation of a pump.

Another mountain village in the region, Chanden, suffered a similar fate like Judeegaun. Here the earthquake destroyed the village school, too and took away the education center for the children. In 2016 we plan to erect a school here, too, alike the one in Judeegaun.
The tragedy of our decade

In 2011, driven by the dynamics of the “Arabian spring”, people gathered on the streets in Syria to protest against the Assad-regime. The violent repression of the protest by the government was the start of a still ongoing conflict, which became more and more obscure and unpredictable.

Large parts of the country were destroyed and don’t provide a living base for the people nor are a prospective for future. According to official sources more than 6.6 million people live as refugees in their own country. More than 4.9 million left their home country with the hope to find preliminary shelter and safety for themselves and the families in another country.

In 2015 the political focus was put on the desperate people, among them a lot of refugees from Syria, who came over the Mediterranean Sea or the Balkan-Route to reach European states. The public discussion was swinging between a welcome culture and isolation. In this climate we were addressed with many questions, how we would participate in improving the situation- as our organization was born from an idea to rescue refugees.

Strategic orientations

Our concept – different from other initiatives- does not start at the borders of Europe or along the permanently moving flight routes. We want to support people at site, where the pain occurs and we can contribute in an ideal case that fleeing is not necessary.

Furthermore we there can reach poor parts of people, who could not afford the high cost of a move and thus rely on external help. As we are mainly an organization for medical aid, our prime target is the support and treatment of wounded and sick Syrians, who flee from the war within their own country or tried to find shelter over the border in Jordan.

Implementation and effects

As staff of aid organizations became targets of kidnapping and aggression, the operation of a project requires an in depth preparation, good knowledge of the country, of politics and culture and a good network- especially in Syria. Healthcare facilities are no longer safe places in Syria. Hospitals are attacked systematically, either from the air by the regime or on ground by the so called Islamic state, as it happened to our health facility in the North in 2013. We withdraw from Syria after this event and transferred our work into the neighboring Jordan, but since this year we are back in Syria again.

As hospitals are attack targets healthcare has to act undercover.

Medical aid can only be performed in the dark. The danger of an attack is too evident for organizations, doctors and patients. Common houses now host improvised medical facilities, spread over several streets of a city. Well camouflaged there is for example an internal department, while surgery with almost continuous operations are going on in another one.

Cap Anamur delivers medicines, materials and medical equipment to those small stations to enable the treatment of patients. On all sites we also take part in paying the staff, who stay in the country and support the people despite all dangers.

Besides this way of aid we support two polyclinics in Syria. Some Syrian doctors take care of their compatriots in secret places. In vascular
surgery more than 150 operations per month are conducted. In all we reach about 7,000 patients per month, who would have no medical support without the underground clinics.

In 2015 our work in Jordan was a major contribution to healthcare for Syrian refugees near the border. In cooperation with a local NGO we were able to overcome administrative hurdles and operate a polyclinic in Irbid. General practitioners, paediatricians, cardiologists and orthopaedists treat about 150 patients per day. Two dentists work around the clock, too. In light of the poor dental treatment facilities in the region this part of the clinic is of major importance.

Control mechanism

A project under the circumstances like in Syria not only requires administrative control, but first of all effective measures for the safety of staff. Too much PR could have very bad impact for all involved. Therefore we do not publish project sites, names of staff and details of our work. In light of the extreme dangers for foreigners we use only local staff in these projects. They have a better assessment of the situation at site, can rely on their network and do not attract public attention, like Germans would.

In the Syrian and Jordan healthcare institutions we make sure that aid arrives were needed by handing over goods and money personally. We document number of patients, sicknesses treated and usage of medicines on a monthly basis.

Perspective for future

Since there are no signs for an end of the war, we continued our work into the new year. We will adjust our engagement in line with the development of the conflict. Thus we are in a position to react flexible on dangerous situations and extend our help ore withdraw our staff.
A country with ongoing conflicts

Since decades there is a refugee crisis in Sudan, only taken as a footnote by the media reports. Most of all the state of South-Kordofan is hit by permanent fights between government troops and rebel-militia. With the constitution of South-Sudan as an independent state in 2011, the area, struck by fighting for many years, even more came in the crossfire of rivaling groups. While the population tended more towards the South, officially the region was assigned to the North, based on questionable election results.

As the armed section of the government party the SPLA-N (Sudan People’s Liberation Army-North) fights against the government troops of dictator Omar al-Bashir. The government not only fights against the rebels, but it’s strategy is to attack civilians rigorously. Thus in ground fights but also from the air, housing areas are destroyed, harvest and livestock plundered and burned, water pumps blown up and schools and health stations broken down. The government does not shy away from using cluster bombs, which are internationally banned, whose countless explosive devices mine the living and growing areas and make them unusable.

Most civil people flee from the ground fighting and the comprehensive bombing to the Nuba-mountains, which stretch over the whole state of South-Kordofan. Lack of food, minor water reserves and poor healthcare make living there a fight for survival. These unfavorable conditions are burdensome especially for children in two aspects: Phases of malnourishment have negative impact on their physical development, while the traumatic experiences cause the same on their psyche. Fleeing to the South is no solution. Here, too, an obscure war dominates the daily life, where different groups with different ideologies fight each other on the cost of the civil people. Tens of thousands of internal refugees fill the camps to their limits.

Strategic orientations

To counteract this dilemma we offer a network of healthcare in the mountains, which comprises a central hospital in Lwere and five medical stations in a radius of 100 kilometers around. With these outposts as satellites of the hospital we assure basic medical support in the remote areas.

Our target is medical support for refugees in the Nuba-mountains.

We include local people in all areas of our health stations. Such we are employers, too, and secure living basics for numerous families. Furthermore this type of participation enhances the identification of local people with the project. The hospital is integrated fully in the social structures of the community and is a central contact for the people. The trust of the people in our work is basis for the high efficiency of the project.

Implementation and effects

In our Lwere hospital we offer therapies for a broad spectrum of diseases. Most patients come to us with malaria infections, burnings or because of malnourishment. In Lwere we treated about 60,000 people in 2015, with 130,000 in the five stations around. We performed 573 operations last year. We offer preventive inspections for pregnant women. Furthermore midwives, nurses and doctors support the pregnant women to birth and provide further inspections thereafter. Our laboratory delivers reliable results, which are interpreted and such form basis for treatments.

Our employees sent to Sudan put much emphasis on the education of local staff. Continuing education is of major importance, being it with the
patients, analysis of laboratory results or the ope-
ration of medical equipment.

Regularly we conduct vaccination campaigns and
immunize the major part of the people in the
mountains against polio, measles, tuberculosis,
diphtheria, whooping cough, hepatitis and tetan-
us. In 2015 we vaccinated 18,260 children and
2,645 women.

