

## Annual Report 2021

Redefine Global Solidarity





## DEAR SUPPORTERS,

just like 2020, the year 2021 was shaped by the COVID-19 pandemic. At CADUS, we have adjusted well to the situation that was still completely new in 2020 and, just like most people, had taken us by surprise. Our routines now entail more digital components, and tasks like writing and implementing hygiene concepts are by now regular parts of our daily work. However, while at our Headquarters in Germany, we were able to easily access all existing reliefs to the infectious and deadly disease of COVID-19 – for example, vaccinations and high-quality masks – as an international organization, we once more were reminded that not all of us have such privileged access.

Unequal access to pandemic relief goods and specialized medical care was not only a topic within CADUS, but first and foremost, it was dominating our humanitarian actions in 2021. We continued to organize regional mask production in Northeast Syria and offered hygiene education along with their distribution. We provided donated

masks to humanitarian organizations at Europe's outer borders, shared expert knowledge regarding the treatment of COVID-19 with hospitals in Papua New Guinea, and entered a clinic partnership for Infection Prevention and Control Training in Iraq. Our long-term projects in Northeast Syria – the Field Hospital at Camp Al Hol and the Operation Desk – continued with the additional challenge of the pandemic, along with difficult access to materials for its mitigation.

The pervading theme of unequal access likewise did not cease to exist for people fleeing from zones of conflict or places severely affected by global inequalities and seeking refuge in Europe. Basic Human Rights keep being violated at Europe's outer borders. The support we can offer in the form of medical aid and supplies to People on the Move sometimes feels like a drop in the ocean compared to the political and societal changes needed to create sustainable solutions. Nevertheless, CADUS again supported those who got trapped in the

net of biased bureaucracy, legal gray zones, and unlawful rejection. To further improve our emergency response, we are intensively working on refining our system and equipment, going more modular and flexible than ever.

In this endeavor, we are not alone. We worked and keep working internationally with amazing colleagues and meet highly engaged people, enthusiastic about making a change, even in

the direst circumstances. This inspiration and the continuous support through donations and hands-on volunteer work shape our organization and enable us to keep responding to humanitarian emergencies. Therefore, we would like to thank all of you and hope that you will continue to support CADUS in the future.

## ***Your CADUS Team***



*Team CADUS in the  
Crisis Response Makerspace*

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# CADUS - REDEFINE GLOBAL SOLIDARITY

## About us

A growing number of people are affected by emergencies caused by the confluence of different events. These emerge gradually over time, leading to a significant increase in humanitarian needs while leaving people increasingly vulnerable to global challenges such as climate change and growing inequality. In the meantime, so-called new wars characterized by increasing numbers of asymmetric and protracted conflicts as well as mass violations of Human Rights and International Humanitarian Law are challenging humanitarian support as never before. CADUS' purpose is to provide support to people in such crises, both sudden-onset disasters and complex slow-onset emergencies.

For us, acknowledging the changing nature of crises and the constantly increasing number of emergencies based on complex and simultaneously interrelated circumstances is essential to provide effective humanitarian support. CADUS responds to this complexity by acting in solidarity with people affected by crisis.

## Legal framework of CADUS

CADUS is a non-profit, non-governmental, independent, self-governing and voluntary organization with its headquarters in Berlin, Germany - registered as a non-profit association. Based on the fundamental considerations and principles of our work, a whole set of values and policies is in place in order to promote transparency, integrity and accountability of CADUS as outlined in our Code of Conduct.

Furthermore, CADUS is an official signatory of the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief. For us as a humanitarian organization, International Humanitarian Law (IHL) sets the legal

framework of our actions. IHL is a set of rules that seek to limit the effects of armed conflict.

## The principles of how we work

The humanitarian principles form the basis of our work. Despite modern challenges and rapid changes within the humanitarian system, these guiding principles remain essential. In addition to the principles of Humanity, Impartiality, Independence and Neutrality, CADUS considers Accountability as the fifth essential humanitarian principle.

### Humanity

By humanity, we understand that suffering - no matter what the circumstances, the place or the cause - must be fought. All our actions are legitimized by humanity alone and are accordingly unconditional. The aim of our work is to fight suffering, protect life and prevent future suffering!

### Impartiality

The right to receive humanitarian support applies to everyone, no matter what a person has done beforehand. As humanitarian workers, we are neither judges nor executors. We treat people according to their needs and not according to whether they are considered to belong to an "ethnic", religious or political group.

### Independence

It would be naive to claim that humanitarian work takes place completely free of financial constraints. For us, it is important to deal with these monetary constraints transparently and openly. We clearly oppose any funding linked to the interests of any political or religious party. Furthermore, a requirement for any donor is that they must not influence or direct our work. Furthermore, donors that support us must not contradict the values and principles we represent.

## **Neutrality**

In our missions, we do not take sides of any political, religious or `ethnic´ conflicts. We focus on supporting all people affected by crisis no matter if they align with our own beliefs and values or not. At the same time, we reserve the right to report on structures and policies that clearly violate the principles and values that we stand for and that our work is based on. Namely, political actions resulting in suffering, violation of international humanitarian law, violations of human rights and overall crimes against humanity. We furthermore report on and speak out against societal problems like racism, sexism, etc. that result in structures of discrimination against groups of people. Bearing witness, advocating our core values and using our leverage as a humanitarian actor are fundamental efforts of our work.

