



# Annual Report 2014

Main Topics. Project Overview.  
Financial Report and Overall  
Result. Organisation.



medico international

## medico international

# A different kind of world needs a different kind of aid

For over 45 years the aid and human rights organisation medico international has fought for social change. In solidarity with socially excluded and marginalised people in the global South, medico works to promote good living conditions for people which maximise health and social justice. The goal is not merely to reduce poverty, want and violence, but to identify and overcome their causes. The problem in the world is not too little aid, but rather the conditions that make more and more aid necessary.

For medico, aid is part of comprehensive political action in solidarity. Our efforts to support emancipatory processes are made in the awareness of the ambivalent consequences of aid. We operate on the maxim 'Defend, criticise and overcome aid'. The core issue is cooperation in partnership with actors in Africa, Asia and Latin America. Rather than exporting aid materials, staff or projects, we support local structures and initiatives. Our partners are not passive recipients of aid – instead, they are competent actors, themselves organising aid in the struggle for better living conditions and fighting for the human right to health.

Crises and emergencies are not natural phenomena. Poverty and violence have their causes in global relationships of exploitation and domination. This is why active and critical public relations work is a central task for medico international. Always standing up for the rights of the socially excluded, we are active in global networks, at events and through publications and campaigns. We keep people informed about forgotten conflicts, repressed interests and concealed dependencies. The goal is to establish and promote a transnational counterpublics which binds together the ideas of a good life, human rights with universal validity, social responsibility and institutionalised common goods accessible to all.

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**July 2015**



**medico international**



**Brigitte Kühn**  
Chair

**Dear reader,**

the crisis in global health has many faces. It appears in inadequately equipped health centres, which – as in Sierra Leone – do more to spread diseases than to fight them, in the suffering of millions of refugees in the Middle East, and also in overflowing school toilets, for example in Limpopo in South Africa, or the lack of industrial safety, as in Bangladesh and Pakistan.



**Thomas Gebauer**  
Executive Director

However necessary aid to the victims of such crises may be, it must not lead to a situation where the obvious political failures that result in these situations are compensated for by private initiatives. Human rights empowerment does not necessarily mean enabling people to solve their problems through self-help, but first and foremost it means insisting on the need for public sector responsibility, for international initiatives to protect refugees, for school authorities to meet their obligations, for governments to issue safety-at-work legislation, for a contractual framework for international health financing which ensures that people in the most remote corners of the world have access to health care of the highest possible standard.

The right to health is established in the Declaration of Human Rights, and medico's partners are fighting for conditions which embody these human rights. Not only do our partners mitigate acute need, but they are also helping people escape from social marginalisation so that they can assert their rights in public and in dealing with official authorities. Strengthened by the confidence local public education teams gained in battling the Ebola epidemic in Sierra Leone, they are now calling for an effective public health system throughout the country. In Pakistan, a trade union house is being established, which is dedicated to the struggle for better working conditions. In Limpopo, pressure by activists has led to the construction of new toilets in all the province's schools.

The tremendous response to our February 2014 "Beyond Aid" conference in Frankfurt shows how rapidly awareness is growing that the world's problems cannot be solved by aid alone. It is necessary to turn to the critical definition of aid which medico has developed in the last few years. Above all, human rights empowerment requires solidarity in backing struggles for healthier living conditions. This is why our work ranges from supporting people who, even in apparently hopeless situations like Syria, still press for social justice and democratic participation, by means of emergency aid programmes, setting up health services, creating living conditions which promote health, right through to developing a transnational public – a requirement for transnational solidarity and cooperation.

In all, medico international was able to promote over 100 projects in 26 countries in 2014. We should like to thank our partner organisations in the global South for their trust and cooperation in the joint struggle for a different and more just world.

Sincerely,

*Brigitte Kühn*

*Tom Gebauer*

# Twelve months, twelve events

## Syria

### This starvation is political

The medico partner Jafra Foundation appeals for help from the Palestinian district of Yarmouk in Damascus, which grew out of a refugee camp. For months, hundreds of thousands of inhabitants of the district have been systematically starved by the Assad regime. Jafra Foundation need to smuggle aid supplies to the cut-off people through labyrinthine trails.

## Lecture series

### Embattled psyche

Worldwide, neoliberal capitalism is putting individuals under ever increasing pressure. What implications this dynamic has on the emancipatory practice of psychotherapeutic and psychosocial work are the subject of the lecture series "Embattled psyche" organised by medico, Sigmund-Freud-Institut and the University of Frankfurt Department of Sociology.

## Brazil

### Traces of radiation



Photo: Bruno Chateyron

In Caetité in Brazil, a seminar on the medical consequences of uranium mining is being held for 250 inhabitants, with support from medico. Samples of soil were taken for analysis to France, as in Brazil nuclear analysis is reserved to the military.

January

February

March

April

May

June

## Congress

### Beyond aid



Photo: Christoph Boeckheiler

The conference "Beyond Aid" initiated by medico is held in Frankfurt/Main, Germany. For three days, several hundred participants debate concepts of aid which, instead of being charity, takes place between equals in a spirit of solidarity, and discuss structural changes going beyond aid.

## Philippines

### Storm of protest



Photo: medico

As part of medico emergency aid after typhoon Haiyan, training courses in sustainable farming are starting for 122 small-scale farmers in five villages whose fields were destroyed by the typhoon. medico is also supporting the local movement "People Surge" in its struggle for equitable reconstruction.

## Guatemala

### Voices against oblivion



Photo: Sandra Sebastian

In Guatemala City the trial is starting in the Sepur Zarco case. For the first time, 15 Quechi women dare to accuse the military who abused them physically and sexually during the oppression of the indigenous population in the 1970s and 1980s.