The hospital is constantly changing: In 2015 a
bedding store for stationary patients was added.

Control mechanism

Due to the remote project area we have again
made two major semi-annual procurement cam-
paigns and have delivered the goods to the tar-
get areas. These big purchases are not only a
logistic challenge, but require an ongoing and
in-depth control. First the inventory at the stati-
on is defined. From there we calculate the need
for food, medicines and construction materials
materials for the month to come. After checked
in Cologne headquarters we ask for bids from
different suppliers. Once having a supplier de-
dined one of our employees accompanies the
hand-over, loading, transport and offloading of
the goods. The payment procedure is handled by
Cologne headquarter and follows the four-eyes-
principle.

Access to the medical store is limited to our em-
ployees, who organize a daily hand out in line
with the needs. Our cash at site, which we need
to pay wages, are kept very safe and is accessible
for our cash manager only. On a monthly basis a
cash report is sent to Germany, as well as statistics
about patients and reports about medical and
constructional developments. We provide techni-
cal equipment in order to enable communication
about political developments at any time.

Perspective for future

The political situation did not ease in 2015. A
peace process could not be started, thus leaving
South-Kordofan as a crisis region. In order to re-
ach more people with medical aid we plan to con-
dense our net by erecting more health stations.
Focus Education – All project countries

Cornerstone of every development

Education is a powerful engine for personal and social development. Investment in education of individuals not only enhances individual chances, but generates social effects, too. Especially in the context of medical care winning is obvious: Single persons gain skills and know how in diagnostics and therapy, use knowledge practically and such earn a living for themselves and their families. Socially their actions are relevant for numerous people as patients and this not only by an improved health, but frequently in an existential dimension by treatment of life-threatening sickness such as malaria.

Education is a powerful engine for personal and social development, which we support on all levels in our projects.

In a lot of countries all over the world medical experience is not comprehensively given. Remote village areas have minor chances and it takes higher efforts to participate in offers for education, which are mostly available in urban centers. For well educated experts big cities are more attractive then remote areas. Besides geographical components political developments lead to medical deficits. Wars and fighting create the so called brain drain, i.e. the exodus of well educated people. As can be seen in Syria, Afghanistan and other crisis regions a lot of doctors leave their home country in fear for their lives and such are missing for the people staying.

Looking at the process of the Ebola-epidemic in West-Africa, we can note another tragically mechanism, which can erase the medical competence of a country in a short time period: Sierra Leone alone lost 400 people working in healthcare by Ebola.

Cultural traditions and roll allocations within a community also can contribute to a unbalanced healthcare system. When in an archaic dominated country like Afghanistan women are not allowed for paid work, they are missed in medical professions- mostly in sensible fields like gynecology and birth help. When male doctors are not allowed to help with birth, pregnant women can only give birth in their home surrounding assisted by female laypersons.

The healthcare deficit of a country may have different reasons, which mostly come together and mutually strengthen the problem. However even under optimal geographical, political and cultural conditions most people lack of financial means to afford education.

Strategic orientations

In our projects we acknowledge the major importance of education for the people and the country. In all levels of our activities we put cost free education at the top. Our target in medical, technical and administrative fields is always to use existing skills of the locals, enhance them and fill gaps. We want to put them into a position to conduct their work without support from outside. Only in this way projects for development cooperation will be sustainable.

Implementation and effects

The principle of education forms basis of our work and dominates our projects. The center is medical knowhow. By accompanying the locals at the start of a project in their work, we find out at what status they are and where we have to support and further educate them. Our doctors then offer practical advice directly at the patient and add theoretical experience to that. Thus there is
a transfer of valuable knowhow in diagnostic and therapy for many diseases and for application and doses of medicines. In a rotating mode we sent doctors of different specialization in order to spread the spectrum of know how. In view of the importance of hygienic standards in medical institutions we arrange workshops for this topic in all projects. We also attend purchase and installation of technical equipment and medical facilities with comprehensive trainings for functions and operation.

We act similar on our construction sites and in administration: Craftsmen of different disciplines transfer knowhow to local workers and erect new buildings or refurbish old ones. In order to transfer the hospitals supported by us into an independent status, we need to optimize the administration. We do not renew an administrative system without including the local workers in the development and new workflow.

The results of our work we can note in all projects which we transferred to independence. Fresh experience, technical knowhow and a strict and clear administrative structure including meaningful documentation form the cornerstone of our approach.

A good example for the success of our approach is the school for midwives in Afghanistan. Here we overcome hurdles in geographical, political and cultural aspects: Most of the female pupils come from remote villages, which have no education facilities. After two years of training they return to their rural home area and improve medical support at the countryside. Despite unclear power structures and fighting all over the country our education program is politically accepted. The female graduates receive a government certified diploma after a successful final test. The successful work of these midwives attracts the attention of the advocates of patriarchal structures, too. More and more they accept the importance of women in healthcare and thus they are scratching the cultural understanding of the role for women.

Control mechanism

Before we sent employees into projects we check qualification and knowhow. Besides expertise we also look at the capability to convey items understandable and appropriate.

Our local employees show day by day in their practical work how their knowhow is growing and if they use it in the right way. We can interact for optimizing at any time. In the midwife school there are frequent tests, to document gain of knowledge and show strength and weakness.

Perspective for future

According to the success of our concept we will continue to put education in the focus as an instrument for sustainable cooperation. For example we plan to extend training in Afghanistan from two to three years.
In light of the high mother-child mortality in the country we run a training program for midwives since several years. Young women from the underserved regions come to Herat in our biennial course and return to their home villages as fully educated midwives. There they offer professional support to many births, taking place in home surroundings. The female pupils are educated by local teachers in theory and practice. We have developed the curriculum together with the local minister of health and thus the final examination is accepted by government. We carry all cost for training, learning material, food and accommodation. Meanwhile we have educated about 120 midwives in five years. We offer courses for “Community Health Nurses”, too. This training will be extended by one year to a three years training. We plan to educate female and male pupils in mixed classes. Furthermore we support the dialysis station in Herat since one year and deliver special filters. 1,200 patients have been treated here last year.

Since two years we work for a better medical support in the rural areas of Bezaha and Fandriana. We finished construction work in the middle of 2015 and transferred the project to the locals. They are now able to run the health facilities on their own, after we have educated them in medical issues and administration. We keep contact to the local team and follow the development of the project.

The cooperation with this country was still very difficult in 2015. We had the opportunity to bring an X-ray device into operation in the city of Hae-ju, but we were denied any further activity in this region. Despite the misery of the people requires humanitarian efforts, further projects are in doubt. The lack of cooperation by the officials impedes any meaningful work. We still hope for signs of cooperation in order to help people outside the capital Pjoengjiang.

