



NEWSLETTER OF THE ORDER OF MALTA'S WORLDWIDE RELIEF SERVICE



**Malteser
International**
Order of Malta Worldwide Relief

January

2009

ON THE SPOT



NEWS IN BRIEF

ACTIVITY REPORT

The Activity Report is a summary of the work carried out by Malteser International in 2008. It is a short pre-release of the Malteser International Annual Report 2008 which will be published by the summer of 2009. [Follow this link](#) to download the Activity Report and see more about our work in Africa, Asia and the Americas.

AMERICAS

Peru: Shortly before Christmas, the Peruvian Malteser charity completed a 125 metre long sewer for the residents of Canete, which will help ensure the sanitation of the village, and is part of the emergency relief measures begun in 2007 by Malteser International and Malteser Peru in the aftermath of the terrible earthquake that affected that region.

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AFRICA: DR CONGO — RELIEF MEASURES

Malteser International is preparing to extend its relief measures, particularly for internally displaced persons (IDPs) in the East of the DR Congo. The current political stand-off involving rebel militias and national forces could easily deteriorate with drastic consequences for the civilians and the estimated 850,00 IDPs in the East. Prior to the current ceasefire Malteser International had already extended its work in this region: Trained Malteser International staff have been sent into IDP camps to seek out people suffering severe trauma — often the victims or the witnesses of rape, massacres and executions — and to then refer them for further treatment. Furthermore, a food distribution for 30,000 displaced in the region of Minova took place in November. The second distribution of cereals, vegetables, oil and salt for more than 48,000 people



Food supplies provided to IDPs near Minova. Photographs of the distribution can be seen [here](#).

was finished at the end of January.

In the North-East, where rebels of the Lord's Resistance Army destroyed large parts of the district of Faradje and burnt down the hospital of Faradje city, the organisation is bringing emergency medical supplies in order to treat the wounded and rehabilitate the medical infrastructure.

SUDAN/DARFUR — TRAINING AND AWARENESS

In November, Malteser International provided several training sessions on safe childbirth in which 185 local midwives participated. They were taught about hygiene measures, and the dangers involved in traditional practices. It is hoped that through closer cooperation between these midwives and local health centres, more women will be encouraged to give birth in a safe environment.

On World AIDS Day in December, Malteser International organised awareness campaigns about HIV and AIDS around all its project sites in Darfur. The main topics were education about HIV transmission, and combating the stigma



World AIDS Day: awareness in Darfur

still surrounding people affected with the virus. These activities were held in the market places in order to ensure that people from neighbouring villages had a chance of attending.

For more of these stories, and other news visit: www.malteser-international.org and www.maltarelief.org



ZIMBABWE — CHOLERA EPIDEMIC

Soon after the cholera epidemic in Zimbabwe became widely known, Malteser International intervened together with a partner organisation, HELP, by providing funding for essential intravenous fluids, needles and tubes for more than 5,000 patients.

The cholera epidemic spread rapidly in December, and was made worse by the lack of ac-

cess to clean water, and even the use of sewage water in some cases. Malteser International and its partners are continuing to monitor the situation closely.

According to official figures, more than 2,000 sufferers have already died of cholera between the start of the epidemic and the middle of January 2009; about 40,000 infections



Lacks of access to clean water has intensified Zimbabwe's cholera epidemic. (Photo: Reuters)

ASIA: CAMBODIA — MOTHER AND CHILD HEALTH

In Cambodia many women still give birth in their homes, with the help of a traditional birth attendant. For this reason, mother and child mortality is still comparatively high. Through some intimate stories relating to this question, Juliana Helmerich, project assistant, looks at the success of Malteser International's mother and child projects in Cambodia:

"A 41 year old mother of five came to one of our health centres to deliver her sixth child. So far in her life she has had ten pregnancies with four still born babies, and she has never delivered anywhere else other than at home, in a village about six kms away from the health centre.

Soon after, another woman came to a nearby health centre for the first time. She was 40 and it was her sixth delivery. In the health centre, the midwife diagnosed a high risk delivery and decided that the woman needed to be transferred to the better equipped Hospital in Along Venh. This presented an immediate problem because since the family is very poor

they couldn't afford the necessary ambulance. Only people who are officially registered as being poor are able to claim health and related transport expenses from the Health Equity Fund (HEF), and this woman was not yet registered. Luckily, however, Maia Mc Fadden, Project Manager for Malteser International contacted the responsible person at the HEF and arranged for the woman to be taken to the hospital by ambulance and to get the registration after delivery. Later on, in the referral hospital she gave birth to a 5.5kg baby under the best possible circumstances. Under other circumstances, it is unlikely the baby would have survived the night."

In both these cases, the extended outreach programmes run by Malteser International is seen to be working because these are cases of women from rural villages who were unused to coming to health centres to deliver their babies. By choosing to do so, they helped to ensure the survival of their child, and even themselves. There are



Safe and sound. A child whose mother benefited from outreach work

several reasons preventing women from visiting health facilities. The bad condition of the roads and the lack of transportation present formidable main barriers, but an even greater barrier can be the lack of awareness about the importance of this. Furthermore, doing something like this, for the first time takes a lot of trust in a person or an institution. This is why the ongoing promotion, training and education work in the field of mother and child healthcare in rural Cambodia, is of such vital importance.

