Cadus

redefine global solidarity

CADUS e.V. - Redefine Global Solidarity

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Annual Report 2020



Two Medics treat a Patient in Lesvos.
Photo: Gesine Kästner

DEAR SUPPORTER,

once again, we had to realize that chronological retrospectives are difficult for us. A chronological listing of our work usually does not at all express the emotional and professional input that the various events of a year have on us in particular or on society in general.

Now we are again faced with the task of writing an introduction to the next annual report. And as we look back there to 2020, there is of course ONE issue that has impacted society as a whole like no other: the Covid19 pandemic.

We were affected by the pandemic in a variety of ways. It slowed us down in our work because the lockdown required us to learn and accept home office and video conferencing as the main collaborative way of working. Paradoxically, this slowdown was also a form of "acceleration" in terms of making our form of collaboration more digital, and thus more inclusive of people who don't live in Berlin.

The pandemic has presented us with technical challenges in our ongoing projects and has also given rise to new projects connected to it. We would like to share which projects impacted us as CADUS Team in particular.

We were able to send international team members to northeastern Syria again in 2020 to our project in Al Hol to support our colleagues and partner organizations there, which is a special reason for us to be happy after the horror of the Turkish invasion and the forced spontaneous withdrawal of our international crew in 2019.

Our Makerspace was able to actively participate in the fight against the pandemic within Germany, where we supported the production and free distribution of Faceshields to healthcare facilities to better protect medical facility staff during the market-driven shortage of adequate FFP2 masks.

In 2020, two Joint Missions of our Emergency Response took place. On the one hand, we were able to support a Covid19 mission in Namibia. On the other hand, we responded with our Emergency Medical Team (EMT) to the conditions in Moria refugee camp on Lesvos after the fire, and together with the EMT of the ASB, took over the basic medical care of the refugees on Lesvos for two months.

Another reason for joy is the financial support from the Stiftungsfond Seenothilfe (Foundation Fund Sea Search & Rescue) for the installation of a new Mobile Hospital, which we received at the end of 2010. As planned, we had already handed over our first Mobile Hospital to our partner organizations in northeast Syria after our operations in the war against IS in northern Iraq. Now, thanks to this great support, we are are able to get back to work with a new concept and even better ideas based on our experience with the first Mobile Hospital, and to position our Emergency Response much better.

So, despite AND because of the pandemic, an eventful year 2020 lies behind us, in which we were able to continue our work thanks to your ongoing support. Therefore, we would like to thank you again and hope that you will continue to support us in the future.

Your CADUS Team



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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 violation of Human Rights and International Humanitarian Law are challenging humanitarian support as never before. CADUS' purpose is to provide support to people in such crisis, both sudden onset disasters and complex slow-onset emergencies.

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

It is our aim to assist in times of need and to perform that assistance on an equal level with our local partners, host communities and addressees of humanitarian aid. CADUS actively aims to antagonize a concept of charity resulting in paternalistic forms of ´help` provided to people perceived as passive victims. We want to utilize new technologies and collaboration in order to address modern humanitarian challenges and recognize a global responsibility to act collaboratively in order to support 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 our 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 and Neutrality, CADUS considers Accountability to be 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 goal of our work is to fight suffering, to protect life and to prevent future suffering!

Impartiality

The right to receive humanitarian support applies to everyone, no matter what a person has done before. As humanitarian workers we are neither judges nor executors. Therefore, 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