We continued our contribution to fight Ebola with our isolation station which we erected in 2014. In 2015 we treated 2,676 patients in this station. The number of positive tested patients decreased rapidly towards the end of the year 2014: As we noted 89 cases in November 2014 and 57 cases in December, in January there were 16 cases only. During the course of the year there were only 11 new cases; thus we could shut down the station by end of October 2015. In parallel we started a hygienic project, which is concentrated on the focus of infections in the slums of Freetown. Local workers cleaned public washrooms and paced disinfection materials and soap. With relatively low financial input we thus could reduce a further spread of the virus. As it was very successful we will continue this project in 2016.
Uganda

In 2015 we continued our medical, technical and administrative support for the hospital in Lwala. Besides deliveries of medicines, equipment and mattresses for patients-beds our team coming from different medical fields put emphasis on training of local doctors and nurses. Thus we increased their knowhow by working with patients but also in theory. Most of all we were successful in the fields of an appropriate prescription and dose of medicines and rise of hygienic standards by breaking with former routines and replaced them by modern workflows. We continuously renovated the buildings respectively replaced and extended them. In administration we put our focus on looking deeply in the financial system. Incoming and out flowing funds were analyzed and checked for unclear issues, obsolete expenditures were stopped. With clearing of the financial streams we came closer to our target to transfer the hospital into independence.

Ukraine

Cap Anamur supports a hospital in Switlodarsk, close to the war frontline between Luhansk and Donetsk. The facilities partly have been destroyed by bombs and many employees flew, while the government in Kiew gave up the hospital. Our team together with a local NGO evaluated the damages and developed a concept for refurbishment. In 2015 we repaired the building, delivered medicines and paid the local staff. Doing this we not only achieved a complete renovation of the building but could win back employees who had left. The hospital now works in full capacity with a motivated team.

Central African Republic

In 2015, too, the political situation was critical and not free from unrests, which occurred between rival militias of Muslim Seleka and Christian Anti-Balaka. The planned elections for president and parliament had to be postponed several times. When the elections took place finally at year end, they were surprisingly calm. The situation was very relaxed in our headquarter Bossembele, which is located about 150 kilometers north-west of the capital Bangui. Our team could concentrate on the medical and technical issues of the project. For example we have comprehensively renovated and enlarged the department of pediatric, delivered new beds and examination tables and started operation. Our medical team made multiple trips to remote villages and treated the people who could not come to our hospital either because they could not afford it or they were sick. We combined this mobile service with a vaccination campaign. We were able to remove our team from the hospital in Bouali, our second project site. After we had supported the hospital for two years it now is a stand-alone operation. We are still active in Yaloke. We support the hospital there with medicines, help the staff and refurbish the building, lately by repairing the electric power and light system.
Reflection

Active

Cap Anamur has been active for many years in areas beset by conflict and crisis. In order to achieve our aims in the areas in which we work, we deploy proactive, open-minded, hands-on people with expert knowledge and the ability to put the relevant theory into practice. They have to act quickly in times of famine, in case of natural disasters and in acute situations of conflict in order to help the people in distress. In order to sustain their effects in the long term, however, development cooperation projects also need intensive preparation, even under time pressure, consistent oversight, and critical self-analysis and follow-up – in short, an ongoing process of review and reflection.

Reflective

Each of our actions is the result of a process of theoretical deliberation leading to practical engagement. New experiences gained in practice are directly incorporated into this process. Our reflection is focused on the observation of the project progression, the assessment and management of risks and dangers, the analysis of the impact of our work, and a set of fundamental principles to which we feel duty-bound. These aspects are unpacked in more detail on the following pages.

Transparent

It is important for us to have maximum possible transparency at all operational levels which enables all donors, institutions, organisations and those interested in our work to understand and relate to our approach in theory and in practice. With this in mind, we make no secret of our activities, plans, ways of thinking and financial position, and this information is available for anyone to see in our print and online publications and, not least, in this annual report. The German Central Institute for Social Issues (DZI) also inspects our association regularly and has for many years commended our organisation without reservation.
Humanitarian projects forming part of development cooperation work are of vital significance for the people living in crisis-hit regions, regardless of the nature of their plight. People who need help in these situations frequently need a swift and efficient response without the delay of unnecessary bureaucracy. But the mere distribution of relief supplies is sorely inadequate as a long-term solution. In order to guarantee the sustained success of the work, there is a need for conscientious and responsible observation and follow-up of the progression and impact of each individual project. Cap Anamur has developed an extensive set of tools to meet this requirement. We are therefore equipped not only to help in an expedient manner and to target aid where it is needed but also to embrace the trust placed in us and to attend to our duty to put the donations to appropriate and effective use.

We help quickly and without unnecessary bureaucracy while monitoring all the aspects of any given project.

We always work with an exceptionally high proportion of locals in the countries in which we are engaged in aid projects. There are two major advantages to this approach as opposed to running a project solely with workers posted from other areas or countries. Firstly, the local people identify with our projects to a high degree and there is a great sense of ownership of the projects. Secondly, we help by creating employment options and offering the prospect of paid roles for those involved in the work.

Workers from Cap Anamur are also on location at all times during the project to oversee the allocation of funds. This includes checking that building materials are used as appropriate and that relief supplies and medicines are handed out to those who need them. Records are kept as proof of necessity, and reports on expenditure of funds are held on file to ensure an ordered system of documentation allowing the use of resources to be traced. The workers whom we send to the field have the relevant expertise and the necessary experience to be able to provide a professional service in these matters. Our selection procedure involves several levels of screening whereby we check that the potential workers have the professional qualifications and personal qualities required for an overseas posting. The key question we always ask ourselves is what is best for the project and for the people in the situation of distress.

The international teams serving in the field are in constant contact with the Cologne headquarters. Information is exchanged briskly over the telephone and by email so that support can be provided on an ad hoc basis and decisions can be taken jointly. New digital communication media are facilitating ever closer contact between all the administration, coordination and project workers. Monthly reports and accounts from the relevant countries also document patient statistics, consumption of relief supplies, progress of building work and the general progression of the projects. In this way Cap Anamur can ensure that the project development can be traced at any time.

A member of the board or senior management who is responsible for the projects pays regular visits to the locations where projects are running. They have the medical expertise and project experience to be able to make a rapid assessment of the status quo in the field and to intervene, if necessary, in order to make improvements.