**Gaza****The third war**

On the eve of 7 July, Israel attacks Gaza with full military might. Palestinian and Israeli medico partners are on the spot, providing emergency aid and documenting war crimes, others demonstrate in Israel against the military operation, which lasts for seven weeks.

**Textile industry****Against intolerable conditions**

The general secretaries of the three German trade unions DGB, IG-Metall and ver.di support medico's "Intolerable" campaign against the inhuman working conditions in the global textile industry. In a joint appeal, they join ranks with their colleagues at the sewing machines in south and southeast Asia, and call for donations for the concrete support which medico is providing in Bangladesh and Pakistan.

**South Africa****Transnational networking**

Around 1,000 activists from all parts of the world met in Johannesburg at the start of December for the 6<sup>th</sup> World Social Forum on Migration, to share information and network on the global struggle for the right to mobility. medico organises a workshop together with her African partner organisations and Bread for the World.

**Haiti****Devastating balance sheet**

The great promises by the UN to build a better Haiti after the earthquake in 2010 have not been fulfilled. This is documented in the medico film "Haitian devastation", in which partners describe the results of the gigantic international reconstruction apparatus. The film was also shown at a meeting of the partners in Port-au-Prince.

**Sierra Leone****Epidemic of exclusion**

In the struggle against the expanding Ebola epidemic, medico increases its support to partners in Sierra Leone, who are persistently educating the public "door to door", training volunteers, and fighting stigmatisation of victims.

**Kurdistan****Solidarity with Kobanê**

While the Kurdish forces in Kobanê are holding out against the siege by the forces of the Islamic State, medico and its partners are providing emergency aid, locally in Kobanê itself, and for the refugees on the other side of the border in the Turkish city of Suruc. After the liberation of the city, the struggle begins to rebuild it, and to continue a democratic experiment.

## Israel/Palestine

# Medical aid in the Gaza Strip

The Israeli military offensive in 2014 has transformed large areas of Gaza into a scene of devastation. Medico partners have provided emergency medical aid and documented potential war crimes.



Photo: Gordon Welters

The Palestinian Medical Relief Society (PMRS) treated internally displaced persons in mobile clinics – during the war and after it.

On the evening of 7 July 2014, the attack on Gaza began with full military force. It lasted more than seven weeks. With few exceptions, despite the presence of international media, over 2,200 people died an anonymous death in the sealed-off Gaza Strip, the majority of them civilians, including hundreds of children. However, even for these killings and the destruction of non-military buildings and infrastructure there are rules: international humanitarian law. Anonymity is both a cause and the effect of a system which creates and preserves impunity. Already during the military operation, the suspicion was voiced that the Israeli army had violated fundamental rules of war. However, the residents of Gaza face almost insuperable obstacles when they seek access to Israeli courts, because of the blockade. This makes claims for accountability and compensation against Israeli security forces difficult or even impossible.

The medico partner Al Mezan Center for Human Rights in Gaza has documented the circumstances of the deaths of hundreds of people and the destruction of non-military infrastructure throughout the Gaza Strip, with the goal of enabling civilians to sue for damages. This documentation also served as a basis for the international commission of enquiry of the United Nations Human Rights Council that investigated the accusation of war crimes. Since that summer, Al Mezan and Adalah, another medico partner, have filed 15 lawsuits and calls for investigation with the Israeli Military Advocate General. Hundreds more cases have been submitted to him with the request to examine the files. However, the petition, in which Adalah and Al Mezan together with other human rights organisations requested access to Israeli courts for the residents of Gaza, was rejected by the Supreme Court in Jerusalem in December 2014.

During the violence, medico partners provided emergency medical aid. The Palestinian Medical Relief Society (PMRS) treated internally displaced persons in mobile clinics and provided emergency follow-up treatment. The community-oriented organisation for women and youth Culture and Free Thought Association distributed clothing, hygiene packages, mattresses, water and food to internally displaced persons in Khan Younis, in the south of the Gaza Strip. Physicians for Human Rights – Israel sent a number of trucks carrying medical drugs and supplies to the Gaza Strip during the war and helped wounded people to get exit permits to be treated in Israel and abroad, showing that there are groups in Israeli society who still support a just peace.

Meanwhile, even in 2015, the people in Gaza wait for reconstruction to begin. Over 100,000 people are still homeless. There is still no sign of the aid promised at the Cairo Conference in October 2014. Robert Turner, Director of the UNRWA in Gaza recently said, “Not a single one of the houses destroyed in summer 2014 has been rebuilt.” He has no illusions about the causes of the problems in the Gaza Strip. “The blockade has almost entirely destroyed the private sector, and created poverty and unemployment. We have witnessed a process of de-development.” The terror of the bombs is just one element in a strategy to shatter all hope for the people in Gaza, and turn life into a powerless struggle to survive in an increasingly grim reality.

Sierra Leone

# The fight against Ebola as a matter of human rights

The weakness of the local social infrastructures has fostered the deadly Ebola epidemic. About the medico partner NMJD's work on public health education and fighting exclusion.



There was a shortage of doctors even before the epidemic. The situation has worsened dramatically.

Since summer 2014 the Ebola virus has had the Mano River Region firmly in its grip. The health systems of Liberia, Guinea and Sierra Leone, which make up this tri-state area, are among the weakest in the world. With a confirmed 25,050 victims and 10,340 deaths (status: 01.03.2015), the epidemic is bigger than all previous outbreaks of the virus. The causes of this disaster are inseparably connected with social, economic and political conditions. National and international policies over decades have neglected the fundamental needs of the population, creating ideal conditions for the rapid spread of the deadly virus. Mining concessions for West Africa's mineral resources are granted to international companies on favourable conditions, without contractually obliging the companies to reinvest, while the health and educational systems falling apart. In regions rich in natural resources, people are displaced and dispossessed on a massive scale. Poverty-driven migrations and logging of forest areas have also contributed to the situation where people are living in increasingly close proximity to the wild animals who are the vectors of the Ebola virus.

