



Annual Report 2015

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



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 2016



Brigitte Kühn
Chair



Thomas Gebauer
Executive Director

Dear reader,

'The catastrophic scale of the causes behind flight and migration was largely ignored in Germany and Europe. Then came summer 2015. The refugees not only broke through Europe's borders, they also broke through its ignorance.' This is how Sabine Eckart, medico project coordinator for migration, puts it in the interview on page 6. The movement of hundreds of thousands of people in the past year was indeed an incursion that Europe – after a brief summer of welcome – is responding to with drastic defensive measures. The aim is to shut down flight and migration to Europe again, and a number of countries, primarily in Asia and Africa, are being pressured to play their part in blocking these people. None of this does anything to change the causes of flight and migration.

While there are differences between the countries people are currently fleeing, there are also many things they have in common. Iraq, Afghanistan, Mali, Bangladesh and Guatemala are all marked by growing social insecurity, the result of inequitable global conditions in which economic interests take precedence over human rights. In more and more countries, political structures which can deliver social cohesion and participation are being weakened, and the rule of law is being replaced by arbitrary tyranny. Under such circumstances, flight and migration are acts of rebellion. People voting with their feet are demanding a future and personal recognition.

medico also takes the position that the right to freedom of movement cannot be partitioned. This is why we gave more support than ever in 2015 to those fleeing and to migrant self-organisations. At the same time, many medico partner organisations are working in their home countries for democracy and a transformation of economic relationships towards common welfare. The idea that brings us together is the idea of a world where nobody is forced to flee in the face of war, hunger or devastated living conditions.

You can read more about this engagement in our new annual report. The scope of our work is very broad, ranging from supporting partner organisations pressing for social justice and democratic participation in apparently hopeless situations, such as in Syria, through emergency aid programmes for refugees and help in creating healthy living conditions, to supporting transnational transparency.

In all, medico international was able to support over 100 projects in 28 countries in 2015. 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

Sri Lanka

Political landslide

The presidential elections bring the era of Rajapaksa's authoritarian and nationalistic dictatorship to an end. The unexpected victory of the united opposition, the ethnic and religious minorities and also of medico partners is opening up the country to democratic development, free from oppression and violence.

Pakistan/Germany

Liability in- stead of volun- tary action

This is the demand of the survivors and surviving dependants of the disastrous fire at the Ali Enterprises garment factory in Karachi on 11 September 2012. The factory's main customer was the German clothing discounter KiK. In March, with the support of the European Centre for Constitutional and Human Rights and medico, they filed a lawsuit at Dortmund regional court, claiming damages from KiK.

Guatemala

An end to fear



After decades of unres- trained abuse of power by the elites, new cases of corruption are causing a storm of social protest. A broad alliance is cha- sing the rulers from the palace. Most importantly - the people have put aside their fear and retaken the political space.

January

February

March

April

May

June

South Africa

Care workers stand up for their rights

Over 500 health care wor- kers from local communi- ties all over the country demonstrate in front of a court in Bloemfontein, where 117 colleagues are accused of 'illegal assem- blies'. In a major pro- ject, a number of South African medico partners are supporting the low paid and overburdened care workers in their demands for better working condi- tions.

Nepal

Emergency aid after earthquakes



Channelled through partner organisations in Pakistan, medico is able to support local organisations in Ne- pal very quickly in pro- viding services to remote villages and injured peo- ple after the catastroph- ic earthquakes. This coop- eration is continuing in the struggle for fair and just reconstruction.

Syria/Rojava

Threat to freedom



At the start of 2015 the Kurdish resistance libe- rated the northern Syri- an border city of Kobanê from Islamic State terror militia, and reconstructi- on has begun. The security situation is still fragi- le, however. At the end of June a surprise attack by IS killed more than 200 people.

Palestine

Breathing space
for Susya



The Israeli civil administration has announced that it will not demolish Susya in the south Hebron hills for now – a small victory for local medico partners in the struggle against the expulsion of the Palestinian population from the occupied territories.

Europe

A bus for the
Balkan route

In an appeal medico and its partners call for an improvement in medical services to asylum seekers in Germany. One month later, the Moving Europe Bus rolls out to serve refugees on the Balkan route with electricity for cellphones and information for a safe journey.

Sierra Leone

End of the
epidemic



After a state of emergency lasting almost two years, the Ebola epidemic is declared ended. Given the weak state structures, this success is extensively due to the engagement of civil society organisations. They now call for a new constitution which embodies the right to education and health.

July	August	September	October	November	December
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Haiti

Election as
farce



The elections on 9 August for Parliament and Senate are described as 'Fair, with the exception of a few irregularities', according to the international observers. The Haitian human rights network RNDDH contradicts this vehemently. According to the medico partner, the elections were characterised by violence and manipulation.

Israel

Shrinking spaces



medico partner Breaking the Silence reports an increase in the slanders and agitation against itself and other NGOs criticising the occupation. Attacks by nationalist groups and right-wing politicians gain in strength in the months to follow. Space for critical voices is shrinking.