Despite prognostic planning, it is not always easy to make forecasts in relation to the future, even in the context of individual projects. Crises and the requirements which arise in such situations can change dramatically within a few hours. Having built a flexible administrative
system which allows rapid decision-making processes, and given its independence of public institutions, Cap Anamur has plenty of room for manoeuvre in individual situations and the latitude to accommodate such changes. As such, we are not powerless in the face of the uncertainty which is intrinsic to such projects to a degree, but our capacity to act comes in the form of flexible and sustained relief. Acting on the same principle, Cap Anamur also warrants responsible stewardship of donated funds because the proper use of the funds can only be guaranteed by adapting the projects to the conditions on the ground in a controlled manner.

*Our capacity to act is enhanced by rapid adaptation to perpetually changing situations.*

Not only are projects kept under observation in the crisis-hit regions themselves but there is also an extensive monitoring system in place in the central headquarter in cologne. Incoming donations are checked daily and itemised lists are compiled for analysis. Fluctuations in income can therefore be identified in due time and factored into the ongoing project planning. Donations offered by companies or institutions whose fundamental aims are incompatible with the philosophy of Cap Anamur are refused as a matter of principle so as to prevent any undesired exertion of influence by third parties.

All outgoings are monitored in the same way. There is also a signature policy in place for buying and purchasing transactions. Representatives of the senior management and of the administration monitor all the cash flow, applying the principle that every transaction must be signed off by two people. This rules out a situation where one person is invested with all the powers of monetary control. If an employee is found to have acted in breach of the rules, a review is held in order to investigate the incident. Swift action is taken in response to the relevant findings in any given case.
Risk and Hazard Management

Risk and hazard analysis

Our work as an international aid organization committed to helping people in war and crisis regions is inevitably associated with various risks, dangers and hazards. Therefore, Cap Anamur sets great store by carrying out adequate analyses in order to pursue existing projects and plan new missions without jeopardizing any social, economic and ecological structures.

Within the framework of our analysis we distinguish between the terms risk and hazard. While we actively take risks as an effect accompanying a decision taken, hazards are external factors having an impact on our work. Therefore, we are able to knowingly take or avoid any risks, whereas we are unable to influence the emergence or degree of hazards, but can only adequately react to them.

Risks and risk management

Our way of handling donations is a good example for risks which we have to take within the framework of well-balanced decisions. All investments involve the risk of loss. Therefore, we have to pay particular attention to the use of funds on at least three levels: Firstly during the purchase of goods for our projects, secondly in respect of expenditure for the administrative operation and public relation activities and thirdly for the investment of funds (reserves) which are not immediately required. The risks of unnecessary losses are perfectly obvious, e.g. blindfold purchase of materials not being used, disproportionately high administrative expenses or speculative investment of funds so that donations do not reach the people in need.

For this very reason, our decisions strictly follow the principle of demand orientation so as to considerably minimize the risks involved.

Minimizing financial risks by early analysis according to the principle of demand orientation.

Prior to purchasing goods such as construction materials, pharmaceuticals and technical equipment, we take an inventory of the type and quantity of all available goods. Then we determine the additional resources to be purchased based on the number of people concerned and our targets. In order to gain insight into local prices, we invite offers from various suppliers, compare them and finally award the contract to the supplier offering the best price-performance ratio for our purposes.

It is simply impossible to completely avoid administrative expenses, as the implementation of projects requires a well-functioning, effective administration and project management. In the countries of our operations there must be some kind of accounting system and people responsible for the operation of this system. That applies in particular to our headquarters in Cologne, where we have to invest into the management of donations, bookkeeping, coordination and public relations in order to control and monitor projects. As we are convinced of the effectiveness and flexibility of a lean administrative organization, our team in the Cologne office only consists of five employees, thus keeping costs to a minimum. Purposely we do not have any branch offices, but coordinate all activities and processes from our headquarters in Cologne.

Within the framework of our modest, yet targeted public relations work we refrain from (costly) TV or billboard advertising. We rather focus on unobtrusively providing our donators and other interested parties with truthful facts and information by means of newsletters, mailings or flyers.
Exercising the same care and diligence, we use the existing cash reserves which are to safeguard our capacity to act in an unforeseen emergency situation such as a natural disaster. For the protection of these reserves we pursue an exclusively low-risk investment strategy completely refraining from volatile stock transactions. We cannot and will not rely on the expectation of stock market gains, because we highly respect the mandate given to us by donators, i.e. helping people in distress worldwide. Therefore, we talk to different banks and independent consultants and only invest funds so as to ensure value retention.

Hazards and hazard management

We also set great store by the proper management of any hazards which might threaten our ongoing projects, for example a drastic decline in donations or the aggravation of a military conflict or war. All dangers and hazards have one thing in common: we do not have any influence on their occurrence. However, we can take measures in order to adequately react to such hazards.

A slump in donations may be attributable to various reasons, such as a significant deterioration of the financial situation of individual donors, additional financial burdens due to unforeseen events, deterioration of the economic situation of a country and the resulting uncertainty of its citizens and fear of people of their welfare. Moreover, older people have to make additional private contributions to their pension plan in order to receive benefits in case they are in need of long-term care. The demographic change will further strengthen this effect and may have a negative impact on people’s willingness to donate money.

As a non-profit organization, we are almost exclusively funded by and dependent on private donations. In case of their absence or serious decline we have to react accordingly. Following the ideal principle of planning ahead, we now start embracing other means of fundraising. For example, we are approaching private foundations, organizers of international competitions and public investors presenting them our project ideas and asking them to partially finance them – provided, however, that the orientation of such potential sponsors or donors is in line with our philosophy. Since these financing models must ensure that our self-determined work in crisis regions is neither influenced nor impaired. Moreover, this kind of fundraising must not result in a disproportional increase in administrative expenses.

Identifying and countering hazards by means of a creative communications and networking strategy.

Cap Anamur is active in countries which are partly in an extremely critical security situation. Conflicts in such regions can escalate and may have serious consequences for our work, particularly in times, when healthcare facilities and civilians are exposed to targeted attacks. We counter these dangers and hazards by a closed-loop communications and networking strategy. In order to quickly identify any imminent dangers, all information is centralized in our organization enabling Cap Anamur to react fast and adequately. Owing to short decision paths we can take flexible action and adapt our activities to changed requirements, thus enabling short-term changes of concept or even the premature termination of aid missions, including the retreat of our staff. We protect our staff on site with de-escalating security policies as well as by networking and closely cooperating with other organizations and public institutions worldwide.
All projects of Cap Anamur are based on a concept of action which is focused on achieving a sustainable impact of our missions. Irrespective of the relevant situation in crisis zones, we use the existing structures improving them for long-term use. The continuous control of success is enabled by permanently monitoring all workflows during our missions and by supporting these missions far beyond the actual project duration.