Another factor in the rapid spread of the virus was the reinforcement of the population's all-too-often justified mistrust of the state and state authorities as a result of the authoritarian approach to fighting the epidemic. In many places, entire districts were sealed off without ensuring adequate supplies to the quarantained people. Instead of public education, coercive measures were often ordered and implemented. Protective measures were met with resistance and not followed. All this shows how important trust is for fighting epidemics effectively – the sort of trust that the medico partner Network Movement for Justice and Development has won through its years of work at the side of the powerless.

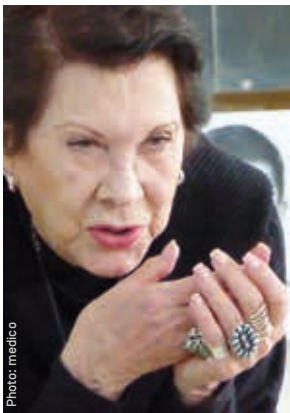
During the civil war NMJD's members were already fighting for equity in the use of the country's mineral resources and calling for expansion of local health centres. This meant that the many NMJD employees and activists were able to work successfully on limiting the expansion of the epidemic – training and coordinating volunteer health workers, who went from door to door to educate people, preparing educational radio broadcasts and establishing advisory centres. This mobilisation of local structures was a decisive contribution to solve conflicts, reduce fears and accept preventive measures. NMJD is also committed to the struggle against stigmatisation of survivors who have been excluded by their own families as a result of fear and lack of knowledge. The activists explain to people that there is no further risk of infection from their relatives, and they've shown this by demonstratively hugging survivors at local meetings. A small gesture – a big effect!

By the end of 2014 the epidemic in Sierra Leone was contained but not defeated. However, hardly nothing has changed with regard to its causes, which makes it all the more important to go beyond simply mitigating the suffering. What matters instead is to fight for global redistribution mechanisms that deliver health care which is accessible to all and make possible a life of dignity.

## Migration through Mexico

# Grieving mothers become activists

The Mesoamerican Migrant Movement is providing support to migrants transiting Mexico. Coordinator Marta Sánchez Soler emphasises the political character of this work.



Like her fellow activists, Marta Sánchez knows from personal experience what it's like to want or have to leave your home.

In December 2014, the caravan followed the migration routes through Mexico for the tenth time. For two weeks, the group of mostly mothers and wives from Central America looked for signs of life of relatives who had disappeared without a trace while heading for the USA. Perhaps they had suffered an accident, been kidnapped or even killed. In the hope of a better life for themselves and their families, countless people from Guatemala, Nicaragua, El Salvador or Honduras set out every day on the route through Mexico to the USA. Tens of thousands have vanished on the dangerous route in recent years. It takes courage, strength and persistence to look for them, and to accompany the relatives of those who have disappeared. Even so, the activist men and women of the Mesoamerican Migration Movement M3 – the host and organiser of the caravan – have taken on the task. Because they know what migration means.

For example Elvira Arellana, who was herself an illegal immigrant in the USA. When she was threatened with deportation, separating her from her son born in the USA, she sought asylum in the parish house of her Chicago church. A year later, she was deported. Ruben Figueroa, who migrated to the USA as a youth, to earn money. Back in Mexico, he started to organise help for migrants from Central America, from his parents' house. Marta Sánchez Soler. The 74-year-old was born in France, the first stop on her parents' escape from Spain under the fascists, which took them to Mexico. Her second husband, José Jacques Medina, fled to the USA to escape from a warrant for his arrest as a student activist. For many years, the activists have stubbornly persevered with lobbying, media and human rights work and accompanied transmigrants on their way through Mexico.

Marta puts great emphasis on the fact that M3 is not a humanitarian organisation, but is fighting for the rights of migrant men and women. The focus is on the political demand for a far-reaching change in policy, in Mexico as a transit nation and in the countries of origin and the destination country. As M3 coordinator, Marta is a familiar figure to the authorities – and feared, as she knows how to make their lives difficult. And she is in the thick of it when the caravan moves through the country, negotiating an escort with the security authorities, and denouncing their shared responsibility for human rights violations. She gives interviews tirelessly and outspoken, meets government representatives and, in between, comforts the grieving. She stresses that all this would be unthinkable without the support of local activists, the network of migrant hostels and many other people in Mexico acting in solidarity. Why does she take on this exhausting job? "Earlier, the mothers only cried. Those suffering mothers have now become fighters and defenders of human rights."



## Conference

# Beyond aid

Excerpt from Thomas Gebauer's introduction at the conference "Beyond Aid" in February 2014.



Thomas Gebauer, Executive Director of medico international

Beyond Aid? – You may be asking yourself what's so wrong with aid that we need to leave it behind. A good question. Nobody in his/her right mind would question how important mutual empathy to help each other is for people living together in society. A world where people have given up striving to relieve want, privation and social injustice seems to me hardly worth fighting for. Nevertheless, the goal of this conference is to look into why we need to take a critical look at aid. We are very glad that so many of you here see the need for this as well.

We have already heard some outstanding presentations at our opening event on the context of aid. It was argued that in current circumstances aid – in the sense of sustainably overcoming want and dependency – is impossible. But we also heard reports which showed how people nevertheless succeeded in tackling and overcoming problems, very much with the help of others. The question is accordingly not whether or not to provide aid, but rather what aid to provide, in what context, and with what intentions. Let's look at Haiti, where four years after the earthquake over 100,000 people are still living in temporary accommodation without any visible prospect of change, stuck in what seems to be a permanent camp life. While external support has ensured their survival, people have lost any prospect of a real future.