[Follow this link for more information.](#)

INDIA — HOUSING PROGRAMME COMPLETED



A family now in possession of their new home

Seven years after the devastating earthquake in Gujarat, Malteser International has completed and closed its long-term housing rehabilitation programme. In total, the organisation helped over 1,600 families with safe housing. By the end of 2008, the last batch of 156 houses targeting families who had been left out was handed over.

The greatest success of the programme proves to be the good acceptance and feeling of ownership which has been generated among residents, who designed and decorated their well maintained houses in a caring and individual way.

Aside from innovative methods using mud blocks in construction, and the ecological and disaster proof design, participation from the beneficiaries was an overwhelming strength of the project. The houses built along with sanitation facilities, provide a healthy new home for the most vulnerable and forgotten of the earthquake victims. With a total cost of 1,500 Euro per house and a low 350 Euro monitoring and implementation cost per house Malteser International with its Indian partner Unnati demonstrated a successful low cost housing approach.

MYANMAR — AID FOR ORPHANS

After visiting an orphanage in the outskirts of Sittwe in Northern Rakhine State that was in dire need of support, Malteser International started in December to provide blankets, mattresses, mosquito nets, clothes, shoes and toys to the 82 children.

This is only the beginning of the intervention which is supported by UNESCO. The orphanage will be

renovated, training provided for volunteers, and measures taken to ensure future self-financing.

A second orphanage in Pang Kham, Wa Special Region will be renovated and enlarged by Malteser International with support of Caritas Traunkirchen.

[Follow this link for more information.](#)



Malteser International staff oversee the provision of aid in an orphanage.

SRI LANKA — RE-BUILDING A VILLAGE



One of the recently built and occupied houses in the village of Seenanveli

The village of Seenanveli on the east coast of Sri Lanka has been destroyed more than once and not only by the tsunami in December 2004. Again in 2006 the inhabitants had been forced to seek refuge due to heavy fighting in the region. Now that the area is safe once again, Malteser International assists a local partner organisation in the building of houses for 63 families. “We have

planned to build up the village after the tsunami, but then, the fighting made it impossible to do so”, says Tyche Hofman, Programme Coordinator in eastern Sri Lanka.

15 houses have already been completed and the families moved in. The other houses shall now be finished quickly so that the remaining families can leave their temporary shelter or nearby

STAFF PORTRAITS OF OUR HELP — JOHANNES SCHWEDA

Under the column "Portraits of our help" Malteser International presents staff members in Africa, Asia or the Americas to give a more personal impression of the people who are realizing all the projects on the ground. This edition continues with the presentation of Johannes Schweda, Southern Sudan Administrator in Juba.



Source: Wikipedia

"There is still a lot to do"

"I always wanted to help people. This has been part of my sense of justice since I was very young", says Johannes Schweda sitting in front of a thrice lit advent wreath.

Since May 2008 Johannes has been working for Malteser International as a Southern Sudan Administrator. He is responsible for all administrative and financial work within the relief programmes which include basic health care, fighting against HIV/AIDS, tuberculosis, sleeping sickness and leprosy. "Life in Southern Sudan is different. Often you need patience to get what you want in administrative questions and what you need for continuing your work. But over time you learn how to handle these difficulties."

He gained first experience in Su-

"I like the feeling of helping to construct a basic health supply."

dan when he was working there for a NGO from Switzerland, then in May 2008 he applied for a job with Malteser International and went to Southern Sudan. "I am responsible for all financial and administrative tasks in our projects, such as controlling of budgets, regular donor reporting, cash books and cash requests. I am the connecting point between the field workers and the donors, between the field and the headquarters and between the field and the local government."

With a smile on his face he tells us that his motivation comes from the teams he works with in Southern Sudan. "They are great and

very motivated", he says. "I like the feeling of helping to construct a basic health supply urgently needed for the people there. If I see the value of what we are doing there directly in the field, if – for example - a patient with leprosy was healed because we were able to help him, that shows me that I am exactly in the right place over there and my job is very important for many people."

"My wish is that Malteser International would be able to support our local partners over a long period there. After 20 years of civil war, there is almost nothing in Southern Sudan. "Peace has only been established for three years now, and still there is a lot to do," he concludes looking over to the Malteser International poster on the wall in front of him: "Our motivation is to alleviate human suffering".

STAFF ABROAD — NEW POSTINGS

On 1 December 2008, **Juliana Helmerich** from Germany, former Project Assistant in the Asia Desk in Malteser International Headquarters, began work as a Project Assistant in Cambodia.

Carmen Fernandez Baldor from Spain began work as Coordinator in Myanmar.

On 15 January 2009, **Marc de Backer** from Belgium, former Health Coordinator in Myanmar (2007 – 2009) and Health Field Manager in DR Congo (2005 – 2007), began work as a Project Health Manager in South Sudan.

On 1 January 2009, **Kerstin Ritter** from Germany began work as a Project Manager in Middle Island/Myanmar;

Daniel Apolinarski from Germany, former Project Manager on Java/Indonesia (2006 – 2008), began work as a Programme Coordinator in Maridi/Southern Sudan.

Dr. Justin Sauter from Germany started work as a Programme coordinator in Ariwara/ DR Congo. Dr. Sauter previously worked in Ariwara for Malteser International between August 2006 and December 2007.

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