1. Evaluation journey

The reasons for humanitarian support in a crisis region are as manifold as the requirements of the people in distress – starting from acute medical aid via the reconstruction of destroyed buildings to professional training and development. Usually Cap Anamur first dispatches a team of experts evaluating the situation on site, establishing targets and developing effective courses of action. Based on the results of this analysis, the project can directly be adapted to the individual requirements of the respective situation.

2. Leverage of existing structures

As a rule all new projects are always implemented with due regard to the existing regional conditions, thereby avoiding to superimpose them with a temporary relief action of which the local people will be deprived again upon completion of the respective project. Our approach is to carefully integrate a project into the locally existing infrastructure and staff structure.

Therefore we are able to successfully integrate domestic workers, physicians and nurses from the outset of each project. We also utilize existing buildings, traffic routes and equipment for the work to be performed. Any necessary constructions materials are purchased from local suppliers and transported in cooperation with local logistics companies. Together with the population concerned, we reconstruct and expand a functioning system which may also be used for a long time after the completion of a project.

3. Staff training

In case of a lack of adequately qualified local physicians and nurses, we provide a wide variety of intensive staff training programs tailored to closing the knowledge gaps of learners – starting from instructing them how to use new medical or technical equipment to offering them two-year training programs in order to achieve an officially approved degree. In line with the principle of “helping people help themselves” the local staff is empowered to make diagnoses on their own and perform adequate treatments.

4. Transfer of projects

As soon as the local population is able to perform the work on their own, we organize the gradual transfer of a project to local personnel. Even after the departure of our staff we continue supporting projects via regular site visits, supply of pharmaceuticals and financial support of extraordinary expenses, e.g. for the purchase of medical devices. We maintain close contacts to local decision-makers also many years after the completion of a project. Our approach has proven to be a successful, sustainable and effective method for the controlled implementation of projects.
Principles of humanitarian help for Cap Anamur

> We help people in distress as fast, flexibly and as non-bureaucratic as possible. Radical humanity is our commitment.

> We are aware of the impact our work has on the future of the people. With our work, we inspire and fulfill expectations. Our work is constructed to create long-term projects.

> We construct our activities closely with the people in need and alongside the local authorities. Our work is purely demand-oriented.

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

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

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

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

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

> We are aware, that by initiating change, we will inevitably change as individuals as well. No one leaves the project the same way he or she had entered it.

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

> For each urgent case requiring emergency assistance, we bear in mind how we can transform it into sustainable development cooperation afterwards.

> Being politically independent does not mean ‘having no opinion’ at all. Our commitment towards the persecuted and oppressed brings us inevitably in conflict with the persecutors and the oppressors. Political attention is the basic requirement for our work; only with this understanding can dangerous situations be avoided.

> We decide the location, length and complexity of our operations. That is why it is very important for us to remain independent from public funding, or economic sponsoring. This is a central condition for our work.

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

> We believe good work and operating economically, to be of highest importance for public relations.
Association structure

Organs and their tasks

General meeting

The general meeting is the highest organ of our association. A regular general meeting takes place at least once every year. The following tasks fall into its field of responsibilities:

1. Exoneration of the board of directors after it presented the annual report
2. Election of the board of directors
3. Decision making on amendments to the charter and on the dissolution of the association
4. Determination of framework conditions and compensation of the board of directors

Board of directors

The board of directors is responsible for all kind of matters of the association as long as they do not fall into the field of activities of the general meeting. The board of directors is responsible for the implementation of the charter and the use of donations as stated in the charter.

The board of directors consists of three members. The association is legally represented jointly by two members of the board in accordance per with paragraph 26 of the BGB. The members of the board of directors are individually elected for a term of two years. The board of directors acts voluntarily. The members can be compensated appropriately for tasks that exceed the board activity. There have not been compensations of this kind in 2015. Specific tasks of the board of directors are:

1. Installation of guidelines on the use of donations
2. Acceptance of the annual budget
3. Appointment of an auditor
4. Deciding on the admission of members
5. Convening of the general meeting
6. Drafting of the agenda of the regular general meeting
7. Monitoring of the execution of the decisions

Administrative office

There are four full-time employees in the administrative office and one employee who works part time. The administrative office in Cologne is responsible for the administration as well as for the project coordination in the areas of application. The board of directors delegated the internal management to Bernd Göken.

Audit

The auditing of our accounting is conducted by an external auditor. The fee for the financial statement 2015 amounts to 9,044.00 EUR.

Compensation structure

The total annual remuneration of the management amounted to 66,945.20 EUR in 2015. Despite the small number of full-time employees there is a clear regulation for the classification in the different salary groups. The compensation of the employees depends on the level of their responsibility and the period of employment. 13 monthly salaries are paid.

<table>
<thead>
<tr>
<th>Position</th>
<th>From €</th>
<th>To €</th>
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<tbody>
<tr>
<td>Support Staff</td>
<td>1.800,-</td>
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<tr>
<td>Administrators</td>
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</tr>
<tr>
<td>Experts</td>
<td>2.600,-</td>
<td>3.700,-</td>
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<tr>
<td>Coordinators</td>
<td>3.000,-</td>
<td>4.200,-</td>
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<tr>
<td>Department Heads</td>
<td>3.400,-</td>
<td>5.000,-</td>
</tr>
<tr>
<td>Management</td>
<td>4.000,-</td>
<td>5.500,-</td>
</tr>
</tbody>
</table>
General Meeting of Members
13 Voting Members

Board
Dr. Werner Strahl (Vorsitz), Dr. Werner Höfner and Boris Dieckow

Managing Director
Bernd Göken

Project Management
- Coordination:
  Bernd Göken & Christian Glückner
- Controlling:
  Bernd Göken & Liliana Caraiani

Administration
- Finances:
  Liliana Caraiani
- Personnel:
  Liliana Caraiani & Christian Glückner

Communication
- Donor Care:
  Ursula Reintjes
- Press and Public Relations:
  Stefanie Miebach

Press and Public Relations
- Stefanie Miebach
No book entry without document

With the acceptance of donations we take full responsibility to expend funds meaningful and effective. To have constant control of income and expenditures we have employed a transparent cash- and documentation system. Project managers have to submit their cash reports on a monthly basis to the Cologne headquarters. Here everything is checked and documented. In financial management we act with the principle: No booking without document.

Independent audit and opinion

Annually our financial system is audited independently. Various projects as well as central account-ing are under audit, Besides correct-ness also transparency and traceability are investigated. As al-ways in the past our system for 2015 has obtained an audit opinion without any objections.