In fact, Haiti today faces the same situation as the shipwrecked crew in Géricault's painting "The raft of the Medusa" – rescue seems so remote that it has first to be imagined as a possibility. And this is the purpose of this conference. We need to take the lessons of Haiti seriously, together with the observations of sociologist Saskia Sassens about the brutality of the prevailing relationships which lead systematically to exclusion and forced displacement. If we do this, we need to think about how those who have been excluded can be rescued today. This is a major ambition, there's no doubt about that. But it need not fail, if we are prepared to think critically about aid.

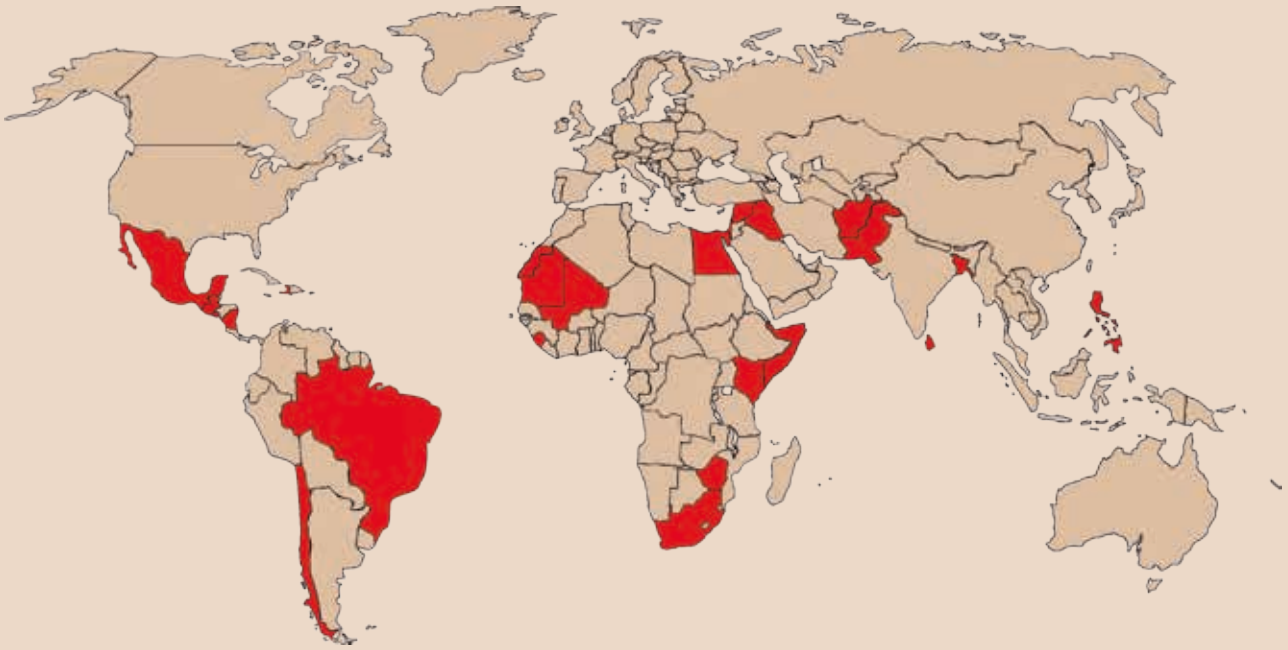
"It is good and just to give homeless people shelter for the night", wrote Bertolt Brecht in his poem „Bed for the night“ (Das Nachtlager). But he went on to point out that this "won't change the world, ..., won't shorten the age of exploitation". Helping people in need is a basic ethical concept. Nevertheless, we also know that aid that merely softens the impact of want and slavery helps stabilise the very social relationships that repeatedly result in this want. There is only one solution to this dilemma, and that is to simultaneously defend, criticise and attempt to go beyond aid. This is the only way to avoid following the impulse to help others in ways which mislead us into perpetuating existing social wrongs.

**Beyond Aid –  
From Charity to  
Solidarity**

The second Frankfurt Aid Conference took place from 20-22 February 2014. It was organised by medico international foundation and association, the Heinrich Böll Foundation, the Institute for Social Research in Frankfurt and the Rosa Luxemburg Foundation. All the papers from the conference can be seen and heard at [www.medico.de/entwicklungshilfe-kritik](http://www.medico.de/entwicklungshilfe-kritik)

# PROJECT OVERVIEW

## SUPPORTED PROJECTS BY REGION



AFGHANISTAN  
 BANGLADESH  
 BRAZIL  
 CHILE  
 EGYPT  
 EL SALVADOR  
 GUATEMALA  
 HAITI  
 ISRAEL

KENYA  
 KURDISTAN/IRAQ  
 LEBANON  
 MALI  
 MAURETANIA  
 MEXICO  
 NICARAGUA  
 PAKISTAN  
 PALESTINE

PHILIPPINES  
 SIERRA LEONE  
 SOMALIA  
 SOUTH AFRICA  
 SRI LANKA  
 SYRIA  
 WESTERN SAHARA  
 ZIMBABWE

### AFRICA

#### East Africa [Kenya, Somalia]

- Advocacy for health and human rights in Kenya, Kamukunji Paralegal Trust (KAPLET)
  - Income generating activities and provision of "dignity kits" for victims of sexual and gender based violence in a camp for internally displaced people in Mogadishu, Save Somali Women and Children (SSWC)
  - Community disaster recovery project, Nomadic Assistance for Peace and Development (NAPAD)
- € 497,068.49

#### Egypt

- Supporting local health committees, Association for Health and Environmental Development (AHED) und DSC
  - Support for El Nadeem Center for Rehabilitation of Victims of Violence
- € 21,670.68 (incl. support from stiftung m.i.)