Egypt

Violent state

The 'Arab Winter' shows its brutal face: throughout the year, medico partner El Nadeem Centre for Rehabilitation of Victims of Violence has documented the publicly-known cases of state violence. According to El Nadeem, police and security forces killed over 500 people in 2015, and more than 600 people were tortured in detention.

Flight and migration

Refugee crisis? Global crisis!



Sabine Eckart is medico project coordinator for flight and migration, responsible among other things for the Northern and Western Africa region.

Millions of people override Europe's borders, and then the massive rollback: 2015 was a turning point in migration policy. What does this mean for medico's work? We asked Sabine Eckart.

Ten years ago, medico international began to take a closer look at the question of migration. How did this happen?

In 2005 police brutally put down a coordinated attempt by migrants to break through the border fences around the Spanish enclaves of Ceuta and Melilla in Morocco. Even so, the attempt sparked a panic in Europe, and the EU and individual member states tightened their borders even more. Around this time, the Rabat Process started, with the aim of moving the European border regime further out into Africa. Our goal is to make the public in Germany aware of these processes and the reasons for migration and flight.

In the light of this, how do you see the events of the past year?

There are many places in the world where, over a long period of time, structural factors are driving people to leave their homes. Flight and many of the reasons for migration have reached catastrophic dimensions. However, we've largely ignored this crisis over here for

years, because it was externalised and individualised. It was all happening far away. Then came summer 2015. Refugees not only overcame Europe's borders, they overcame its ignorance. You could say that these people brought the global crisis back to us.

In the area of migration, medico has been working closely with partner organisations for many years, among others in West Africa. How did this cooperation come about?

We wanted to network with the migrant movements in the South and join with them to look for answers and strategies. It was also important to us to establish the link to European politics. In Mauritania and Mali we met politically and strategically thinking organisations, which we still work with today – the Mauritanian Human Rights Association AMDH and the Malian Association for Deportees AME. The two are now cooperating with each other, and trying to set up a network in West Africa. We are assisting such networks by funding workshops in the region. In September 2016, for example, there will be a workshop in Mauritania where activists from Mali, Niger, Morocco, Côte d'Ivoire, Togo, Senegal, France and Germany will meet.

How far have the challenges faced by medico changed as a result of last year's developments?

As a direct response we also increased support to projects in Europe, for example the Moving Europe project that supplies refugees on the Balkan route with electricity for cellphones and information for safe travel. At the same time we have to continue identifying and criticising the structural crisis and the reasons for migration and flight. This includes highlighting the responsibility that Germany and Europe bear. We need to think how we can reach a social, economic and ecological balance, not only at the national level but also transnationally. And we need to tackle the new quality of sealing-off borders that the EU has initiated in recent months. For us, one priority is the policy of externalisation, of incorporating African states and Turkey in the European border defence, with the aim of making refugees and migrants invisible again.

**Many people here welcome these border controls.
What role can medico play in a mood of vague fears?**

As an organisation working in international networks we can raise the question of proportionality. If we in Germany are going to talk about fears or deprivation, we have to put these in proportion to what other people are leaving behind or what other societies render. Compared to its wealth, for example, Germany is still doing very little, as you can see if you compare it with a country such as Lebanon, which has only four million inhabitants but has taken in 1.5 million Syrian refugees. Our Lebanese partners working on refugee aid have no time at all for 'German fears'.

Currently, Germany and the European Union seem to feel that almost anything is acceptable if it keeps refugees away. For example, the Deal with Turkey ensures that many refugees are blocked from applying for asylum in Europe.

We can't simply outsource our responsibility and imagine the problem is resolved. If we pressure or bribe countries to violate human rights on our behalf, that changes the societies there. You can see that in Mexico. There, and on the Central American migration routes, the US policy of blocking and externalisation has long since led to a genuine war on migrants – with the results of more violence, more weapons and more drug dealing. What they are pretending to fight is being fuelled by short-sighted policies. It's impossible to avoid the impression that Europe hasn't learned anything from past experience. Desperate people won't be stopped: they find new ways, or they die in the attempt – and with them go the values that Europe pretends to stand for.

Interview: Ramona Lenz



Deported migrants at their arrival in Mali.

**medico projects
in the area of
flight and migration**

medico supports local partners of and for refugees and migrants in Africa, Asia, the Middle East, Latin America, Germany, Turkey and Greece. In refugee camps in Syria, Iraq, Lebanon and West Sahara medico partners supply survival aid in the form of food and basic health services. medico supports deportee organisations in North and Western Africa, migrant hostels in Mexico, Serbia and Morocco, and medical services to refugees in Lebanon and Israel. In Greece, teams supported by medico assist refugees in particular need of protection, such as unaccompanied minors and victims of torture. In Germany, medico has increased its support since 2015 for the work on psychosocial and medical services to refugees. At the same time medico is engaged with its partner organisations throughout the world in the fight against structural causes of flight, such as exploitative trade relations or land grabbing.