Traceability

Following you will find most important facts to our financial situation. Thus we will let our donators know by numbers, which funds they pro-vide and how we use them for our projects.
Expenses by Project country in %

- Sierra Leone: 29.79%
- Sudan: 13.16%
- Central African Republic: 13.59%
- Afghanistan: 11.65%
- Syria / Jordan: 11.19%
- Nepal: 5.31%
- Bangladesh: 4.24%
- Ukraine: 2.79%
- North Korea: 0.16%
- Madagascar: 0.58%
- Ukraine: 2.79%
## Expenses by Project country in Euro

<table>
<thead>
<tr>
<th>Country</th>
<th>Free funds</th>
<th>Earmarked funds</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Africa</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madagascar</td>
<td>24.578,25</td>
<td>0,00</td>
<td>24.578,25</td>
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<tr>
<td>Sierra Leone</td>
<td>944.781,81</td>
<td>309.459,42</td>
<td>1.382.610,22</td>
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<td>Sudan</td>
<td>540.794,87</td>
<td>13.393,00</td>
<td>554.187,87</td>
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<td>Uganda</td>
<td>315.734,20</td>
<td>1.568,10</td>
<td>317.302,30</td>
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<td>Central African Republic</td>
<td>570.371,69</td>
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<td><strong>Asia</strong></td>
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<td>Afghanistan</td>
<td>485.051,99</td>
<td>5.565,50</td>
<td>490.617,49</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>176.040,15</td>
<td>2.400,00</td>
<td>178.440,15</td>
</tr>
<tr>
<td>North Korea</td>
<td>5.323,91</td>
<td>1.208,00</td>
<td>6.531,91</td>
</tr>
<tr>
<td>Syria/Jordan</td>
<td>318.317,07</td>
<td>152.840,71</td>
<td>471.157,78</td>
</tr>
<tr>
<td>Nepal</td>
<td>(4.238,89)</td>
<td>228.011,51</td>
<td>223.772,62</td>
</tr>
<tr>
<td><strong>Europe</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ukraine</td>
<td>113.829,48</td>
<td>3.850,00</td>
<td>117.679,48</td>
</tr>
<tr>
<td><strong>Total expenses project countries</strong></td>
<td>3.490.584,53</td>
<td>720.386,24</td>
<td>4.339.339,76</td>
</tr>
</tbody>
</table>

### Expenses for project management, Administration and public relations

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Earmarked</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project management</td>
<td>59.081,79</td>
<td>0,00</td>
<td>59.081,79</td>
</tr>
<tr>
<td>Administration</td>
<td>230.374,67</td>
<td>0,00</td>
<td>102.005,68</td>
</tr>
<tr>
<td>Public relations</td>
<td>189.287,54</td>
<td>0,00</td>
<td>189.287,54</td>
</tr>
</tbody>
</table>

### Expenses in %

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects</td>
<td>4.331.479,76</td>
<td>92,52 %</td>
</tr>
<tr>
<td>Project management</td>
<td>59.081,79</td>
<td>1,26 %</td>
</tr>
<tr>
<td>Administration</td>
<td>102.005,68</td>
<td>2,18 %</td>
</tr>
<tr>
<td>Public relations</td>
<td>189.287,54</td>
<td>4,04 %</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4.681.854,77</td>
<td>100 %</td>
</tr>
<tr>
<td>Country</td>
<td>Region</td>
<td>Activities</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>Herat/Shade</td>
<td>Training for midwives and nurses, Support for a hospital, support for a dialyses center</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Joypurhat/Noagaon</td>
<td>Deliveries of medicines, goods and technical equipment to eight state hospitals, four non-governmental hospitals and to a school for handicapped children</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Bezaha</td>
<td>Medical support for the district hospital</td>
</tr>
<tr>
<td>Nepal</td>
<td>Judeegaun/Chandeni</td>
<td>Construction of two schools</td>
</tr>
<tr>
<td>North Korea</td>
<td>Haeju</td>
<td>Support with medicines and technical equipment</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Freetown</td>
<td>Operation of a children’s hospital, deliveries of medicines and technical equipment, staff training, care of street kids project and an hygienic project in the slums of Freetown, operation of Ebola isolation unit</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Makeni</td>
<td>Refurbishment of hospital, support with medicines and technical equipment, staff training and medical support</td>
</tr>
<tr>
<td>Sudan</td>
<td>Lwere</td>
<td>Operation and support for hospital and five medical stations, operation of a feeding-center, treatment for pregnant women, vaccination program</td>
</tr>
<tr>
<td>Syria/Jordan</td>
<td>Irbid</td>
<td>Support of various underground hospitals with medicine and materials, medical support for refugees in Jordan</td>
</tr>
<tr>
<td>Uganda</td>
<td>Lwala</td>
<td>Refurbishment of the district hospital, Reconstruction and repairs, deliveries of medicines and technical equipment, staff training</td>
</tr>
<tr>
<td>Ukraine</td>
<td>Donezk</td>
<td>Refurbishment of hospital in Switlodarsk, deliveries of medicines and payment for staff</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Bangui</td>
<td>Support for district hospital in Bossembélé and for two smaller hospitals in Yaloké and Bouali</td>
</tr>
</tbody>
</table>
Development of project expenses

<table>
<thead>
<tr>
<th>Year</th>
<th>Project expenses in €</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>4.092.962,20</td>
</tr>
<tr>
<td>2007</td>
<td>2.615.905,91</td>
</tr>
<tr>
<td>2008</td>
<td>2.680.534,74</td>
</tr>
<tr>
<td>2009</td>
<td>2.781.110,00</td>
</tr>
<tr>
<td>2010</td>
<td>3.858.912,32</td>
</tr>
<tr>
<td>2011</td>
<td>4.301.632,22</td>
</tr>
<tr>
<td>2012</td>
<td>3.721.774,82</td>
</tr>
<tr>
<td>2013</td>
<td>3.217.785,74</td>
</tr>
<tr>
<td>2014</td>
<td>4.338.035,21</td>
</tr>
<tr>
<td>2015</td>
<td>4.390.561,55</td>
</tr>
</tbody>
</table>
Development of income