## **Accountability**

Good intention is not enough, so we want to be held accountable for our actions. People affected by crisis are ultimately our reason d´etre and should be the ones in front of whom we have to legitimize our work. The constant reflection of our work, our role and the results of our actions are essential. Only by doing this, we can contradict reproducing structures perpetuating inequality and avoid producing additional harm to people already affected by crisis. As an accountable organization, we believe we must be willing to review, analyze, and critique our operations constantly at all levels.

## Who we are

CADUS e.V. is a non-profit association registered in the district court of Charlottenburg in Berlin. The board members officially representing CADUS e.V. are by Dr. Matthias Grott, Simone Schrempf and Anna Sauerwein. The senior management consists of the three Co-Chairs Dr. Corinna Schäfer, Verena Lauble, and Sebastian Jünemann.

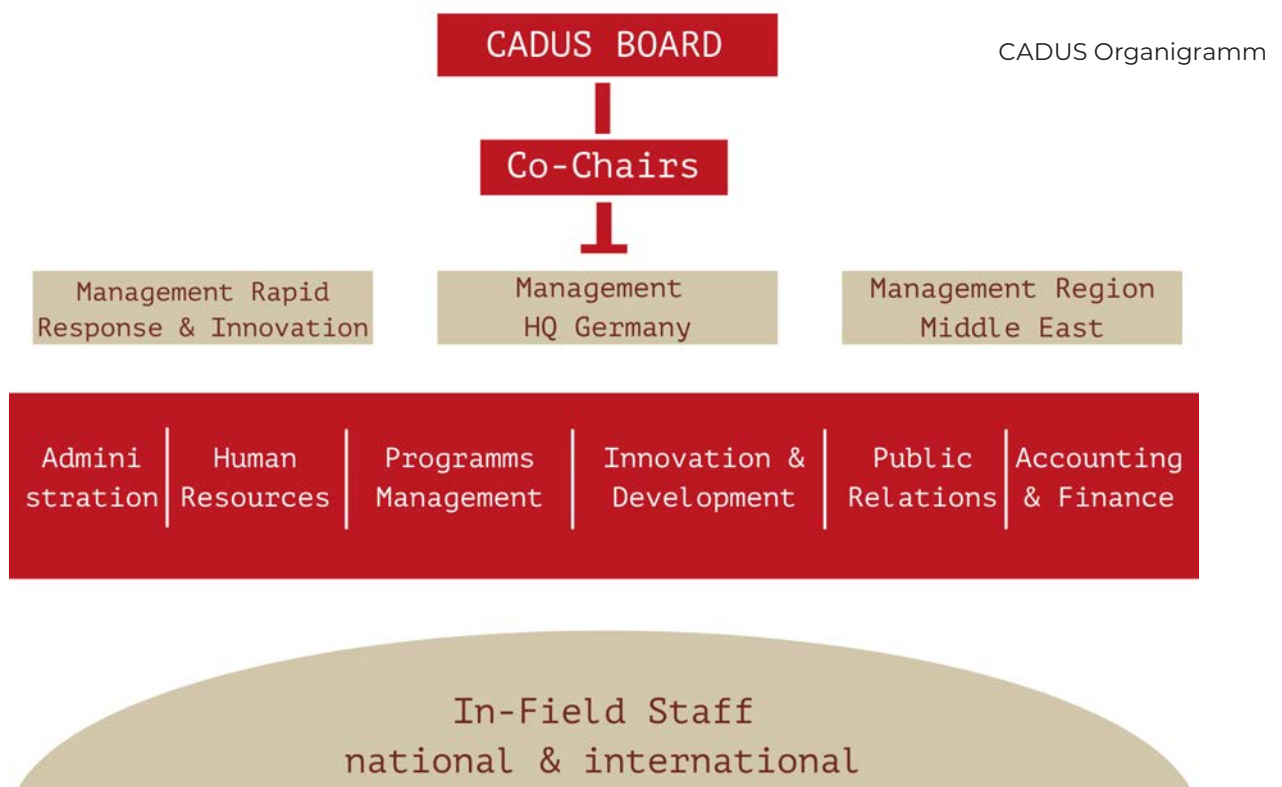
Sebastian manages the area of rapid emergency response and innovation. He holds degrees in Biology, Education and Organizational Psychology, but his heart has always been with emergency medicine. He has been involved in humanitarian aid regularly for various organizations since 1999 and has worked in a senior role in rescue services. In 2014, he founded CADUS.

Verena manages the area of emergency response in the Region Middle East. She studied International Economy and Development and holds a master in Peace and Conflict Studies.