#### Mali

- Institutional support for Association Malienne de Expulsés (AME)
  - Support to deported and rejected migrants, Association de Refoulés d'Afrique centrale au Mali (ARACEM)
  - Evacuation of blocked migrants in Gao, ARACEM
- € 59,073.45

#### Mauretania

- Legal advice and social support to migrants, Association Mauritanienne des Droits de l'Homme (AMDH)
- € 20,000.00

#### Sierra Leone

- Access to justice - paralegal programme in Kono district, extension and step-up, Network Movement for Justice and Development (NMJD)
  - Ebola response project, NMJD
  - Strengthening self organisation of ex-asylum seekers, contributing to social sensitization around perceptions and attitudes towards Ebola, Network of Ex-Asylum Seekers Sierra Leone (NEAS)
- € 81,342.21

#### South Africa

- Strengthening self organisation of community care workers in South Africa and their representation in the public health sector, Khanya College, People's Health Movement - South Africa, Section 27, Sinani, Sophiatown Community Psychological Services (SCPS)
  - Strengthening the political and social human rights of people with HIV/AIDS, Sinani
  - Response to Limpopo education crisis, Section 27
- € 201,214.84 (incl. support from BMZ and stiftung m.i.)

**Western Sahara**

- Improvement of occupational health, Algerian Red Crescent
  - Provision of medication and medical equipment for Sahrawi refugee camps and capacity development for pharmaceutical staff, Ministry of Health of the Sahrawi Arab Democratic Republic (DARS)
- € 770,051.64 (incl. support from ECHO)

**Zimbabwe**

- The right to health in the constitution and in practice, Community Working Group on Health (CWGH)
  - HIV prevention, Gays and Lesbians of Zimbabwe (GALZ)
- € 30,188.82 (incl. support from BMZ)

**ASIA****Afghanistan**

- Empowering war victims: bottom up mobilization, Bamyan and Nangarhar, Afghanistan Human Rights and Democracy Organization (AHRDO)
  - MDC human clinic - physiotherapy and counseling for women, Mine Detection Center (MDC)
- € 10,085.93 (incl. support from stiftung m.i.)

**Bangladesh**

- Fact finding mission Rana Plaza factory collapse, European Center for Constitutional and Human Rights (ECCHR)
  - Rehabilitation fund for Rana Plaza workers and other victims of disasters in the textile industry, Gonoshasthaya Kendra (GK)
  - Bhatshala rural health programme, GK
  - Support for the rehabilitation and compensation process for the victims of the Rana Plaza factory collapse, Research Initiative for Social Equity (RISE)
- € 46,478.72

**Pakistan**

- Support of the national conference on textile and garment and fund for international travel expenses, National Trade Union Federation (NTUF)
  - New headquarters for the National Trade Union Federation in Karachi, NTUF
  - Establishment of provincial level disaster risk management center in Karachi, Health and Nutrition Development Society (HANDS)
  - Community mental health initiative in Karachi, HANDS
  - Disaster prevention and rehabilitation in northern Sindh, HANDS
  - Flood response Punjab, HANDS
  - Comprehensive reconstruction of five villages in Matiari District, HANDS
  - Support of peasants movement and model cooperative farm, Sindh Labour Relief Committee (SLRC)/Home Based Women Workers Center Association (HBWWCA)
  - Compensation lawsuit of the Ali Textiles factory fire against KIK Textiles, European Center for Constitutional and Human Rights (ECCHR)
  - Rebuilding lives and livelihoods: advocating for structural reforms, Institute of Labour Education and Research (PILER)
- € 556,992.44 (incl. support from BMZ)

**Philippines**

- Humanitarian assistance to families affected by the typhoon on the islands of Visayas, Samahang Operasyong Sagip (SOS)
  - Fighting hunger, rebuilding lives: a reconstruction and rehabilitation program for typhoon-Haijan devastated communities in eastern and western Samar, SOS
  - People's disaster response: YolandaWatch. Research, organizing and advocacy on supertyphoon Yolanda, IBON Foundation
- € 421,869.92

**Sri Lanka**

- Core funding to Social, Economical and Environmental Developers (SEED)
  - Supporting the sustainable resettlement for internally displaced people in northern Sri Lanka, SEED
- € 299,325.08 (incl. support from BMZ and stiftung m.i.)

**LATIN AMERICA****Brazil**

- Support for the population affected by uranium mines in southeast Bahia, Movimento Paulo Jackson (MPJ)
  - Universal right of access to health, Centro Brasileiro de Estudos de Saúde (CEBES)
  - Publication of study on health impact of the ThyssenKrupp steel mill, Insitituo Politicas Alternativas para o Cone Sul (PACS)
- € 45,521.01

**Chile**

- Human rights work, Cooperación de Promoción y Defensa de los Derechos del Pueblo (CODEPU)
- € 11,500.00

**El Salvador**

- Social fund for people with artificial limbs, Promotora de la Organización de Discapacitados de El Salvador (PODES)
  - Strengthening the structures of the National Health Forum (FNS) in the districts of San Salvador and La Libertad, Alianza Ciudadana contra la Privatización de la Salud (ACCPSS)
  - Expenditure on the Central American office
- € 28,393.88