<table>
<thead>
<tr>
<th>Year</th>
<th>Total income</th>
<th>thereof donations</th>
<th>thereof other income</th>
<th>thereof subsidies like GIZ</th>
<th>thereof other income like exchange gains, brochure sales etc.</th>
<th>thereof interest and others</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>3,709,107,15</td>
<td>2,933,171,51</td>
<td>495,669,74</td>
<td>0,00</td>
<td>205,724,28</td>
<td>74,541,62</td>
</tr>
<tr>
<td>2011</td>
<td>5,020,721,97</td>
<td>4,095,276,20</td>
<td>647,525,55</td>
<td>0,00</td>
<td>180,025,98</td>
<td>97,894,24</td>
</tr>
<tr>
<td>2012</td>
<td>4,939,875,87</td>
<td>2,480,318,43</td>
<td>2,226,916,71</td>
<td>0,00</td>
<td>113,192,35</td>
<td>119,448,38</td>
</tr>
<tr>
<td>2013</td>
<td>3,664,109,94</td>
<td>3,251,017,64</td>
<td>259,221,45</td>
<td>0,00</td>
<td>78,810,47</td>
<td>75,060,38</td>
</tr>
<tr>
<td>2014</td>
<td>4,959,638,85</td>
<td>4,400,895,34</td>
<td>177,042,98</td>
<td>230,817,53</td>
<td>98,258,52</td>
<td>52,624,48</td>
</tr>
</tbody>
</table>
### Breakdown of income statement

#### Affection values

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>3,691,381,13</td>
<td>4,400,895,34</td>
</tr>
<tr>
<td>Fines</td>
<td>36,250,00</td>
<td>62,400,00</td>
</tr>
<tr>
<td>other income from affected values</td>
<td>324,540,31</td>
<td>345,460,51</td>
</tr>
<tr>
<td>Expenses for statutory targets</td>
<td>-4,262,192,56</td>
<td>-4,393,392,11</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>-117,004,47</td>
<td>-120,208,40</td>
</tr>
<tr>
<td>Public relations expenses</td>
<td>-177,098,18</td>
<td>-172,997,15</td>
</tr>
<tr>
<td>Advertising expenses</td>
<td>-12,189,36</td>
<td>-9,189,57</td>
</tr>
<tr>
<td>Other expenses for affectes values</td>
<td>-31,217,39</td>
<td>0,00</td>
</tr>
<tr>
<td>expenses relating to other periods</td>
<td>-208,500,00</td>
<td>0,00</td>
</tr>
<tr>
<td><strong>Result</strong></td>
<td><strong>-756,030,52</strong></td>
<td><strong>112,968,62</strong></td>
</tr>
</tbody>
</table>

#### Operational values

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>other income</td>
<td>40,264,21</td>
<td>27,809,06</td>
</tr>
<tr>
<td>Operational income</td>
<td>0,00</td>
<td>0,00</td>
</tr>
<tr>
<td><strong>Result</strong></td>
<td><strong>40,264,21</strong></td>
<td><strong>27,809,06</strong></td>
</tr>
</tbody>
</table>

#### Financial values

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from shares</td>
<td>24,032,05</td>
<td>54,020,86</td>
</tr>
<tr>
<td>Other interest income</td>
<td>246,698,48</td>
<td>69,053,08</td>
</tr>
<tr>
<td>Depreciation</td>
<td>-21,369,66</td>
<td>0,00</td>
</tr>
<tr>
<td>Interest and other expense</td>
<td>-60,781,15</td>
<td>-44,086,86</td>
</tr>
<tr>
<td><strong>Result</strong></td>
<td><strong>188,579,72</strong></td>
<td><strong>78,987,08</strong></td>
</tr>
</tbody>
</table>

#### Annual net profits / deficits

<table>
<thead>
<tr>
<th>Category</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual net profits / deficits</td>
<td>-527,186,59</td>
<td>219,764,76</td>
</tr>
</tbody>
</table>
Extracts from

Audit Report
and
Financial statements as of

December 31\textsuperscript{st}, 2015

Cologne
Dear readers,

please find in the following some selected parts of the audit report and of the financial statements as of December 31st, 2015. This shortened version does not replace the official and comprehensive audit report and financial statements as issued in the German version, which you may find under www.cap-anamur.org >Informationen > Jahresberichte

To avoid administrative efforts and cost we have not transferred the German mode of writing numbers into the English mode, but we are sure our readers will understand the numbers anyway.

Should you have any further questions relating to the audit report or the financial statement, please don’t hesitate to contact us. We will be happy to answer your questions.
Audit opinion

To Cap Anamur /Deutsche Not-Ärzte e. V.:

I have audited the annual financial statements – consisting of balance sheet, income statement and the notes – including the bookkeeping of Cap Anamur/Deutsche Not-Ärzte e. V., Cologne, for the financial year ending on 31 December 2015 from 1 January to 31 December 2015. The bookkeeping and the preparation of the annual financial accounts in accordance with the provision of the German Commercial Code (HGB) are the responsibility of the statutory representatives of the association. My task is to submit an assessment of the annual financial statements on the basis of the audit we perform and under consideration of bookkeeping.

I conducted my audit in accordance with Section 317 HGB under consideration of the German standards of good accounting stipulated by the Institut der Wirtschaftsprüfer (IDW). Accordingly, the audit must be planned and conducted such that irregularities and infringements which may have a significant effect on the presentation of the net worth, financial and profit situation determined by the annual financial statements under consideration of the good accounting principles are recognised with adequate certainty. When stipulating the auditing work, the knowledge of the business activities and the economic and legal environment of the association as well as the expectations of possible errors are taken into consideration. The efficiency of the internal control system relating to accounting and the substantiating documents for the information in the bookkeeping and the annual financial statements are assessed largely on the basis of random sampling. The audit covers the assessment of the accounting principles used and the main assessments of the statutory representatives as well as an assessment of the overall presentation of the annual financial statements. I am of the opinion that my audit provides an adequately reliable foundation for our opinion.

My audit did not lead to any objections.

In my opinion and in view of the knowledge gained from the audit, the annual financial statements comply with the statutory requirements.

Bonn, April 27th, 2016

Signed: Heinz Quabeck, Auditor
### ASSETS

<table>
<thead>
<tr>
<th>A. Fixed assets</th>
<th>Financial year</th>
<th>Previous year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EUR</td>
<td>EUR</td>
</tr>
<tr>
<td>I. Tangible fixed assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Land, land rights and buildings, including buildings on third-party land</td>
<td>7,00</td>
<td>24,00</td>
</tr>
<tr>
<td>2. Other equipment, operating and office equipment</td>
<td>1,272,00</td>
<td>2,194,00</td>
</tr>
<tr>
<td>B. Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Receivables and other assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Trade receivables</td>
<td>22,813,67-</td>
<td>44,351,89-</td>
</tr>
<tr>
<td>2. Other assets</td>
<td>222,415,65</td>
<td>199,601,98</td>
</tr>
<tr>
<td>II. Securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Other securities</td>
<td>6,230,000,00</td>
<td>7,210,000,00</td>
</tr>
<tr>
<td>III. Cash-in-hand, central bank balances, bank balances and cheques</td>
<td>2,879,749,80</td>
<td>2,365,163,84</td>
</tr>
<tr>
<td>C. Prepaid expenses</td>
<td>19,117,33</td>
<td>12,195,99</td>
</tr>
<tr>
<td></td>
<td>9,329,748,11</td>
<td>9,649,296,37</td>
</tr>
</tbody>
</table>
## BALANCE SHEET as at 31. December 2015