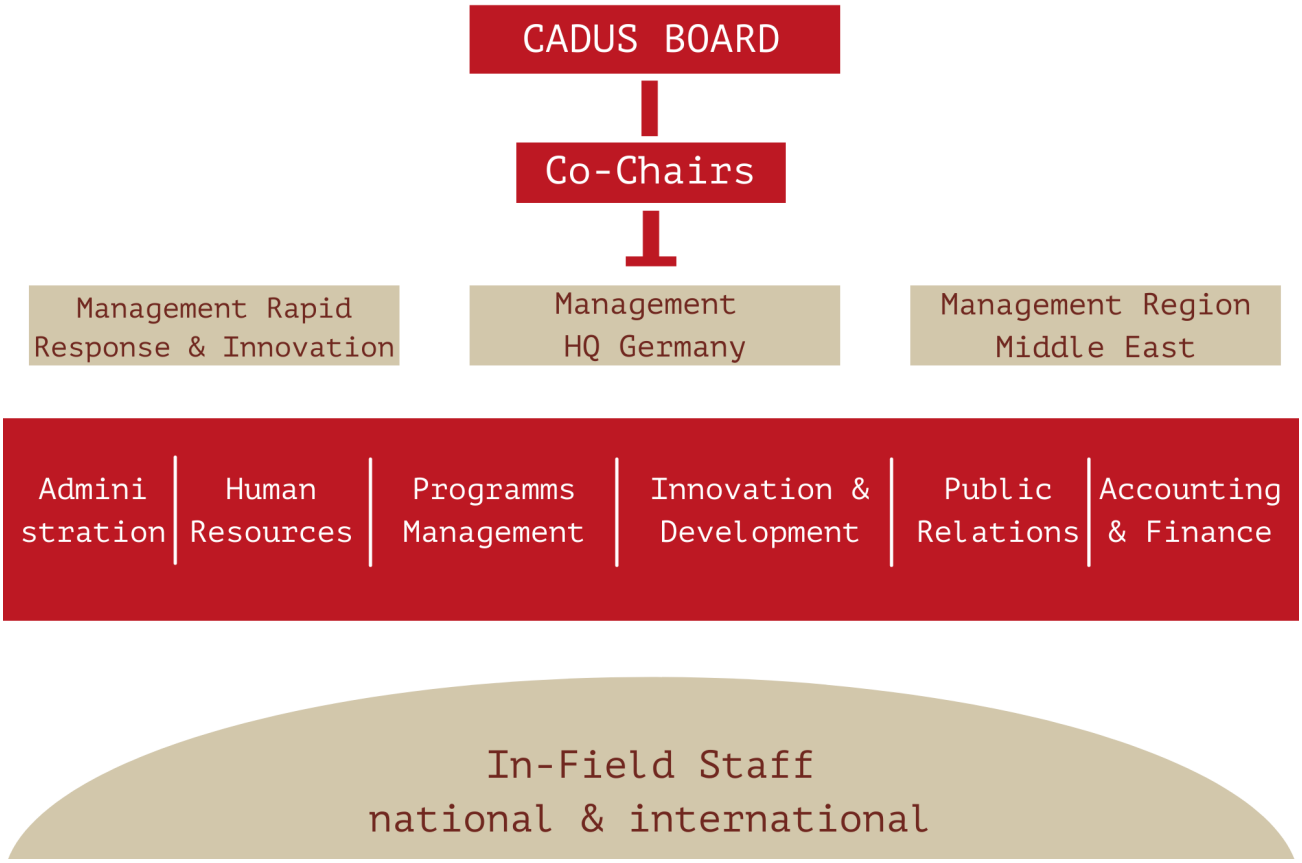
It would be naive to claim that humanitarian work takes place completely free of financial constraints. For us, it is important to deal with these monetary constraints in a transparent and open manner. We clearly oppose any funding that is linked to the interests of any political or religious party. Furthermore, a basic requirement for any donor is that they must not influence or direct our work and the way it is carried out. 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 believes 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, and 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 is 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.



CADUS organizational chart

Who we are

CADUS e.V. is a non-profit association registered in the district court of Charlottenburg in Berlin. CADUS is officially represented by the three board members: 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 and 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 2020, CADUS employed 25 members of staff in Germany in full or part-time, most of them working at the HQ Berlin. At our branch in Erbil, KR-Iraq, we have a small administration team of two people. For our projects in Northeast-Syria we have started hiring local staff, and our local workforce is growing rapidly.
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, love for science and hacking at our Crisis Response Makerspace in Berlin. The time and energy they dedicated made CADUS what it is today. In recent years, we have been able to evolve from a small group with an idea into an international humanitarian aid organization, pursuing new approaches to humanitarian work.