Corinna manages the CADUS Headquarters in Berlin. She is a trained nurse and has studied Social Work and Media and Cultural Studies. At the University of Sussex in Brighton, UK, she did a PhD researching German Colonial Media History. Corinna is one of the founding members of CADUS. In the year 2021, CADUS employed 26 members of staff in Germany full or part-time, most of them

working at the HQ Berlin. At our branch in Erbil, KR-Iraq (Kurdish Region Iraq), hosts essential positions for Monitoring, Evaluation, Accountability and Learning. Furthermore, we have a small administration and logistics team in Erbil. The team captures in total five people. Our office in Northeast-Syria is currently the biggest of the organization. In total, 60 people are running our Branch in Northeastern Syria, whereas the team consists mostly of resident staff, supported by a small international team. Most of the personnel are medical professionals. Besides the operational staff, essential administrative positions such as Human Resources, Finance, Supply Chain and Monitoring & Evaluation are represented in our Office in Northeast-Syria.

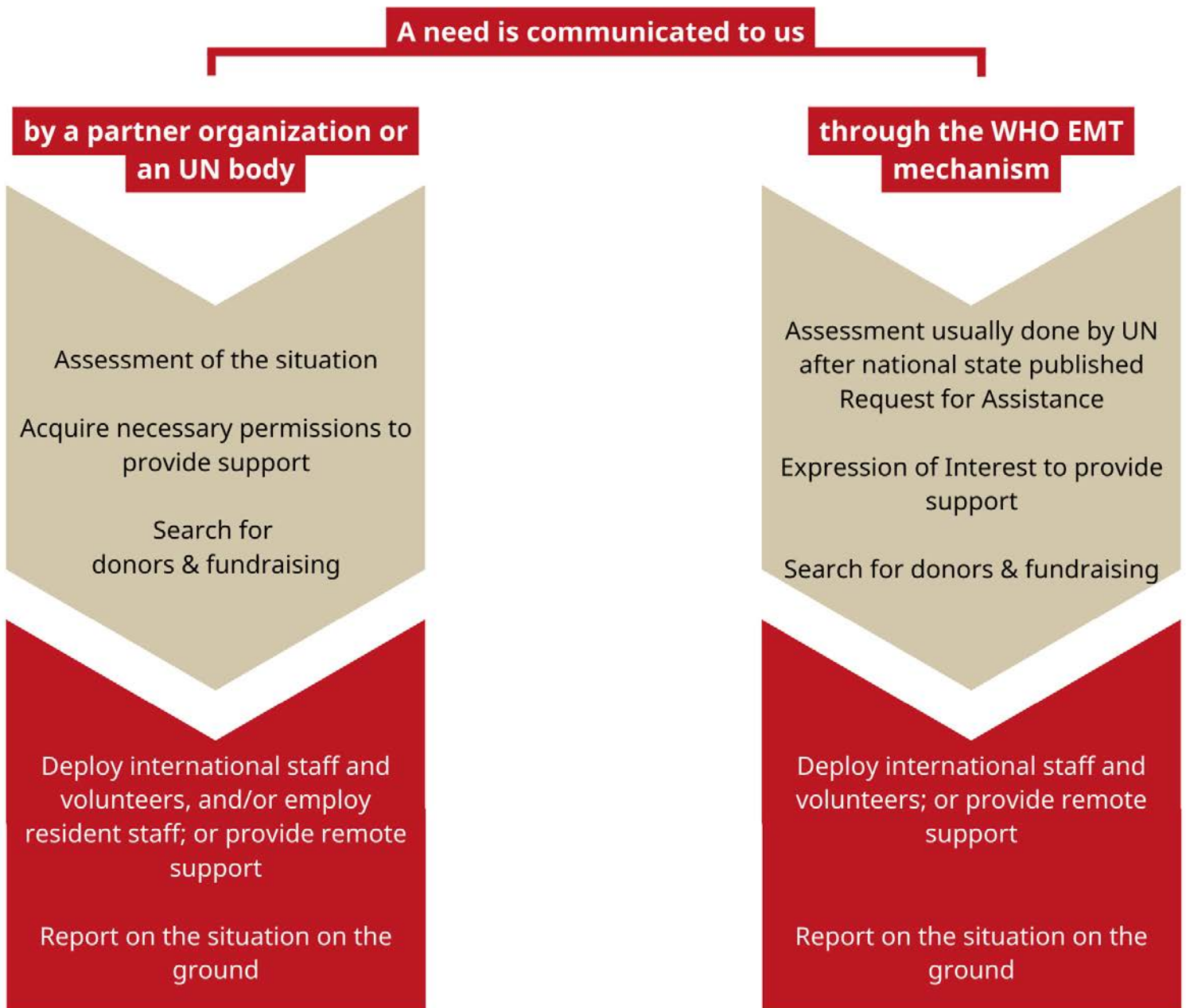
Our work would not be possible without the continuous support of our many volunteers. They are internationally deployed in our humanitarian projects, support the emergency response with their medical expertise, and create concepts and equipment with their technical skills and love for science and hacking at our Crisis Response Makerspace in Berlin. The time and energy they dedicated made CADUS what it is today: an international humanitarian aid organization pursuing new approaches to humanitarian work.



## How we work

**How we respond to emergencies and start new projects:** CADUS focuses on both emergency response and capacity building. On the one hand, emergencies can be sudden-onset disasters or quickly escalating crises, when it is important to act fast and fill gaps until local response mechanisms and structures can take over. On the other hand, a protracted crisis can trigger emergencies that last for years. Here, we focus on employing

resident staff and engage in capacity building, for example, by offering training. We follow a cooperative and sustainable way of doing humanitarian aid that works towards being superseded by local capacities. dedicated made CADUS what it is today: an international humanitarian aid organization pursuing new approaches to humanitarian work.