**Guatemala**

- Systematising the work of the Asociación Coordinadora Comunitaria de Servicios para la Salud (ACCSS)
  - Empowerment of young persons and children in indigenous communities, ACCSS
  - Dealing with the psychosocial impact of grave human rights violations, Equipo de Estudios Comunitarios y Acción Psicosocial (ECAP)
  - Forest project, Fundación Centro de Servicios Cristianos (FUNCEDESCRI)
  - Struggle against impunity and for the democratisation of the justice system, Comisión Internacional de Juristas (CIJ) & Bufete Jurídico de Derechos Humanos (BJDH)
  - Strengthening of local capacities for food security, and supporting selforganization in eleven villages in the region Las Pozas, Sayaxché, Petén, Loq' Laj Ch'och' /Sagrada Tierra
  - Expenditure on the Central American office
- € 345,945.79 (incl. support from BMZ)

**Haiti**

- Strengthening the rule of law and the struggle for the respect for human and civil rights in Haiti, Réseau National de Défense de Droits Humains (RNDDH)
  - Strengthening peasant movements in the struggle for human rights, South-South exchange with the Escola Nacional Florestan Fernandes (ENFF)
  - Strengthening primary health service centres in La Chapelle, Désarmes and Goyavier, Service Oecuménique d'Entraide (SOE)
  - Expenditure on the Haiti project office
- € 349,075.42 (incl. support from BMZ)

**Mexico**

- Supporting campaigns of the Mesoamerican Migration Movement, incl. a "caravan" of relatives of disappeared migrants from Central America, Movimiento Migrante Mesoamericano (M3)
  - Expenditure on the Central American office
- € 36,806.87

**Nicaragua**

- Empowerment of children and young people as agents for a healthier environment, Centro de Información y Servicio de Asesoría en Salud (CISAS)
  - Psychosocial strengthening of youth leadership in social organizations, Centro Ecueménico Antonio Valdivieso (CEAV)
  - Chronic renal insufficiency - fund for drugs and laboratory supplies, Asociación Chinantlan
  - Supporting rights of migrating families, NicasMigrante
  - Expenditure on the Central American office
- € 256,154.50 (incl. support from BMZ and stiftung m.i.)

### NEAR EAST, MIDDLE EAST

#### Kurdistan/Iraq

- Health prevention and social awareness in 20 villages in Jafayyati valley, Haukari
- Support for women endangered by violence and honour killings, Khanzad/Haukari
- Emergency relief for Arabic and Kurdish internally displaced persons in the region Germian, Haukari
- Emergency relief for Arabic and Kurdish internally displaced persons, mainly children and young people in the provinces of Salahaddin and Baquba in Khanaqin, Haukari

€ 81,586.00

#### Lebanon

- Participatory community development initiatives in Palestinian settlements, Popular Aid for Relief and Development (PARD)
- Empowering Palestinian refugee youths, Nashet Association

€ 137,441.61 (incl. support from BMZ)

#### Palestine/Israel

- Provision of sustainable energy services in the southern Hebron hills, COMET-ME
- Improving access to essential health services and protection in the West Bank and the provision of medications to social hardship cases in the Gaza Strip and the West Bank, Palestinian Medical Relief Society (PMRS)
- Strengthening of health services and patients with non communicable diseases in Gaza, PMRS
- Medical follow-up care for victims of war in Gaza, PMRS
- School of community health, PMRS
- Improving the access to basic healthcare services and crisis preparedness in vulnerable communities and provision of medicines to social hardship cases, PMRS
- Core support for Who Profits
- Mobile clinics programme, Physicians for Human Rights - Israel (PHR-IL)
- Open Clinic Jaffa, PHR-IL
- Non-recognized victims: Protecting and promoting the rights of refugees and asylum seekers in Israel, PHR-IL
- Gaza under attack: solidarity and relief from Israel, PHR-IL
- Seeking accountability: an emergency fact-finding mission to the Gaza Strip, PHR-IL
- Core support for PHR-IL
- Core support 2014 for Breaking the Silence
- When nothing remains: Solidarity with internally displaced people of the war in Gaza Strip, Culture and Free Thought Association (CFTA)
- Core support for the Al Mezan Center for Human Rights
- Core support for the Legal Center for Arab Minority Rights in Israel (Adalah)
- Early detection of breast cancer, awareness and support of women in the Gaza Strip, CFTA
- Innovative learning project in Gaza, CFTA
- Gaza after the war: winter relief for homeless in Gaza, CFTA
- Core support for the Freedom Theater Jenin, The Freedom Theatre (TFT)
- School health program, Medical Relief Society Jerusalem
- Expenditures of medico's Palestine & Israel office

€ 1,965,200.76 (incl. support from AA, BMZ, Kinderhilfe Bethlehem, Kampagne Olivenöl, L. Möller-Stiftung and m.i. CH)

#### Syria

- Support of displaced Syrian-Palestinian children in Ein-el-Hilweh-Camp (Saïda), Nashet Association
- Support for self-administered schools in Erbin, about: Change e.V.
- Food relief and hygiene items for displaced families in Yarmouk, Jaramana and Qudseya Camp, JAFRA Foundation
- Organizational and administrative support and training for young activists of Palestinian/Syrian descent
- Improving access to medicines in Rojava, Kurdish Red Crescent
- Publication of the book „Voices of Syria“, Faust-Kultur-GmbH
- Supporting medical services in rural areas in the region Daraa, Public Commission for Administration & Civil Defense Committee (PCCDD)
- Support of the set up of a blood bank, Ärzte-Komitee Kobani
- Support of the Syrian and Kurdish-Syrian refugees from Kobani, Office of Mayor, Suruc

- Support of the Syrian and Kurdish-Syrian refugees from Kobani, Hilfe und Solidarität mit Rojava e.V.
- Primary health care for Syrian refugees in the Beqaa plain and in Beirut, Amel Association

€ 1,098,636.19 (incl. support from AA)

### OTHER

#### Global Health

- Democratizing global health governance: Holding WHO accountable, People's Health Movement (PHM)
- PHM regional outreach Sub-Sahara Africa, PHM
- Support for Global Health Watch 4, PHM
- Meeting of the coordination committee of People's Health Movement América Latina (PHM-LA)

€ 53,922.00 (incl. support from stiftung m.i.)