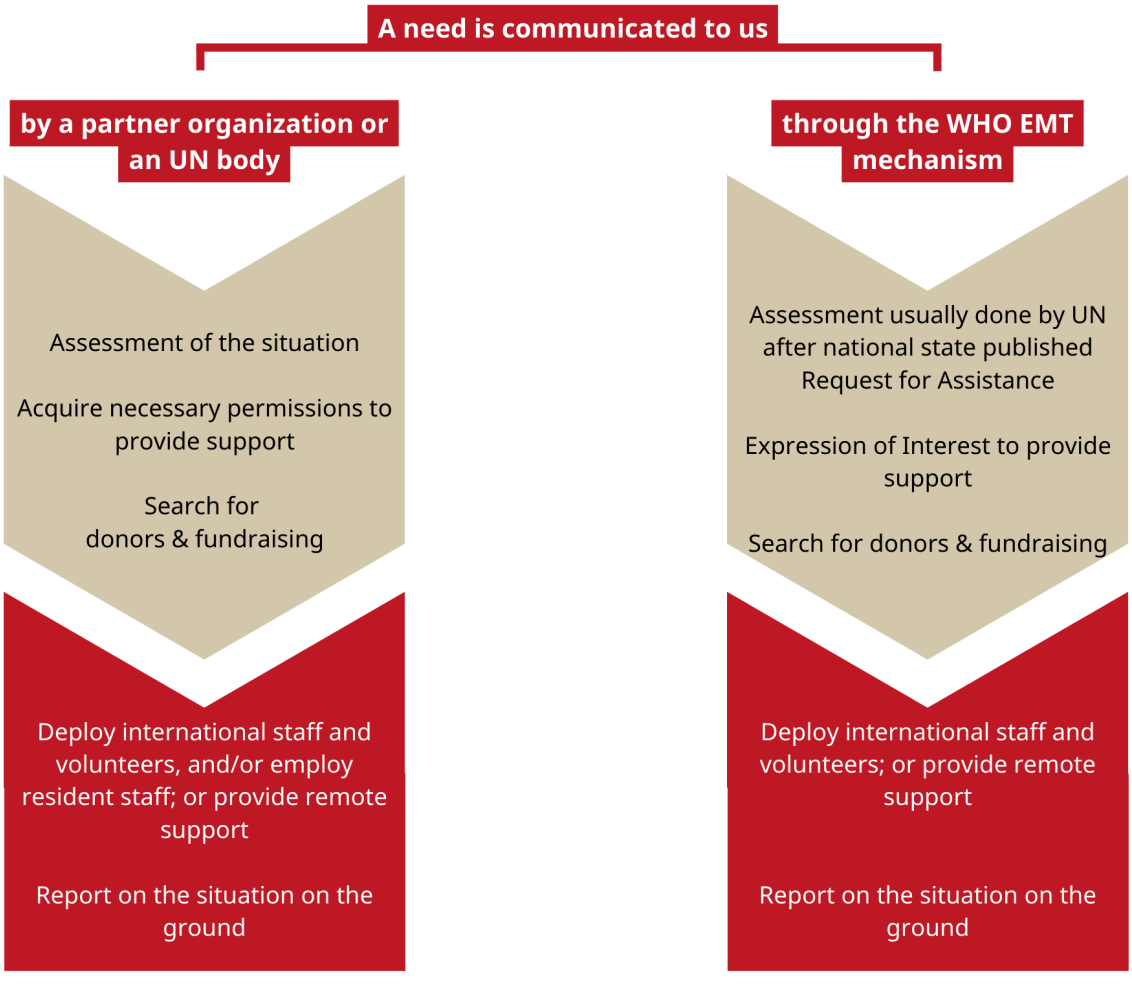
How we work

CADUS focuses on both emergency response and capacity building. On the one hand, emergencies can be sudden onset disasters or quickly escalating crisis, where it is important to act fast and fill gaps until local response mechanisms and structures can take over. On the other hand, 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 always works towards being superseded by local capacities.