Nepal: Reconstruction after the earthquake

Fast isn't the same as good



Not every timeline can be met, sometimes things take longer.

In the days following the earthquake in Nepal in early 2015 there were many reports in German media about how local officials restrained Western aid workers from doing what they had come to do. Far fewer explained the Nepalese point of view or showing the mistakes of the international aid industry: one reason for delays at Kathmandu airport was that heavy military aircraft carrying aid materials had damaged the runway; prepackaged food were being flown in from all over the world, even though Nepalese farmers could have supplied sufficient local food; NGOs were delivering bottled water to mountainous regions where there was no shortage of water. Speed just isn't always everything.

About a year has passed, and the battle over speed has flared up again. International organisations are now complaining that reconstruction is taking too long. To some extent this is true. But at the same time we must remember that the country is in a process of far-reaching political and social change. For example, after years of struggling over a new constitution the country has now adopted an electoral law intended to give currently disadvantaged ethnic, religious and social groups a voice in politics. All this is not without conflicts, but it is the environment within which reconstruction has to be organised.

International organisations would like to have a free hand – to help, but also to meet their own deadlines and targets. However, the Nepalese Government is insisting that every project must be coordinated with it, and has created an agency to organise reconstruction centrally. 'The international organisations want to complete a lot of high-visibility projects quickly, and then leave again. But the government's approach favours aid over a wide area,' explains Brabim Kumar from medico partner Ayon, the network of Nepalese youth organisations. This is another perspective: The Nepalese Government might have learned from the mistakes made in Haiti. There, international relief agencies largely ignored local institutions, weakening Haitian structures permanently. It could be different in Nepal, given that a democratisation process in the society continues. It won't be fast – but it could be sustainable.

Bernd Eichner

medico and its partners in Nepal

Since the earthquake in Nepal, medico international is supporting the reconstruction work of local partner organisations – Nepal Development Society (NEDS), Public Health Concern Trust Nepal, Environmental Camps for Conservation Awareness (ECCA), the Association of Youth Organizations Nepal (AYON) and Health And Nutrition Development Society (HANDS) – in building homes and rebuilding schools and health centres. Survivors learn in workshops how to press for accountability from local elites and government institutions.

Egypt: Civil society under growing pressure

The regime strikes back



Aida Seif al-Dawla and her colleagues at the El Nadeem Centre in Cairo have been helping the victims of state violence since 1993.

For over three decades Aida Seif al-Dawla has witnessed what state institutions can do to people, physically and mentally. In 1984 the psychiatrist founded the New Women Research Centre in Cairo, which campaigned against the practice of female genital mutilation and the persecution of women. In 1993 she joined with three like-minded activists to found the El Nadeem Centre for the Rehabilitation of Victims of Violence and Torture, which has since provided medical and psychosocial services to this group. It also documents the cases, and campaigns publicly for respect for human rights. When the Arab Spring arrived in Cairo, there was hope that everything could change. This soon died. Dawla talks about the restoration under President Abd al-Fattah as-Sisi and the current situation. 'It's worse than ever. The old forces are back in power.'

Under the former head of the military secret police, there are no longer any limits to arbitrary treatment in the prisons, Dawla reports. She and her colleagues at the centre continued to document human rights violations in 2015, and the results, with hundreds dead, disappeared and tortured, are shattering. In the turmoil of the new old Egypt, the centre tries to act as a counter-pole, an organisation where four women rotate at the head, a space where victims find protection, and a centre for advocacy that asserts the fundamental right to human integrity.

Dawla has received numerous international awards in recognition of her courageous work. However, at the local level the political space is shrinking steadily – and one reason is that the EU and USA in particular turn a blind eye as long as the regime guarantees political stability. In 2013 the Egyptian authorities banned all contact by national NGOs with foreign organisations without prior approval by the state authorities. Just recently, the blow fell: the Ministry of Health withdrew El Nadeem's licence. The offence? 'Illegal human rights work', because the activists not only treat wounds but publicly report the causes. Dawla and her colleagues are familiar with the sabotage and intimidation, but they refuse to give up. There is one thing that does worry Dawla, which is the effect on young people of the dashed hopes for a democratic and free Egypt. She talks about her son, now also familiar with the interior of police stations and mortuaries. 'There's a bitterness there. Many of them just want to leave.' Dawla sees things differently, 'The revolution isn't over. It just lost a round.'