#### Migration

- Study on the effects of migration regimes on the countries of origin and transit, Brot für die Welt, Diakonie, ProAsyl

€ 8,636.43

#### Psychosocial work

- Support for a regional workshop for orientation and dissemination of mental health program resources, Arab Resource Collective (ARC)
- Development of alternative methods of evaluation for the psychosocial work with refugees and victims of torture, Bundesarbeitsgemeinschaft der psychosozialen Zentren für Flüchtlinge und Folteropfer (BAFF)

€ 7,818.57

#### List of abbreviations

AA: German Federal Foreign Office

BMZ: German Federal Ministry for Economic Cooperation and Development

ECHO: European Community Humanitarian Office

m.i. CH: medico international schweiz

stiftung m.i: medico international foundation

# Financial Report

## CURRENT STATUS AND TRENDS

medico's total budget for the period under review was €16,021,924.44. While this represents a decrease of over 13% on the previous year, it was intentional to reduce project reserves formed in earlier years.

### INCOME

Donations received by medico in 2014 totalled €5,498,252.70. These include €1,073,837.84 in donations forwarded by 'Bündnis Entwicklung hilft' (BEH). Without the BEH donations, income from donations amounted to €4,424,414.86, an increase of almost 14% on 2013, and continuing the rising trend of the past ten years. A welcome feature is that income from non-earmarked donations reached a new record high of over €2.8 million. Public sector grants fell significantly to €3,758,152.74 in 2014 from €5,374,379.16 in 2013. The combination of a reduction in grants and an increase in donation income is part of a strategy initiated years ago for ensuring medico's independence. The increase in donor membership is gratifying, with further growth of 310; this takes the number of permanent supporters from 2,693 to 3,003. Donor memberships make possible long-term and stable cooperation with our partners in the global South, including effective political campaigning in their countries.

### EXPENDITURE

In 2014 medico again received the Seal of Approval of the German Central Institute for Social Issues (DZI). Operational expenditure in 2014 totalled €9,454,209.30, or 91.19 % of total expenditure. This breaks down into €7,442,343.83 (71.78 %) spent on project funding, €965,307.43 (9.31 %) on project management and €1,046,548.04 (10.09 %) on campaigning and awareness-raising work. Expenditure on advertising and administration was €913,703.37, 8.81 % of total expenditure. According to DZI, a share of less than 10 % for administrative costs is low.

### PROJECTS

Overall, we supported 108 projects in 26 countries in the period under review, including major programmes such as supplying medicines to Saharawi refugee camps in Algeria, strengthening health services in Gaza and continuing emergency aid to the Philippines after the devastating typhoon. Major political and logistical

challenges included the support programmes in Syria and Sri Lanka. In Bangladesh and Pakistan we stood by our partners in the struggle for the victims of a heavily flawed textile production sector. Our support of the worldwide People's Health Movement was another contribution towards creating an independent transnational public. Outstanding aspects of our work on campaigns and public education in 2014 were related to the conflicts in Syria and the Middle East, and all our activities connected with the priority area of Global Health.

### RISKS AND OPPORTUNITIES

The solid financial basis for medico's work was further consolidated in 2014, with a continuing positive trend in donations. medico's understanding of aid has been the foundation of partnerships with initiatives in the global South that have lasted now for many years. The resulting networks also make possible rapid response to acute crises. In the period under review, for example, medico was able to respond to three major crises – the renewed war in Gaza, developments in Syria and the Ebola crisis in West Africa.

There is also growing understanding among the general public of the global political, economic and cultural dimensions in health. The Ebola crisis in particular put structural issues on the agenda – including the question of global health financing – for which medico has already submitted proposals and concepts. It can be assumed that medico's work in previous years on the concept of Global Health will play an even greater role in future. The risks apparent in medico's work relate primarily to our partners in the South, who are facing growing financial problems from two directions: on the one hand, the growing social divide demands increased efforts, while on the other hand access to funds through official development cooperation is becoming increasingly restricted. A problem here is that recently in German parliamentary circles less and less attention has been paid to global issues, unless they had security policy and economic relevance.



# OVERALL RESULT

INCOME	2014	2013
Monetary donations	4,424,414.86	3,885,611.51
Donations from 'Bündnis Entwicklung Hilft'	1,073,837.84	784,872.98
Grants - public funding	3,758,152.74	5,374,379.16
Grants - non-public funding	227,953.67	149,387.92
Contributions of the medico international foundation	95,000.00	120,000.00
Bequests	100,613.56	150,713.56
Fines	6,250.00	10,150.00
Interest and other income	11,376.54	20,794.16
Member fees	7,577.64	6,827.82
Other revenues	29,508.93	10,405.78
<b>TOTAL INCOME</b>	<b>9,734,685.78</b>	<b>10,513,142.89</b>

## Reserves

According to § 58 No. 6 of the German fiscal code

(Abgabenordnung-AO) as at 01 January 4,390,210.13 6,087,941.54

for projects that were scheduled in the previous year but whose issuing of funds could not or could only partially be completed by 31 December and are for earmarked remaining funds and for securing the Association's institutional viability