What we do before, after and beyond the emergency response

Donations, 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, developed or maintained, staff and volunteers are trained, teams are prepared through regular training as well as just-in-time briefings before deployment, security and needs assessments have to be conducted. Additionally 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, and Erbil/KR-I, 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 share the knowledge that we gain: 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 to engage in the second pillar of our registered organization: public education.



OUR PROJECTS

CADUS ACTIVITIES IN NORTHEAST-SYRIA

The ongoing COVID-19 crisis has an unprecedented impact on communities worldwide, and time is yet to fully reveal its consequences. In Northeast-Syria (NES), now in its tenth year of conflict, the health infrastructure is all but ready to deal with a pandemic. In the wake of the COVID-19 Crisis the economic situation in NES worsened dramatically.

COVID-19 response: Masks in Northeast-Syria

Due to sanctions and limited aid supplies, there is a mask shortage in Northeast-Syria. While COVID-19 infection rates are rising, people have little opportunity to protect themselves against it. We produce masks at local workshops and then distribute them to people in Tal Tamr and surrounding communities.

The precarious economic situation in Northeast-Syria and the inflation and sanctions on imports mean that medical or everyday masks are a very rare and expensive commodity. In a population where 80% of people live below the poverty line, families often have to choose between putting food on the table or buying masks when they go shopping.

Sending a lot of medical masks to Northeast-Syria for relief is not possible: Sanctions prohibit the import of large quantities of such goods, and both transport costs and additional effort would exceed our capacities. Instead, we joined forces with local health structures such as the Tal Tamr Municipal and Health Council (our local partners) and arranged for the local production of everyday masks. Sewers are guided by medical professionals and have been able to produce 8,000 masks so far. 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.

Masks were sewn and distributed to locals.
Photo: CADUS











Field Hospital Al Hol

During the fighting against the last remnants of the so-called Islamic State (IS) in northeastern Syria, the number of refugees in Camp al-Hol has grown rapidly from 10,000 to approximately 73,000 people. Providing for that many refugees, the equivalent to the population of a medium-sized German city, has overburdened all local structures and created tensions within the camp. The accommodation of IS members and supporters in the annex of the camp causes additional conflicts. Attacks on aid workers have also been reported.

Providing medical care to such a large number of people is difficult enough, but the majority of the population of this “city” is also in poor health. Years of insufficient care under the rule of IS and the consequences of the fighting have left their mark. The refugees are malnourished and exhausted, infant mortality was initially high, and many have not been able to see a doctor for years. In these situations, effective cooperation between local and international aid organizations is enormously important. One of our principles is the close cooperation with local organizations. On the other hand, we stand resolutely against competition and rivalry among international aid organizations. In the case of medical support in al-Hol, we were able to put these two guidelines into practice. When our local partner organization, the Kurdish Red Crescent, requested support, it was necessary to act quickly.

Our Field Hospital in Al Hol Camp is operative since the 6th of June 2019. Therefore, we are providing urgently needed life-saving secondary health services for over one and a half years by now. Over 4000 patients received treatment in 2020. The facility has a total capacity of 30 beds which allows us to provide inpatient care of acute medical cases, Post-Operative Care, minor and medium surgeries under general anesthesia. We also operate an emergency room for trauma and emergency care as well as stabilization for further



Doctor treating a child with bourn wounds in al Hol field hospital.
Photo: Carolin Lebek

referral of the patient if needed.
In the field hospital we treat acute complications of chronic disease and operate a Critical Care Unit. A special area of the facility is dedicated for infectious disease. Within the year, we extended our services to provide medical care for suspected COVID-19 cases with comorbidities.