**Cap - Anamur / Deutsche Not-Ärzte e.V. Verein, Köln**

### EQUITY AND LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>Financial year EUR</th>
<th>Previous year EUR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Capital</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Private account,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>opening balance</td>
<td>9.404.908,30</td>
<td>9.185.143,54</td>
</tr>
<tr>
<td>2. Net loss for the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>financial year</td>
<td>527.186,59</td>
<td>8.877.721,71</td>
</tr>
<tr>
<td><strong>B. Provisions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Other provisions</td>
<td>265.948,66</td>
<td>43.055,01</td>
</tr>
<tr>
<td><strong>C. Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Trade payables</td>
<td>178.474,82</td>
<td></td>
</tr>
<tr>
<td>- of which due within one year EUR 178.474,82 (EUR 53.746,02)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Other liabilities</td>
<td>7.602,92</td>
<td>186.077,74</td>
</tr>
<tr>
<td>- of which taxes EUR 5.012,00 (EUR 5.614,05)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- of which social security EUR 1.122,00 (EUR 418,24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- of which due within one year EUR 7.602,92 (EUR 9.096,55)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D. Deferred income</strong></td>
<td>0,00</td>
<td>138.490,49</td>
</tr>
<tr>
<td></td>
<td>9.329.748,11</td>
<td>9.649.296,37</td>
</tr>
</tbody>
</table>
### INCOME STATEMENT from 01.01.2015 to 31.12.2015

**Cap - Anamur / Deutsche Not-Ärzte e.V. Verein, Köln**

<table>
<thead>
<tr>
<th>Description</th>
<th>Financial year EUR</th>
<th>Previous year EUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sales</td>
<td>4.008.845,08</td>
<td>4.616.418,43</td>
</tr>
<tr>
<td>2. <strong>Gross revenue for the period</strong></td>
<td>4.008.845,08</td>
<td>4.616.418,43</td>
</tr>
<tr>
<td>3. Other operating income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Ordinary operating income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aa) Other ordinary income</td>
<td>16.675,75</td>
<td>18.611,95</td>
</tr>
<tr>
<td>b) Income from disposal of items of fixed assets and from reversal of write-downs of items of fixed assets</td>
<td>1.178,80</td>
<td>6.487,26</td>
</tr>
<tr>
<td>c) Income from reversal of provisions</td>
<td>145,57</td>
<td>494,00</td>
</tr>
<tr>
<td>d) Other income from ordinary activities</td>
<td>312.437,17</td>
<td>330.437,29</td>
</tr>
<tr>
<td>- of which currency translation gains</td>
<td>EUR 246.698,48</td>
<td>(EUR 69.053,08)</td>
</tr>
<tr>
<td>4. Personnel expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Wages and salaries</td>
<td>126.553,04</td>
<td>139.275,84</td>
</tr>
<tr>
<td>b) Social security, post-employment and other employee benefit costs</td>
<td>35.670,79</td>
<td>162.223,83</td>
</tr>
<tr>
<td>- of which in respect of old age pensions EUR 449,46 (EUR 573,84)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Depreciation, amortisation and write-downs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Amortisation and write-downs of intangible fixed assets and depreciation and write-downs of tangible fixed assets</td>
<td>111,42</td>
<td>134,37</td>
</tr>
<tr>
<td>b) Write-downs of current assets to the extent that they exceed the usual volume of write-downs</td>
<td>21.369,66</td>
<td>21.481,08</td>
</tr>
<tr>
<td>Carry forward</td>
<td>4.155.577,46</td>
<td>4.732.622,41</td>
</tr>
</tbody>
</table>
### INCOME STATEMENT from 01.01.2015 to 31.12.2015

**Cap - Anamur / Deutsche Not-Ärzte e.V. Verein, Köln**

<table>
<thead>
<tr>
<th>EUR</th>
<th>Financial year EUR</th>
<th>Previous year EUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry forward</td>
<td>4.155.577,46</td>
<td>4.732.622,41</td>
</tr>
</tbody>
</table>

#### 6. Other operating expenses

a) Ordinary operating expenses
   - aa) Occupancy costs 2.120,35  2.136,78
   - ab) Insurance premiums, fees and contributions 1.706,86  1.841,29
   - ac) Cost of third-party repairs and maintenance 319,86  117,29
   - ad) Advertising expenses 12.189,36  9.189,57
   - ae) Miscellaneous other operating expenses 4.389.812,89  4.507.610,34

b) Losses on disposal of fixed assets 2,00  0,00

c) Miscellaneous other ordinary operating expenses
   - of which currency translation gains EUR 60.781,15  44.586,86
   (EUR 44.086,86)

7. Income from other securities and long-term loans 16.430,56  27.320,91

8. Other interest and similar income 7.455,25  25.303,57

9. **Result from ordinary activities** 495.969,20  219.764,76

10. Extraordinary expenses 31.217,39  0,00

11. **Extraordinary result** 31.217,39  0,00

12. **Net loss for the financial year** 527.186,59  219.764,76
Legal conditions

Name of organisation: Cap Anamur/Deutsche Not-Ärzte e. V.
Legal form: Registered association
Location: Cologne
Incorporation: 1979 by Christel and Dr. Rupert Neudeck together with friends
Association register: District court Cologne, VR 7768; Registered August 24th, 1979; Last changes registered November 13th, 2012; Last association register document March 21st, 2014
Articles of association: Version of September 22nd; 2012
Financial year: Calendar year
Intended purpose of association: Promotion of social welfare work, development aid, medical aid as well as selflessly assistance to persons, who deserve assistance because of their physical, mental or psychical situation or their economic circumstances.

This purpose is realized by
- Aid and support for refugees, persecuted people as well as victims in areas of war and crisis,
- Humanitarian aid in areas of war and crisis,
- Ensure and establish basic health service,
- Charitable aid by medical and economic assistance for persons as per § 53 Abs. 1 AO,
- Reconstruction assistance and support for improvements of infrastructure (water and power supply, disposals etc.).

The organization provides social welfare and special charitable aid as officially recognised purposes in the meaning of “tax exempt objectives” of German fiscal code.
Other Information

Number of staff

The average number of staff in the period from January 1st to December 31st was 27
(previous year 29)

Executive Board

Dr. med. Ernst-Werner Strahl, Pediatrician retired, Chairman
Dr. med. Werner Höfner, General Practitioner, Deputy Chairman
Mr. Boris Dieckow, nurse, Treasurer