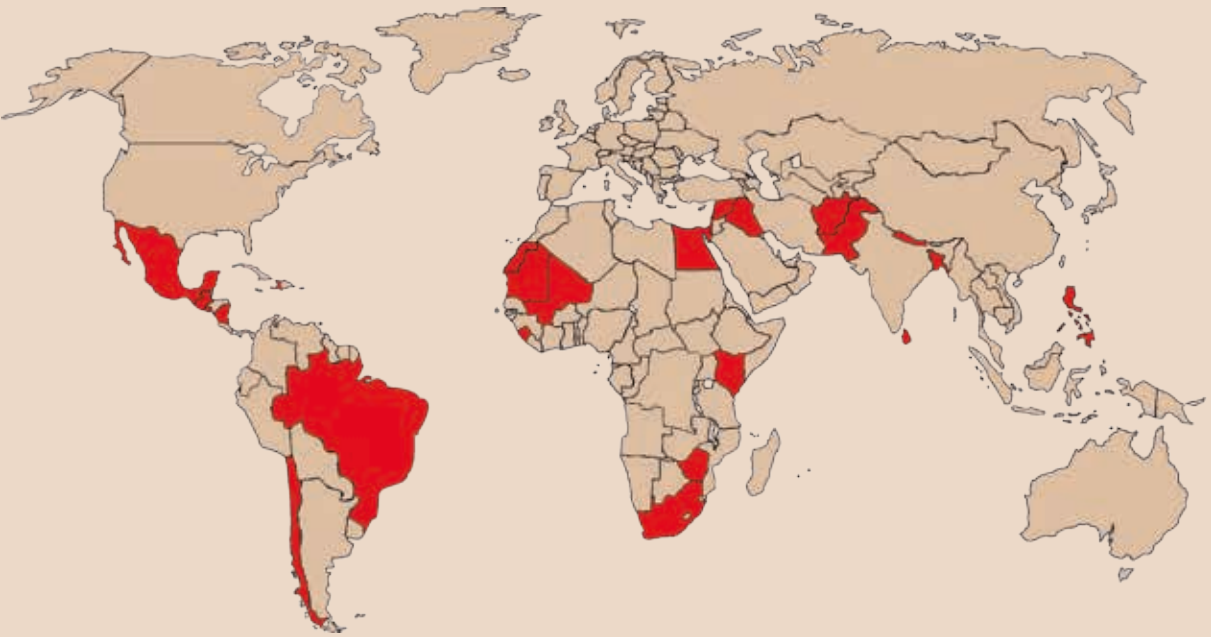
Christian Sälzer

medico and its partners in Egypt

Egypt has known years of political alternation between new dawns and restoration, but the rising spirit of democracy lives on in numerous grass-roots initiatives. In 2015, besides the El Nadeem Centre, medico supported the evaluation of the Urban Health Project in the Ezbet El Haggana slum by the Al Shehab Foundation, the strengthening of refugee rights to health by the Centre for Refugee Solidarity, and the work of the Association for Health and Environmental Development (AHED) and DSC for local community health committees.

PROJECT OVERVIEW

SUPPORTED PROJECTS BY REGION



- AFGHANISTAN
BANGLADESH
BRAZIL
CHILE
EGYPT
EL SALVADOR
GUATEMALA
HAITI
ISRAEL
- KENYA
IRAQ/
REGION KURDISTAN
LEBANON
MALI
MAURETANIA
MEXICO
NEPAL
NICARAGUA
- PAKISTAN
PALESTINE
PHILIPPINES
SIERRA LEONE
SOUTH AFRICA
SRI LANKA
SYRIA
WESTERN SAHARA
ZIMBABWE

AFRICA

<p>Egypt</p> <ul style="list-style-type: none">-Defending the Right to Adequate Housing in Ezbet El Haggana - Evaluation of project, Al Shehab Foundation-Institutional support for El Nadeem Center for Rehabilitation of Victims of Violence-Strengthening the rights to health for refugees, Center for Refugee Solidarity-Supporting local health committees, Association for Health and Environmental Development (AHED) and DSC <p>€ 48,884.60</p>	<p>Sierra Leone</p> <ul style="list-style-type: none">- Access to justice - paralegal programme in Kono district, extension and step-up, Network Movement for Justice and Development (NMJD)- Contributing to social sensitization around perceptions and attitudes towards Ebola, Network of Ex-Asylum Seekers Sierra Leone (NEAS)- Strengthening self organisation of deported ex-asylum seekers, NEAS and Conscience International (CI) <p>€ 51,096.92</p>
<p>Kenya</p> <ul style="list-style-type: none">- Advocacy for health and human rights in Kenya, Kamukunji Paralegal Trust (KAPLET) <p>€ 20,184.71</p>	<p>South Africa</p> <ul style="list-style-type: none">- 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)- Response to Limpopo education crisis, Section 27- Strengthening the political and social human rights of people with HIV/AIDS, Sinani- Promoting democracy, accountability and delivery at local government level, Local Government Action (LGA)- Strengthening creativity and imagination in marginalized communities - Ukwanda Puppet Theatre, Handspring Trust <p>€ 405,046.65 (incl. support from BMZ)</p>
<p>Mali</p> <ul style="list-style-type: none">-Institutional support for Association Malienne de Expulsés (AME)-Support to deported and rejected migrants in Mali, Association de Refoulés d’afrique centrale au Mali (ARACEM) <p>€ 68,854.12</p>	
<p>Mauretania</p> <ul style="list-style-type: none">- Legal advice and social support to migrants, regional network of organisations who work for rights of migrants, Association Mauritanienne des Droits de l’Homme (AMDH) <p>€ 20,000.00</p>	

Western Sahara

- 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]
- € 400,766.83 (incl. support from ECHO)

Zimbabwe

- HIV prevention and health promotion for Women/Lebians, Gays and Lesbians of Zimbabwe (GALZ)
- 19.676,34 €

ASIA

Afghanistan

- Empowering war victims: bottom up mobilization, Bamyan and Nangarhar, Afghanistan Human Rights and Democracy Organization (AHRDO)
 - Addressing Ethnic Conflict in Afghanistan at the Grassroots Level: A theatre approach, AHRDO
 - MDC human clinic - physiotherapy and counseling for women, Mine Detection Center (MDC)
- € 84,884.65 (incl. support from AA and stiftung m.i.)