Operation desk

In 2019 CADUS set up an emergency call center (Operation Desk) together with our partner organization, the Kurdish Red Crescent. The center facilitates a significant improvement in the coordination between medical facilities and facilitates patient referrals between hospitals inside and outside the camp. As a result, patients are treated more quickly at the appropriate health center and the medical resources are used more effectively and efficiently.
The centralized coordination at the Operation Desk benefits health facilities and patients alike: The former saves the effort of finding suitable treatment places for their patients, while the latter gets to the facility best suited to their needs more quickly. The Operation Desk organizes all urgent treatments, emergencies, and referrals to hospitals outside the camp with the help of a total of six ambulances. The COVID-19 outbreak also affected the work of the Operation Desk. Infection Prevention and Control mechanisms had to be implemented for the paramedics and ambulance drivers. An ambulance from the operation desk was refurbished io fit international recommendations for COVID-19 dedicated ambulances.
In total, over 8,500 referrals inside and outside Al Hol Camp were facilitated over the Operation Desk in Al Hol Camp.

Primary Health Care Clinic – Raqqa

Together with our partner organization Heyva Sor, we set up an outpatient general medical clinic in July 2018. Unfortunately, in January 2020 the UN Security Council passed a resolution that made it impossible to continue our work due to termination of funding. Therefore, we were forced to end our activities in the end of May 2020.
The medical needs of the city, which was occupied by the so-called Islamic State for years, were high. We were able to close an important gap in care by