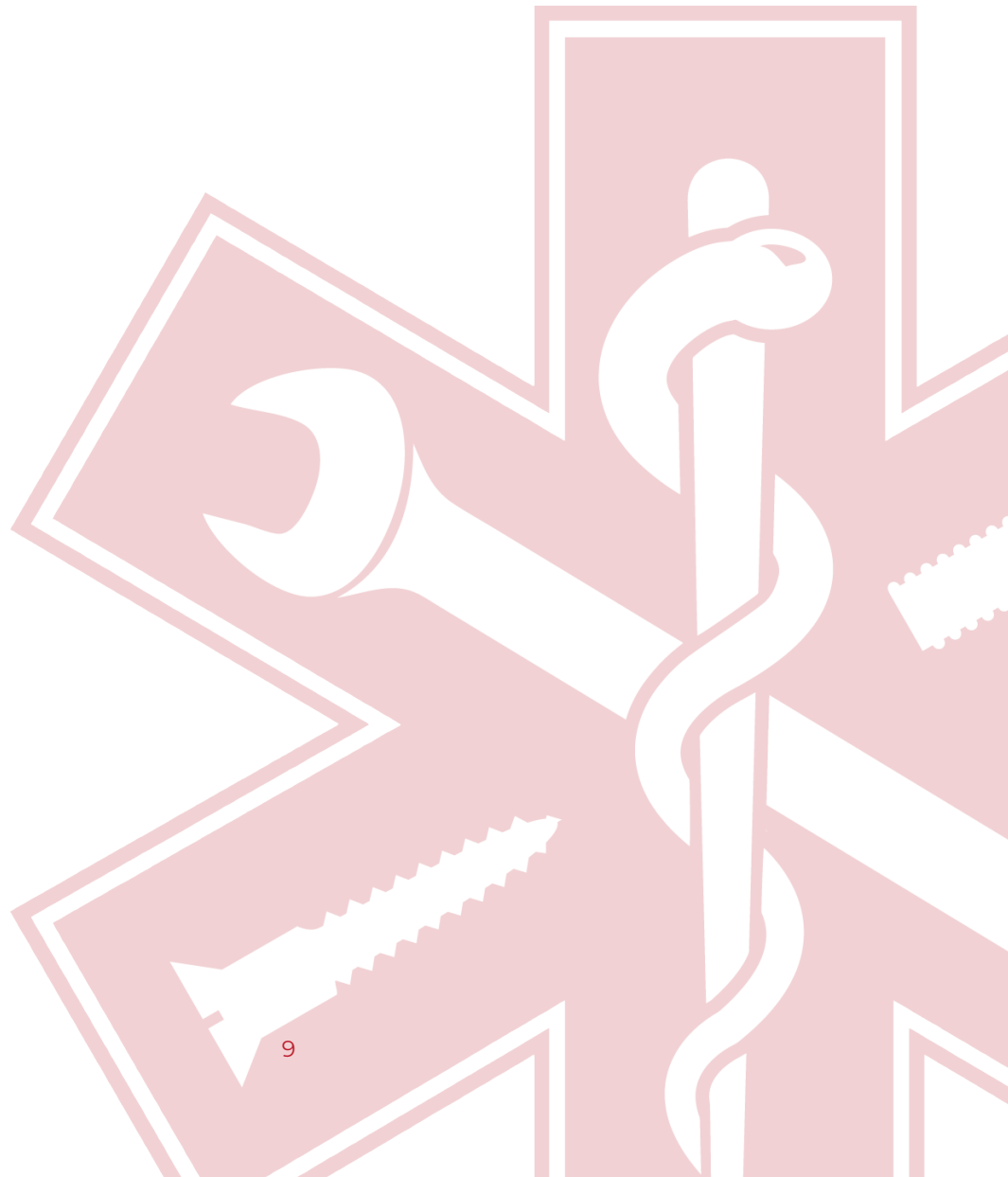


## What we do before, after and beyond the emergency response

Donations, and in particular uncommitted ones, enable us to react fast to breaking emergencies. Before deploying a team to a new location and crisis, much work happens behind the scenes: equipment and materials need to be procured or developed and maintained, staff and volunteers are trained in their uses, teams are prepared through regular training as well as just-in-time briefings before deployment, security and needs assessments have to be conducted, and a lot of paperwork is done, from acquiring short term permissions to defining our core values, permanent standards and long term strategies. This happens at our offices in Berlin, Hamburg, Northeast Syria, Erbil/KR-Iraq, and at our Berlin workshop and storage. To be able to organize this, we employ a minimum of long-term core staff. After a deployment or project has ended, debriefing and evaluation starts, enabling us to learn

from our missions and keep developing the organization. And we are not keeping the knowledge that we gain to ourselves: by publishing articles, organizing presentations and discussion rounds, and participating in conferences, we share our experiences and promote the overall development of the humanitarian sector. Uncommitted donations enable us to further a critical view and practice and thereby engage in the second pillar of our registered organization: public education.