Bangladesh

- Rehabilitation fund for Rana Plaza workers and other victims of disasters in the textile industry, Gonoshasthaya Kendra (GK)
- € 2,376.95 (incl. support from stiftung m.i.)

Nepal

- Relief activities for earthquake survivors, Health And Nutrition Development Society (HANDS)
 - Relief activities for the villages near to the epicenter in Gorkha district, Nepal Development Society (NEDS)
 - Construction of temporary houses, NEDS
 - Operating room setup and surgery of earthquake victims, Public Health Concern Trust Nepal
 - Temporary Learning Centers, HANDS and Environmental Camps for Conservation Awareness (ECCA)
 - Youth work camps for re-building communities and promoting accountability, Association of Youth Organizations Nepal (AYON)
- € 238,386.38

Pakistan

- Establishment of a provincial level disaster risk management center in Karachi, Health and Nutrition Development Society (HANDS)
 - Disaster prevention and rehabilitation in northern Sindh, HANDS
 - Lighting Lives in Pakistan – LED solar lights for rural Sindh, HANDS
 - Evaluation of the comprehensive reconstruction program TAMEER, HANDS
 - Community Mental Health Initiative in Karachi, HANDS
 - Support of peasants movement and a model cooperative farm, National Trade Union Federation (NTUF)
- € 476,660.16 (incl. support from BMZ)

Philippines

- Fighting hunger, rebuilding lives: a reconstruction and rehabilitation program for typhoon-Haijan devastated communities in Samar, Samahang Operasyong Sagip (SOS)
- € 303,270.00

Sri Lanka

- Supporting the sustainable resettlement for internally displaced people in northern Sri Lanka, Social, Economical and Environmental Developers (SEED)
 - Construction of vocational training centre for pople with special needs, SEED
 - Core support for SEED
- € 160,598.71 (incl. support from BMZ and stiftung m.i.)

LATIN AMERICA

Brazil

- Universal right of access to health, Centro Brasileiro de Estudos de Saúde (CEBES)
- Support of the activities against the mining company Vale and networking with other initiatives in Santa Cruz, Justiça nos Trilhos [JnT]

- Support of the activities against the ThyssenKrupp steel mill and networking with other initiatives in Maranhao, Insitituo Políticas Alternativas para o Cone Sul (PACS)
- € 33,948.00

Chile

- Human Rights work, Cooperación de Promoción y Defensa de los Derechos del Pueblo [CODEPU]
- € 10,000.00

El Salvador

- Social fund for people with prostheses, 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, Asociación de Promotores Comunales Salvadoreños (APROCSAL)
 - Information and Awareness in schools on migration without papers, Museo de la Palabra y la Imagen (MUPI)
 - Expenditure on the Central American office
- € 61,917.96 (incl. support from stiftung m.i.)

Guatemala

- Empowerment of young persons and children in indigenous communities in the North of Guatemala, Asociación Coordinadora Comunitaria de Servicios para la Salud (ACCSS)
 - Strengthening of local capacities for food security, and supporting self-organization in eleven villages in the region Las Pozas, Sayaxché, Petén, Loq' Laj Ch'och, Sagrada Tierra
 - Struggle against impunity and for the democratisation of the legal system, Comisión Internacional de Juristas [CIJ] & Bufete Jurídico de Derechos Humanos [BJDH]
 - Strengthening youth leaders of the Maya Q'eqchi community in the region Sayaxché, Petén, Sagrada Tierra
 - Funding of the 6th International Film Festival „Memory, Truth, Justice“, Internationale Solidarität und Kulturaustausch, Kassel-Berlin (ISKA)
 - Dealing with the psychosocial impact of grave human rights violations, Equipo de Estudios Comunitarios y Acción Psicosocial (ECAP)
 - Expenditure on the Central American office
- € 229,687.99 (incl. support from BMZ and stiftung m.i.)