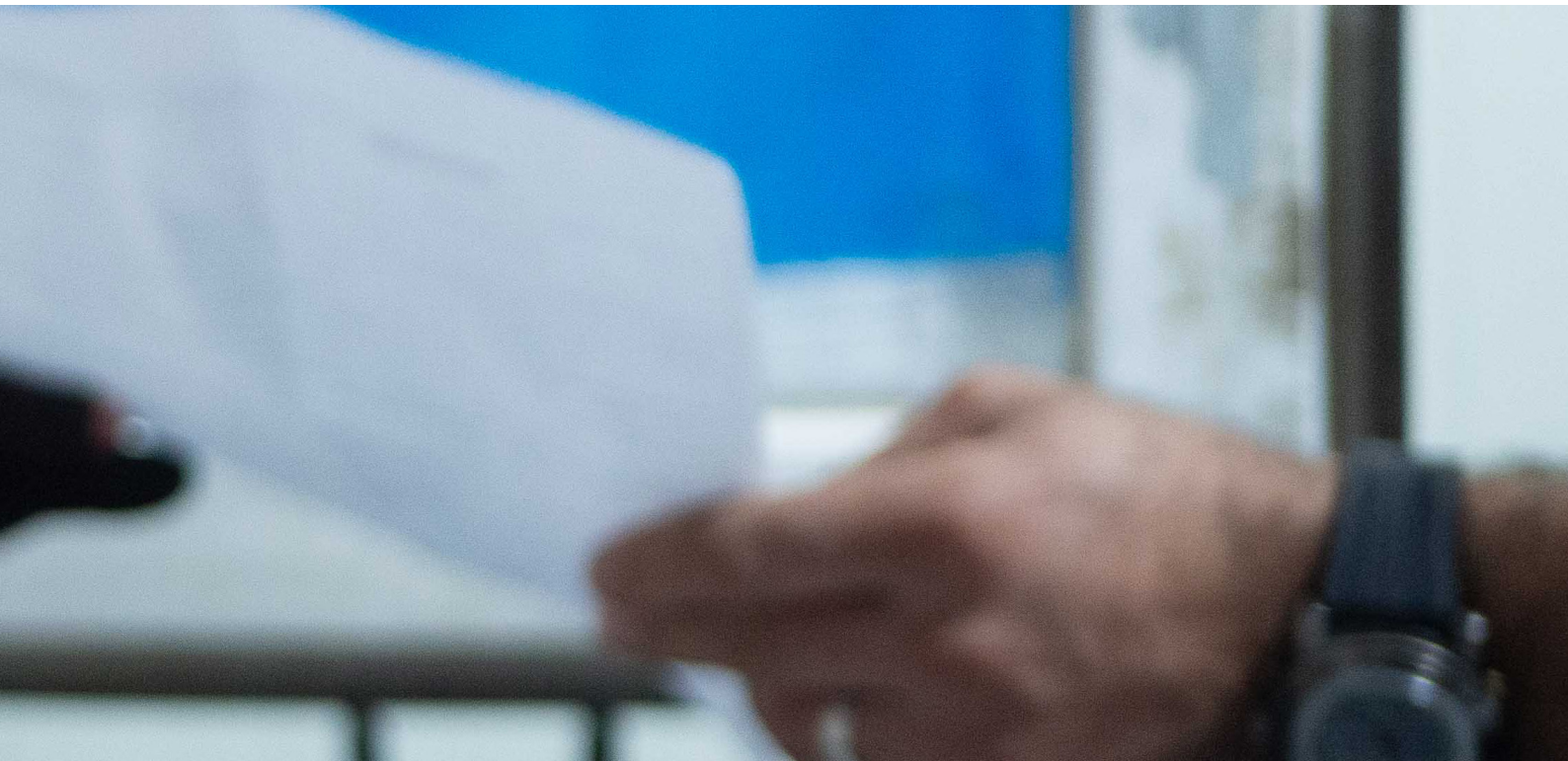


providing gynecological and pediatric treatment. In addition to daily operations, we conducted medical training and continued education in a wide variety of fields for our local staff in order to sustainably improve the care situation in the region. The clinic received an above-average number of visits women, many of them pregnant, and children. who have suffered the most from the insufficient supply of medicine and food. In the first half year running the clinic, over 17,000 people were treated, and almost constantly 50-60% of our patients were children.

In total, over 74,000 People received treatment in our facility between 2018 and 2020. Some with serious injuries, but mostly everyday cases, from children's diseases to diabetes, high blood pressure and colds. The high number of patients proves that although IS has been defeated militarily, the local structures and the returned population of Rakka are still in urgent need of medical support.



The Operation Desk in al Hol works mostly via paper and radio. Photo: Carolin Lebek





CADUS ACTIVITIES IN EUROPE

Volunteers putting together face shields in the makerspace.
Photo: Benjamin Jenak, Veto Magazin

COVID-19-Response at the CADUS Crisis Response Makerspace

With the onset of the COVID-19 crisis, we had to adapt our way of working and adjust our focus, also at the Berlin Headquarter and Crisis Response Makerspace. For the moment, we had to stop our common process of sitting together at the makerspace, searching for solutions to a new problem. Instead, all meetings went digital. While we still had to get used to this way of working, it opened new paths and perspectives: We exchanged ideas with other makerspaces and workshops from Brandenburg and Berlin, and developed ideas how to improve the situation with our creative skills and knowledge. And soon, new activity began at the CADUS makerspace: we turned it into a logistics center where the distribution of faceshields and fabric masks was organized. The shields and masks were decentrally produced with open source concepts at the participating places in Brandenburg and Berlin. This was the first time that CADUS was involved in a response within Germany.

For our monthly discussion series “Debate” at the makerspace, where we invite speakers to talk about current issues from the wide field of humanitarian aid, we had to find a new format too. Of course, the series went digital. At first, with borrowed equipment and the inevitably bumpy start when abruptly changing everything from live on-site to remote. But we were lucky to receive a grant that allowed us to build up our own mobile streaming studio, enabling us to not only produce Debate ourselves, but to work with our volunteers on producing further content and holding successful meetings and training online.

Our first assignment for the new streaming equipment: participating in one of the produc-

tion studios of the rc3, the remote digital version of the annual congress of the Chaos Computer Club. Since 2017, CADUS presents its work at the congress and contributes towards constructing the presentation space. This year, beyond supporting on the technical level, CADUS drafted and implemented the hygiene concept for the studio, and provided medics, who tested for COVID-19 during the event.