Our branches in KR-Iraq and Northeast Syria are well embedded in regional coordinating bodies for humanitarian assistance. By coordinating, reflecting, and sharing information, challenges and strengthening advocacy efforts we aim to contribute to a lasting improvement of humanitarian efforts in these regions.



## OUR PROJECTS IN 2021

### Northeast Syria: Masks for COVID-19-Response

Northeast Syria (NES), now in its eleventh year of conflict, remains one of the world's most complex humanitarian emergencies. In 2021 the already dire humanitarian situation was further worsened by a drastically declining economic situation leaving the population vulnerable to food shortages, high inflation rates, and significantly increasing prices for essential goods. Today, 13.4 million people in Syria need humanitarian assistance - a 21 percent increase compared to 2020.

Due to sanctions and limited aid supplies, there is a mask shortage in Northeast Syria. While COVID-19 infection rates remained high throughout 2021, people have little opportunity to protect themselves against it. The precarious economic situation in Northeast Syria and the inflation and sanctions on imports mean that medical or everyday masks are a scarce and expensive commodity. In a population where 80% of the people live below the poverty line, families often have to choose between putting food on the table or buying masks.

CADUS produces masks at local workshops and then distributes them to people in Tal Tamr and surrounding communities. In October 2020, we delivered 8000 masks. In July 2021, we could produce a second batch of 4500 masks. In 2020 we joined forces with local health structures such as the Tal Tamr Municipal and Health Council (our regional partners) and arranged for the local production of everyday masks. Health workers in the city of Tal Tamr distribute the masks in hygiene packs with detailed instructions for use to the population of the city and surrounding communities. In addition, our staff conducts on-site hygiene training with employees of the local health council.



*Locally produced and distributed in northeastern Syria: COVID-19 masks by CADUS*

## Northeast Syria: Field Hospital Al Hol

Al-Hol Camp is an IDP and Refugee Camp south of the town of Al-Hol, close to the Syria-Iraq border, in al-Hasakeh Governorate. As of March 2021, the population of Al-Hol Camp counted 60,696 people, including approx. 46 % Iraqis, 39 % Syrians, and 15 % third-country nationals (9,597). The latter are accommodated in the so-called “Annex”, a separate section of the camp with limited access.

Over 90% of the camp population are women and children. 65% of them are under the age of twelve. Al-Hol Camp has gone from hosting 10,000 people, in December 2018, to more than 73,000 people in April 2019.

As a response to the desolate health situation in the camp, CADUS runs a field hospital operating 24/7. The facility provides 30 beds for inpatients, minor and medium surgeries, treatment of infectious diseases, x-ray services, laboratory services, a critical care unit and an isolation ward, incl. a ward for suspected Covid-19 patients with comorbidity. The hospital employs almost 60 staff members, including eight medical doctors, 17 nurses, three

X-ray technicians, two pharmacists and almost twenty employees in supporting structures. The medical team is led by a medical team manager and advised by a medical coordinator, who both ensure high-quality standards and procedures. The hospital treats more than 8,000 patients yearly, including 2,150 patients receiving surgical services and 2,560 patients receiving internal medicine consultations.

CADUS jointly operated the field hospital with the Kurdish Red Crescent from March 2019 until March 2020. In April 2020, CADUS took over the direct implementation of the project. Active in Al-Hol for over three years, the field hospital became an essential part of the camp's health service provision. In this context, CADUS coordinates closely with other health facilities inside and outside the camp. CADUS' small team of international experts supports resident medical staff, secures the provision of international medical standards, and provides on-the-job training.



*A Medical Station at the CADUS Field Hospital, Camp Al Hol*



Medical practice at the field hospital...



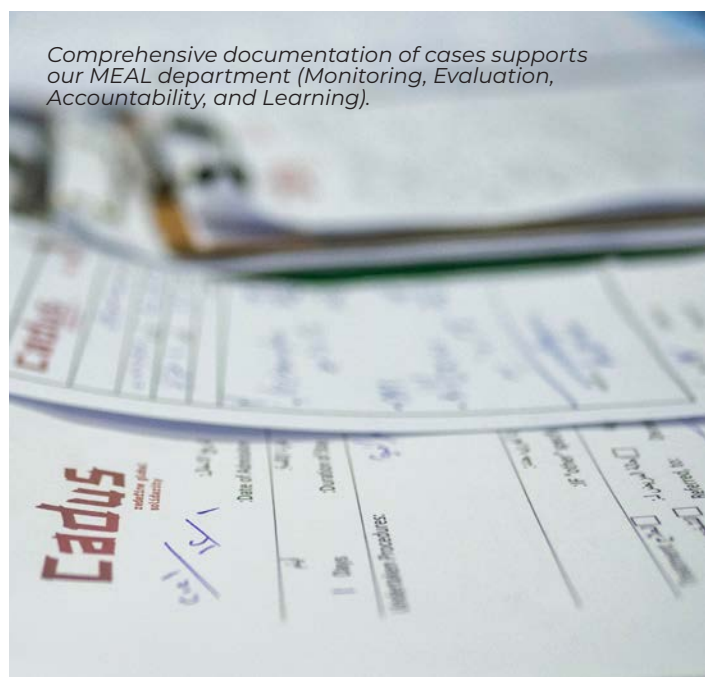
...and conducting training sessions for the staff.