Haiti

- Strengthening primary health service centres in La Chapelle, Désarmes and Goyavier, Service Oecuménique d'Entraide (SOE)
 - Strengthening peasant movements in the struggle for human rights, South-South exchange with Brasi, Escola Nacional Florestan Fernandes (ENFFI)
 - Strengthening the rule of law und the struggle for the respect for human und civil rights in Haiti, Réseau National de Défense de Droits Humains (RNDDH)
 - Strengthening of peasant initiatives in the section Frangipane in the Department Aquin, Centre de Recherche et de Formation Économique et Sociale pour le Développement (CRESFED)
- € 353,617.80 (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]
 - Human rights work of the hostel for migrants „La 72“, „La 72“ Hogar – Refugio para Personas Migrantes
 - Expenditure on the Central American office
- € 53,841.70

Nicaragua

- Empowerment of children and young people as agents for a healthier environment, Centro de Información y Servicio de Asesoría en Salud [CISAS]
 - Supporting the rights of migrating families, NicasMigrante
 - Campaign for the prevention of chronic renal insufficiency in El Viejo, Asociación Chinantlan
 - Production of brochure „History of Nueva Guineas and dangers by the interoceanic canal project“, Fundación de Hermanamientos Luz en la Selva
 - Defending the Rights of Nicaraguan citizens against the concession of the interoceanic canal and other megaprojects, Fundación Popol Na para la Promoción y el Desarrollo Municipal (Popol Na)
 - Expenditure on the Central American office
- € 134,786.54 (incl. support from BMZ)

NEAR EAST, MIDDLE EAST

Iraq [incl. region Kurdistan]

- Support for women endangered by violence and honour killings in Sulaymania, Khanzad/Haukari
 - Health prevention and social awareness in 20 villages in Halabja and Darbandikhan, Kurdistan Health Foundation (KHF)/Haukari
 - Emergency relief for Arabic and Kurdish internally displaced persons in Khanaquin und Kifri, Khanzad/Haukari
- € 85,048.00

Lebanon

- Support of Marsa Sexual Health Center, MARSA
 - Empowering Palestinian refugee youths, Nashet Association
 - Support of displaced Syrian-Palestinian children in Ein-el-Hilweh-Camp (Saida), Nashet Association
 - Emergency relief for vulnerable families in the refugee camp Ein-el-Hilweh, Nashet Association
 - Primary health care for Syrian refugees in the Beqaa valley and in Beirut, AMEL Association
- € 643,661.57 [incl. support from AA]

Palestine/Israel

- Rehabilitation and improving access to essential health services and provision of dietary supplement in vulnerable communities in Gaza, Palestinian Medical Relief Society (PMRS)
 - Strengthening of health services and patients with non communicable diseases in Gaza, PMRS
 - Improving access to essential health services and the provision of medications in the West Bank and in Gaza, PMRS
 - School of community health, PMRS
 - Medical follow-up care for victims of war in Gaza, PMRS
 - Defense of Palestinian land rights in the Jordan valley, Union of Agricultural Work Committees (UAWC)
 - Support of the Aid Watch Palestine – Gaza, Dalia Association
 - Core support for Physicians for Human Rights – Israel (PHR-IL)
 - Support for the Open Clinic Jaffa, PHR-IL
 - Core support for Breaking the Silence
 - Core support for Who Profits
 - Core support for the Legal Center for Arab Minority Rights in Israel (Adalah)
 - Support for EU advocacy & lobbying for a just Middle East politics, European Middle East Project (EuMEP)
 - Core support for the Al Mezan Center for Human Rights
 - Core support for the Freedom Theater Jenin, The Freedom Theatre (TFT)
 - Electrification of the youth center Bunat al Ghad in Khan Younis, Culture and Free Thought Association (CFTA)
 - School health program, Medical Relief Society Jerusalem
 - Core support for the international law and human rights work of Al Haq, Westbank
 - Expenditures of medico’s Palestine & Israel office
- € 1,837,724.39 [incl. support from AA, BMZ, m.i. CH and stiftung m.i.]

Syria

- Food relief and hygiene items for Syrian-Palestinian refugees in Khan Eshieh Camp, JAFRA
 - Humanitarian assistance for Syrian-Palestinian refugees in Yelda and Yarmouk, JAFRA
 - Support of the hospital in Kobane and the Yezidi refugees in Camp Newroz (Cizere), Rojava ile Yardimlasma ve Dayanisma Dernegi (Rojava Dernegi)
 - Support for the gynaecology department in a health center in Kobanê, Rojava Dernegi
 - Support for self-administered schools in Erbin, Local Coordination Committees (LCC)
 - Garbage removal, disease prevention campaigns and rehabilitation of a blood bank in the region Daraa, Adopt a Revolution (AaR) and Civil Society Center (CSC), Daraa
- € 736,784.14 [incl. support from AA and stiftung m.i.]

- PHM regional outreach Subsahara Africa, PHM
 - Event for the Solidarity Network in Frankfurt, PHM
 - Democratizing Global Health Governance: Holding WHO Accountable, PHM
 - Core Support for PHM
 - Work meeting of the coordination comitee of the People’s Health Movement – Latinamerica, via Centro de Información y Servicios de Asesoría en Salud (CISAS)
 - MEDBOX – The Aid Library: online Open Source Library for quality assurance in international emergency and transition aid, Missions-ärztliches Institut Würzburg
 - Sector strategy Health in Humanitarian Aid, Koordinationsausschuss Humanitäre Hilfe des AA, medico
- € 87,124.23 [incl. support from AA and stiftung m.i.]