A medic treating a patient in the refugee camp on Lesvos. Photo: Gesine Kästner

Deployment as an EMT with the WHO on Lesvos

Since the start of the COVID-19 pandemic, CADUS offered – in cooperation with different organizations and with the German Public Health Institute RKI – humanitarian support regarding the refugee camp situation on Lesvos, Greece. The dire situation, especially at the overcrowded and underserved camp Moria, worsened with the onset of the pandemic. Together, CADUS and the RKI offered to provide medical aid and a mobile laboratory. The Greek government declined at first, but accepted the assistance via the WHO Emergency Medical Team (EMT) mechanism after Moria had burned down. Together with the Arbeiter Samariter Bund (ASB), CADUS provided over the course of eight weeks Primary and Emergency Medical Care, working alongside the European Mobile Lab and WHO at the site of the newly erected camp on Lesvos, Kara Tepe 2.

CADUS and ASB deployed four teams that conducted a total of 3.000 treatments. In addition to staffing the daytime clinic of the camp, CADUS provided response to medical emergencies within the camp, as well as accompanying patients to treatments outside and inside of the camp.

Through the referral system, patients could be connected with further important services, above all with psychological care. Besides the hands-on work, CADUS made an effort to report about the bad living conditions in the camp that led to a high percentage of diagnosed medical issues directly related to lack of hygiene installations and general poor structure of the camp. After a carefully planned exit strategy, local medical teams took over the care at the clinic.



The refugee camp Kara Tepe 2 on Lesvos. Photo: Gesine Kästner

Mobile Hospital

At the end of 2020, we received a financial grant from the Stiftungsfond Seenothilfe (Foundation Fund Sea Search & Rescue) to create a mobile hospital. The original idea, or the underlying assumption of need, was closely linked to the pandemic, so that the topics of mobile laboratory analysis, medical isolation measures and oxygen therapy were an important focus in the first planning version. However, since the Mobile Hospital (MobHo) is also to be used permanently and sustainably beyond the pandemic on the escape routes at the European external borders and in crises and catastrophes worldwide, we consulted as many highly competent experts as we could gather. Once again, we would like to thank our colleagues from the RKI, the BMG, the other German EMTs and the many doctors and logisticians who supported us with their time and expert advice. This allowed us to ensure that the financial support was used in the most sustainable way possible. Most of the procurement and construction of the MobHo happened in 2021, so we will not go into further detail here. Only this much: the result is a modularized concept, which (in contrast to our first mobile hospital) also allows us to send only partial units into action, depending on the situation and need. The concept also no longer relies on fixed vehicles, as it is not only designed for the rough roads near the front in northern Iraq and northeastern Syria, but can also be airlifted worldwide as needed.



1. A volunteer wearing one of the CADUS crew hoodies. Photo: Alisa Sonntag
2. The makerspace in Berlin. Photo: Christoph Löffler
3. Our makerspace technician building a prototype for a patient treatment place. Photo: Till Rimmele
4. Our makerspace technician constructing a selfsufficient wash basin. Photo: Till Rimmele



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FINANCES

Marked by the Covid-19 pandemic outbreak, 2020 was a challenging year in all regards. However, quickly adapting to the new context, CADUS was still able to continue on-going projects and start implementing additional Covid-19-realted activities. This was not least possible because of the great support of private and institutional donors who continued believing in us and our work. The most prominent project remained the operation of a field hospital in Northeast Syria, funded by the German Federal Foreign Office. With additional permanent staff in Germany and Northeast-Syria, CADUS continued to grow and establish new structures throughout 2020.

Revenues

Despite the challenges imposed by the Covid-19 pandemic, we were very happy to be able to continue our activities and to provide support to communities in need. With total revenues of 1,883,669 EUR, CADUS' income in 2020, was slightly lower than then the year before. This was mainly due to prepayments already received in 2019 and late reimbursements for expenses, received in 2021. As in the year before, most institutional funding was earmarked for our activities in Northeast-Syria. The institutional funding together with the private donations allowed us to expand our activities and to grow our team. By the end of 2020, we had employed almost 60 staff in medical and technical fields.