The market in Camp Al Hol near the CADUS field hospital.



A CADUS staff member gathers feedback from a patient in the field hospital.



Comprehensive documentation of cases supports our MEAL department (Monitoring, Evaluation, Accountability, and Learning).

*The Operation Desk in Al Hol: extensive documentation work is also carried out here.*



## **Northeast Syria: Operation Desk**

Due to severe security issues, Al Hol is currently a closed camp with strictly controlled entry and exit gates. Rigorous restrictions regarding access and movements of residents and humanitarian actors significantly impact medical referral pathways inside and outside the camp. Currently, health care in Al Hol is provided through 15 static medical points, eight medical mobile teams, three delivery clinics, two HIV and TB clinics, three field hospitals, one static point for vaccinations and one static point for leishmaniasis.

To guarantee a centralized system coordinating the dispatch of patients according to medical needs among the various health facilities inside and outside Al-Hol Camp, CADUS together with the Kurdish Red Crescent (KRC) manages an internal operation desk. Hereby, we pursue a strong

advocacy approach toward key stakeholders to ensure smooth referral Processes.

In addition, an operation desk in Qamishlo managed by Un Ponte Per (UPP)/KRC coordinates external referrals with the external Emergency Management Coordination System (EMCC).

External referrals represent a key factor for maintaining the civilian nature of the camp and for providing appropriate secondary health care. Health actors are working closely with the camp administration and the World Health Organization (WHO) to provide unimpeded access to health services outside the camp. By setting up an emergency center, we could significantly improve coordination within the camp and with surrounding hospitals, facilitate timely referrals and secure internal and external referral pathways.

## Iraq: Training on Infection, Prevention and Control (IPC)

Years of armed conflict, sectarian violence and political instability have severely overstretched the national health system of Iraq. The lack of sufficiently trained health personnel, the limited availability of healthcare services, and the inadequate healthcare infrastructure led to a major decrease in the quality of Ninewa's healthcare services. One result was a dramatic increase in infectious diseases, including COVID-19 and other zoonotic diseases.

With a twelve-month training program on Infection, Prevention and Control (IPC) for health practitioners, CADUS, together with Viyan Organization, aims to reduce secondary infections among patients and health-care workers. The training

program entails five different modules: 1) hand hygiene, 2) prevention of surgical site infections, 3) IPC to combat antimicrobial resistance, 4) injection safety and 5) the prevention of catheter-associated urinary tract infections.

The 475 direct beneficiaries of the project include physicians, nurses and laboratory technicians and represent an essential part of the regional health infrastructure. By building comprehensive IPC capacities within health practitioners working at Ibn Sina Teaching Hospital in Mosul, the region's largest teaching hospital, the program has a multiplying effect and increases the activities' impact. The project was implemented via Viyan Organization, an Iraqi medical NGO active in Central Iraq.



*IPC Training in Iraq*



*CADUS during the Emergency Medical Team „Shadowing Mission“ in Papua New Guinea*

## **Papua New Guinea: COVID-19 Response through the WHO EMT mechanism**

Due to the acute situation regarding Covid-19 in the fall of 2021, the government of Papua New Guinea requested medical support through the Emergency Medical Team mechanism from WHO. CADUS responded to the request and sent nine medics to the East New Britain region, where the team spent three weeks in Nonga Hospital and the surrounding area. Above all, the shadowing mission focused on sharing expert knowledge. During the mission, the team first observed local hospital routines and procedures, then worked with colleagues from Papua New Guinea to revise and improve these processes. Our team provided training on patient positioning, triaging, hygiene

and protective clothing for the hospital staff. In addition, our team was able to modify an inoperable CPAP and, with appropriate training, showed their Papua New Guinean colleagues how to use it to ventilate patients. In this way, our medical team, in cooperation with their colleagues on the ground, achieved a sustainable and positive effect on the procedures and daily hospital. Although the staffing and resource constraints of the local health system were a major challenge, we received very positive feedback from the Papua New Guinean colleagues for our efficient and effective mission.



*Triage in Papua New Guinea during COVID-19*

## Poland

Providing support to People on the Move at the Polish-Belarusian border. In the course of a conflict between the European Union and Belarus, in the summer of 2021, the latter started using European aversion against migration as an instrument to exert political pressure. Poland reacted by declaring a state of emergency and establishing a restricted zone up to three kilometers inland from its border with Belarus, followed by the militarization of that zone. People on the Move (migrants and refugees), forced by Belarus to cross the border, were stuck in this zone, often lacking water, food, medical care and legal aid.

With the onset of cold winter weather, their situation worsened. Over Christmas, CADUS sent a small team to deliver medical aid and support the well-established regional structures with a medical doctor. After this short mission covering a gap in the care over the holidays, local organizations were again able to respond to the need.



*Remnants of a migrant camp in the forest between Poland and Belarus*



## Europe

Mask donation to humanitarian organizations at Europe's outer borders: CADUS received a donation of 1,5 million medical surgical masks, an item much needed during the pandemic: they can prevent the spreading of infections such as COVID-19. Within two weeks, we packed the donation into smaller units at the iconic Hamburg Millerntor Stadium and sent them to 20 organizations supporting refugees at Europe's outer borders.