Migration

- Support for the participation on the World Social Forum in Tunis, Association Malienne de Expulsés (AME)
 - Program for the support of refugees in the Aegean Sea, Pro Asyl
 - Legal guide for transnational migrants on Lesbos, Greece, Alarmphone
 - Creating access to psychosocial support for refugees in Germany, Bundesarbeitsgemeinschaft der psychosozialen Zentren für Flüchtlinge und Folteropfer (BAFF)
 - Campaign for the improvement of access to health services for asylum seekers, Büro für medizinische Flüchtlingshilfe (Medibüro)
 - Moving Europe, Forschungsgesellschaft Flucht und Migration (FFM)
 - Support for refugees, Anti-Rassismus-Telefon Essen (ART)
- € 129,447.21

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

OTHER

Global Health

- International People’s Health University Course in Tunis, People’s Health Movement (PHM)

Financial Report

CURRENT STATUS AND TRENDS

medico's total budget for the period under review was €16,505,128.69. This represents an increase of 3 % on the previous year, primarily due to the increase in donations.

INCOME

Donations received by medico totalled €6,084,340.11, including €1,340,829.15 in donations forwarded by 'Bündnis Entwicklung Hilft' (BEH). Excluding these, donations totalled €4,743,510.96, which represents an increase of almost 7.2 % on 2014, and maintains the rising trend of recent years. Public sector grants also increased in the year under review, rising 10.8 % to €4,417,223.87, but still not at a level which would be a danger to medico's independence. The number of permanent supporters increased by 227 to 3,230.

EXPENDITURE

In 2015 medico again received the Seal of Approval of the German Central Institute for Social Issues (DZI). Expenditure on statutory operational activities in 2015 totalled €8,616,683.17, or 89.96 % of total expenditure. This breaks down into €6,703,505.18 (69.99 %) spent on project support, €982,266.55 (10.25 %) on project planning measures and €930,911.44 (9.72 %) on campaigning and awareness-raising work. Expenditure on advertising and administration was €961,767.49, 10.04 % of total expenditure.

PROJECTS

In all, we supported 118 projects in the period under review, including major programmes such as the emergency services to refugees in the Syrian-Kurdish regions of northern Syria and in Lebanon, strengthening health services in Palestine, emergency aid for the victims of the earthquake in Nepal, and supplying medications to the Sahrawi refugee camps. The major political and logistic challenges included aid to people trapped by war in Syria. In Mali and Mauritania we backed deportees from Europe, in Mexico we supported the relatives of missing migrants. We also assisted refugees in Europe with smaller measures.

OPPORTUNITIES AND RISKS

The financial basis for medico's work was further consolidated in 2015. The continuing growth in donations

shows the continuing public approval of medico's goals and approach, which is probably far from exhausted, as suggested by the tremendous response medico enjoys in the media. Not the least sign of this is the steadily growing demand for lectures, articles and participation in events from all sectors of society. The risks affect primarily our partners in the South, who face growing problems in more than one sense of the word. For example, there is the growing gap between the need for action and the funds and means available. At the same time, increasingly strict and even openly repressive state measures are reducing the space for civil society engagement. This latter problem, now a topic of global debate under the heading 'shrinking spaces' is also affecting medico and our partner organisations. In many parts of the world it will be harder and more dangerous in future to provide assistance. Together with other German NGOs, medico is exploring the possibilities for countering this trend through political initiatives.

CONCLUSION

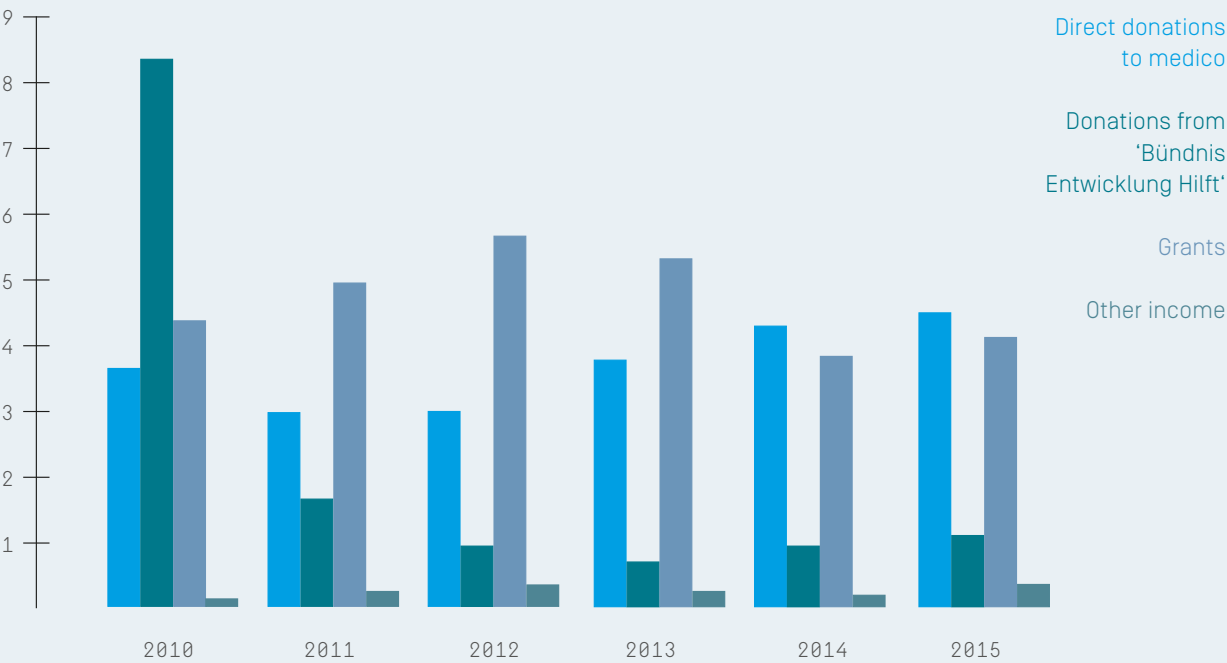
While medico can rely on a firm base for its engagement, it is still necessary to emphasise the critical concept of aid that medico has developed in recent years, and which is expressed in solidarity with and support for all those striving to assert the right to health in their specific contexts.