2020 we received:

740 individual donations

226 more than last year

47 corporate donations

13 other institutional donations (associations, foundations, etc.),

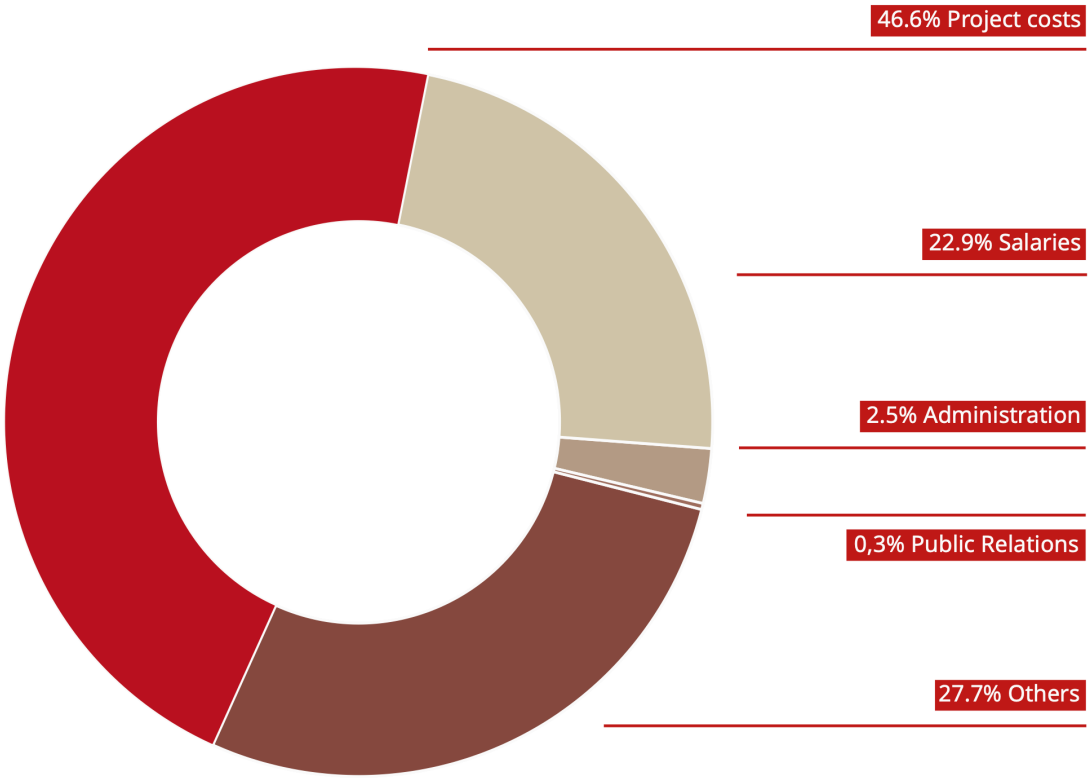
2282 recurring donations

1258 more than last year

3 institutional funding (WHO, GFFO, DFID)

Expenditures

Our expenditure increased to a total of around 1,750,781 EUR. Project-related costs accounted for 766,897 Euros (44% of the total expenditures) and administrative costs amounted to 45,501 Euro (2,6% of the total expenditures). Administrative costs increased in 2020 as a percentage of grants received but remained similar. Salaries accounted to 803,382 EUR (46% of the total expenditures), with 289,806 Euros of salaries paid to our staff in Iraq and Syria, 2,140 Euros paid as compensation to our volunteers and 1,593 Euros paid for trainers. Public relations and representation accounted for 4,452 Euros (0,25 % of the total expenditures). For 2021, the funding amount will be will be significantly higher, but we only expect a moderate increase of administrative costs. This will further decrease the ratio of administrative expenses to the overall income.



Statement of financial activities

coming soon

Balance Sheet

coming soon



IMPRINT

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