As many people are forced to live in often over-populated camps, infection prevention is particularly difficult to achieve. The action was a large logistical effort for us, but the positive feedback we received from organizations in Greece, Bosnia, and Serbia, where the masks had arrived, was a perfect compensation.

*CADUS handling mask logistics at Millerntor Stadium*



## Mobile Hospital concept & construction at the CADUS Crisis Response Makerspace

At the end of 2020, we received a financial grant from the Stiftungsfond Zivile Seenotrettung to create a new Mobile Hospital. The Covid-19 pandemic influenced the original idea. Accordingly, mobile laboratory analysis, medical isolation measures and oxygen therapy were a focus of the version first planned. However, we plan to use the Mobile Hospital permanently and sustainably beyond the pandemic on the escape routes at Europe's external borders and in crises and catastrophes worldwide. Therefore, we consulted many specialists in medical and technical humanitarian response to adapt the concept to a wider range of possible uses. The finalized concept combines learnings from our first mobile hospital (deployed in 2017 in Iraq and transferred to Northeast Syria in 2018), the WHO requirements for Emergency Medical Teams in their classification system, and current needs reported from response teams supporting at the European migration and escape routes. The modularized mobile hospital system allows the

deployment of its individual units as needed. Throughout 2021, the concept was consolidated, equipment procured or constructed in our Crisis Response Makerspace, and our catalog of standards, guidelines and manuals extended accordingly. While also in 2021, the pandemic forced us to reduce our public activities and open invites to the Makerspace, it was nevertheless used as a conceptual space to develop our ideas further and to share these ideas with a remote audience through our own video production setup and team. In the few rare weeks with a slightly relaxed pandemic situation, we held our discussion series "Debate" with a live audience at the Crisis Response Makerspace. In one of the sessions, we presented the new Mobile Hospital concept.

The construction of the Mobile Hospital will continue in 2022.

# FINANCE

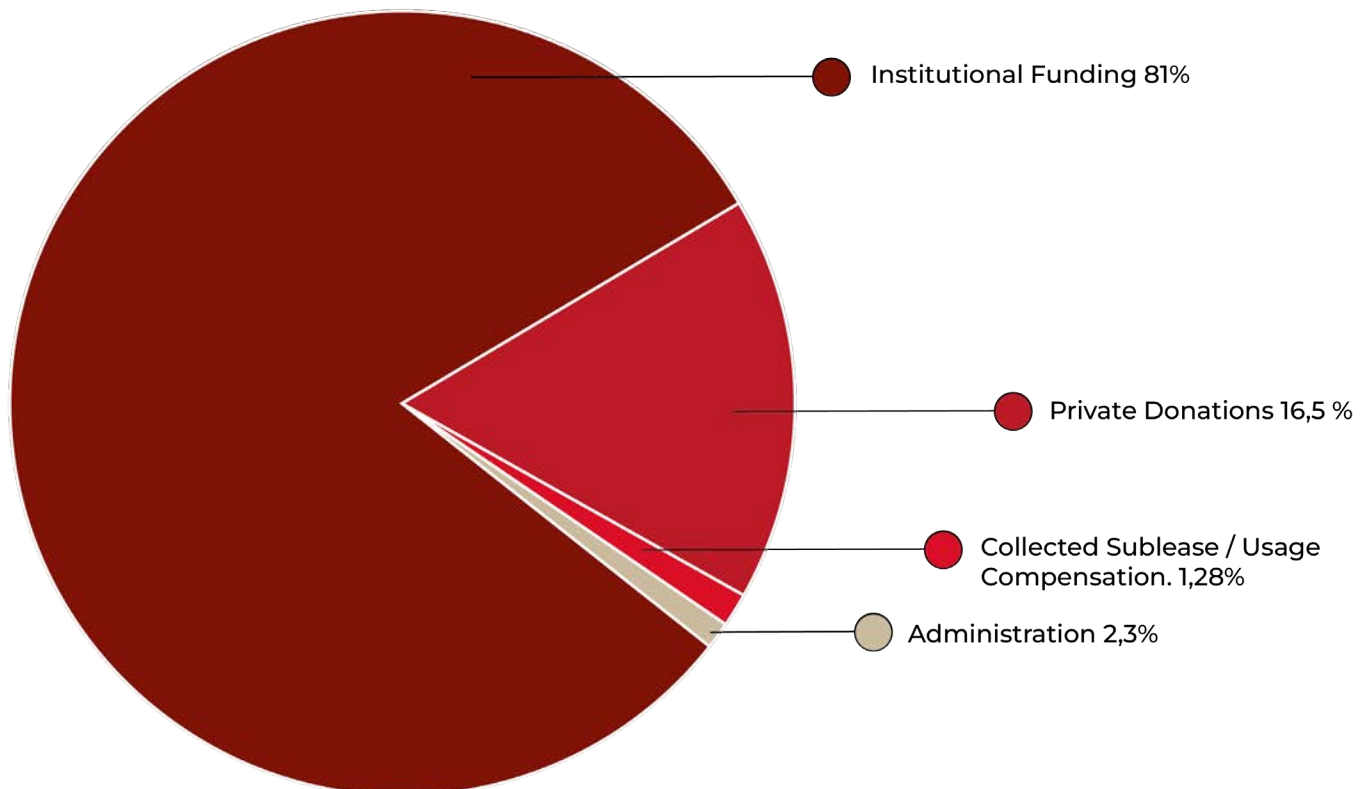
As in the year 2020, the financial year 2021 was also partly characterized by COVID-19. Some of our activities were directly related to emergencies caused by the pandemic, and we received corresponding private donations earmarked for specific projects. The largest institutional support once again went to our projects in northeastern Syria