Thomas Gebauer

OVERALL RESULT

INCOME	2015	2014
Monetary donations	4,743,510.96	4,424,414.86
Donations from 'Bündnis Entwicklung Hilft'	1,340,829.15	1,073,837.84
Grants - public funding	4,234,929.97	3,758,152.74
Grants - non-public funding	182,293.90	227,953.67
Contributions of the medico international foundation	130,000.00	95,000.00
Bequests	49,136.37	100,613.56
Fines	52,920.00	6,250.00
Interest and other income	19,862.67	11,376.54
Member fees	8,737.64	7,577.64
Income for other accounting periods	54,537.70	0.00
Other revenues	34,358.56	29,508.93
TOTAL INCOME	10,851,116.92	9,734,685.78
Reserves		
According to § 58 No. 6 of the German fiscal code [Abgabenordnung-AO] as at 01 January	3,697,745.42	4,390,210.13
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)	1,732,000.00	1,634,000.00
Association Capital – As at 01 January	224,266.35	263,028.53
BUDGET	16,505,128.69	16,021,924.4

EVOLUTION OF INCOME [IN EURO M]



EXPENDITURES	2015	2014
Project funding	6,703,505.18	7,442,353.83
Project management	982,266.55	965,307.43
Campaigning and education work and awareness raising in line with statutes	930,911.44	1,046,548.04
Advertising and general public relations work	297,900.94	308,719.86
Administration	663,866.55	604,983.51

TOTAL EXPENDITURES 9,578,450.66 10,367,912.67

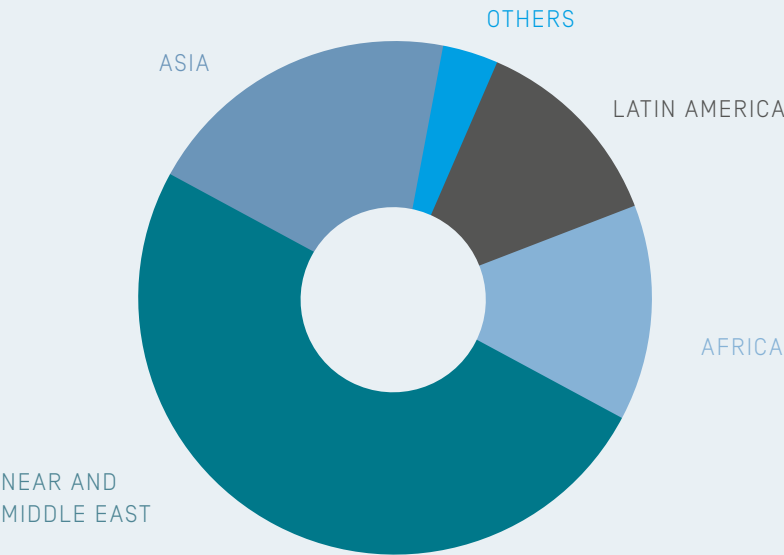
Reserves
According to § 58 No. 6 of the German fiscal code (AO)
as at 31 December 4,693,979.43 3,697,745.42
for projects that were scheduled in previous year but whose issuing of funds could not or could only partially be completed by 31 December and are for earmarked remaining funds, and for securing the Association's institutional viability

Free reserves according to § 58 No. 6 of the German fiscal code (AO) 1,992,000.00 1,732,000.00

Association Capital – As at 31 December 240,698.60 224,266.35

BUDGET 16,505,128.69 16,021,924.44

PROJECT EXPENDITURES BY REGION



MEDICO INTERNATIONAL E.V. – ORGANISATIONAL STRUCTURE