## Free reserves

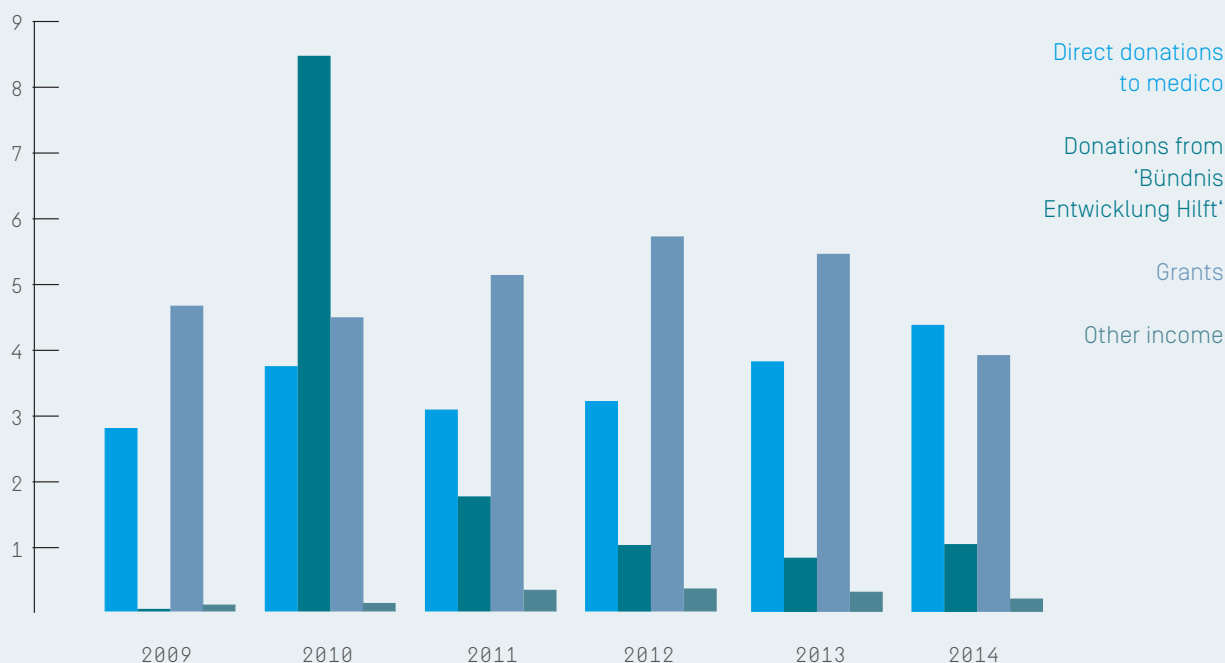
according to § 58 No. 7a of the German fiscal code (AO) 1,634,000.00 1,665,000.00

## Association Capital

As at 01 January 263,028.53 273,412.10

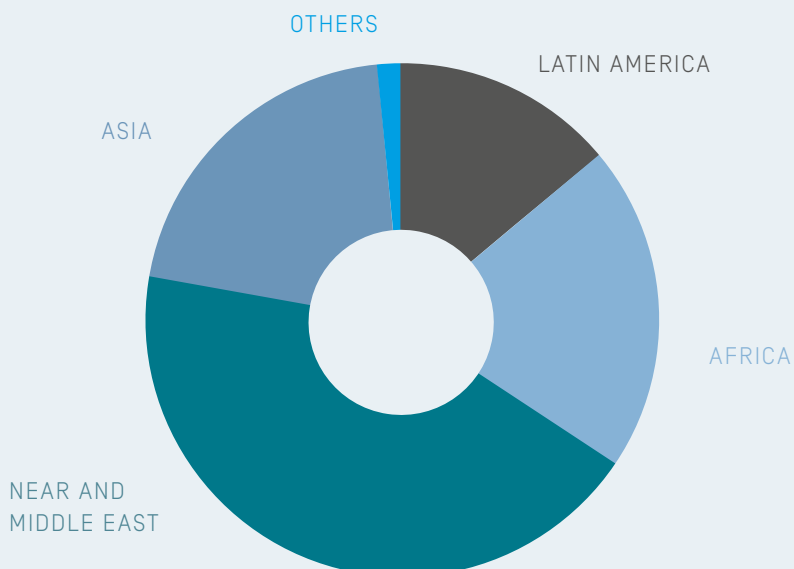
**BUDGET 16,021,924.44 18,539,496.53**

## EVOLUTION OF INCOME [IN EURO M]



EXPENDITURES	2014	2013
Project funding	7,442,353.83	9,413,053.93
Project management	965,307.43	1,013,683.61
Campaigning and education work and awareness raising in line with statutes	1,046,548.04	867,526.99
Advertising and general public relations work	308,719.86	297,499.68
Administration	604,983.51	660,493.66
<b>TOTAL EXPENDITURES</b>	<b>10,367,912.67</b>	<b>12,252,257.87</b>
<b>Reserves</b>		
According to § 58 No. 6 of the German fiscal code (A0) <b>as at 31 December</b>	3,697,745.42	4,390,210.13
for projects that were scheduled in previous year but whose issuing of funds could not or could only partially be completed by 31 December and are for earmarked remaining funds, and for securing the Association's institutional viability		
<b>Free reserves according to § 58 No. 6 of the German fiscal code (A0)</b>	<b>1,732,000.00</b>	<b>1,634,000.00</b>
<b>Association Capital as at 31 December</b>	<b>224,266.35</b>	<b>263,028.53</b>
<b>BUDGET</b>	<b>16,021,924.44</b>	<b>18,539,496.53</b>

## PROJECT EXPENDITURES BY REGION



# MEDICO INTERNATIONAL E.V. – ORGANISATIONAL STRUCTURE