## Revenue

In 2021, revenue amounted to €1,927,704, slightly higher than the previous year. Institutional funding accounted for the largest share with €1,562,834. This included support for the Al Hol field hospital from the Federal Foreign Office, as well as funding for the Operation Desk Al Hol from the

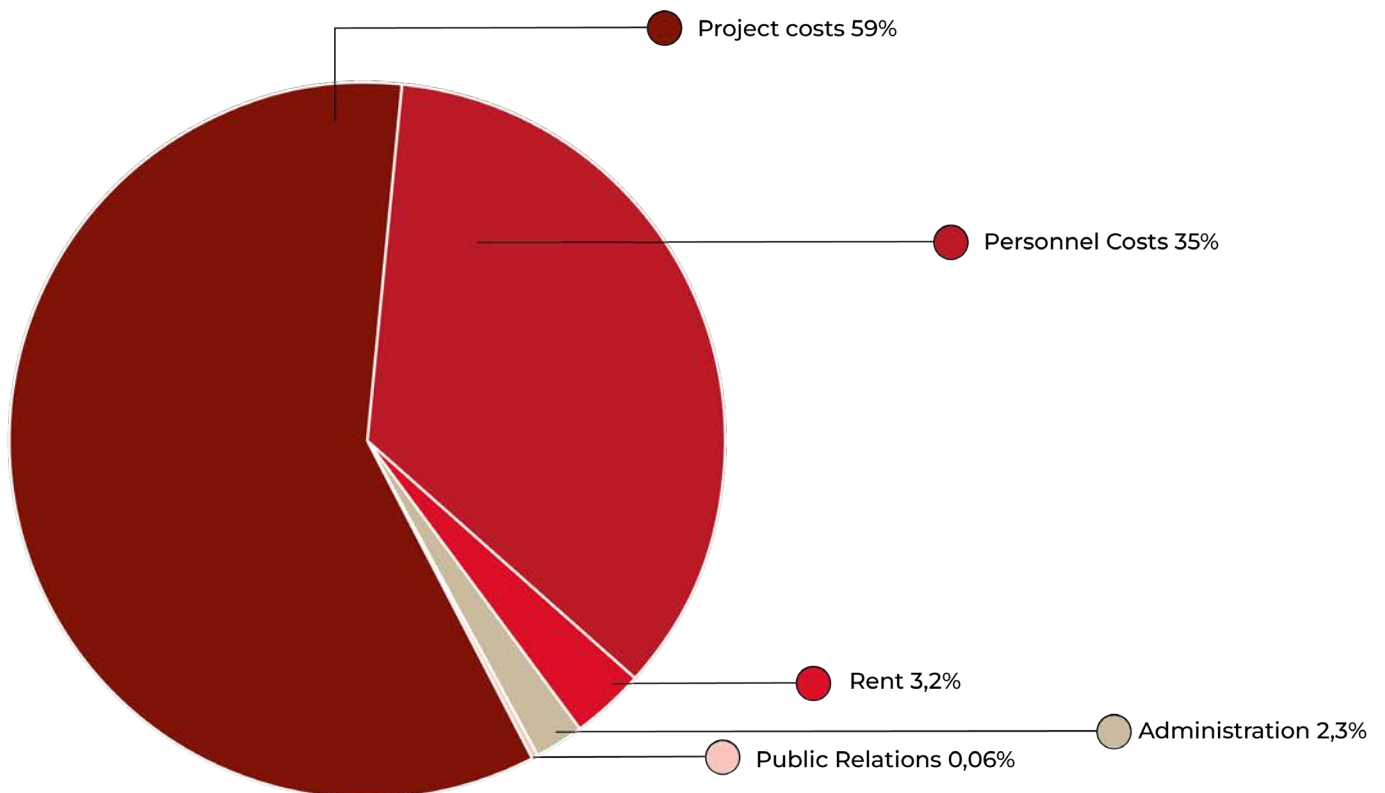
and Iraq. Additionally, in the first half of 2021, we had funds available from the Foundation Fund for Civil Sea Rescue to expand our operational capacities. Thanks to the unwavering willingness of institutions, organizations, and private donors to support us, CADUS was able to continue developing in 2021.

Department for International Development (DFID), French Ministry of Foreign Affairs (FMOFA), and private donors. Funds for IPC training in Iraq were provided by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and the Else Kröner-Fresenius Foundation (EKFS).



## Expenditures 2021

Our expenditures totaled 2.146.089. Project-related costs amounted to €1,267,686. Salaries and social security contributions were €757,969, rent was €69,377, and other costs were €1,469. Compared to the previous year, in 2021, we spent a higher percentage of our funds directly on projects and a lower percentage on personnel and administration.





## IMPRINT

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