

Cadus

international
disaster response

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Annual Report 2024

Photo: Miriam Brynych

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FOREWORD

DEAR SUPPORTERS,

For us, the year seemed to be marked by hardened fronts, both militarily and socially: war in Gaza, war in Ukraine, Democrats versus Republicans in the US, to name just a few examples. We were confronted with some of these fronts more directly than others. The year 2024 was also special for our organization – in three ways, in fact.

First, we celebrated our 10th anniversary: When CADUS was founded in 2014, no one expected that a small initiative from the festival scene would become an internationally active humanitarian emergency response organization that has now supported thousands of people in times of need. ***We would like to thank everyone who has accompanied us on this journey.***

Secondly, as of this year, we are now officially recognized as an Emergency Medical Team, or EMT for short. This makes us the youngest organization to have completed the WHO classification process and the first in Europe to be classified in two categories (mobile and fixed) at the same time. We are proud to be part of the international EMT network, whose standards guarantee the high quality of humanitarian emergency response and facilitate cooperation between organizations.

Special feature number three: Our deployment in Gaza marked the start of our most challenging mission to date. At the beginning of February, four months after the Hamas attacks in Israel and the subsequent outbreak of war in Palestinian territory, we began providing emergency medical support on the ground. This made us the first German emergency response organization (and one of the few EMTs) in Gaza. The extent of the humanitarian catastrophe was shocking, even for us: tens of thousands of deaths, the entire civilian population directly affected by the war, widespread destruction of the Gaza Strip, and massive obstruction of an effective humanitarian response by the Israeli

army. From the outset, we worked closely with our colleagues from the Palestinian Red Crescent, who did and continue to do incredible work in the face of inhumane conditions. We were aware from the outset how delicate the mission would be. Not only because of the intense fighting and logistical problems, but also because of the sometimes fierce public reactions towards us. But we can withstand that; what matters to us is the humanitarian imperative: Saving lives and alleviating suffering. Our demand and our motto for 2024: ***Unconditionally humanitarian now!***

The front line in Ukraine has also been and remains entrenched – every meter is being fought for in this war of attrition, at the cost of thousands of lives. Our teams have been conducting medical evacuations (MedEvacs) near the front lines for almost three years now. In addition to transporting seriously ill or wounded patients, we also offer medical training for emergency services and volunteer initiatives. The future of Ukraine is uncertain. What is certain, however, is that we will continue and expand our activities on the ground.

Many of the fronts appear rigid and deadlocked. Upon closer inspection, however, it becomes apparent that they are quite mobile on a small scale. Social fronts in particular are very dynamic. As long as something is moving, it can also change for the better. To achieve this, however, we must actively shape, intervene, and get involved.

Your CADUS Team

ABOUT US – CADUS, INTERNATIONAL DISASTER RESPONSE

CADUS provides medical and technical emergency support where it is urgently needed. Our goal is to save lives, alleviate suffering, and prevent further hardship. Because people in need have a right to support. Likewise, every person should have the opportunity to become independent by building their own capacities. That is why we work together with local partners to develop creative, needs-based solutions. We share our knowledge through training courses and are committed to sustainable, respectful humanitarian assistance. We share our knowledge by providing training and are committed to sustainable, respectful humanitarian support. In Berlin, at our Crisis Response Makerspace, we work tirelessly to rethink humanitarian emergency response and develop new concepts. Here, operational experience, ideas, and the tools to implement them are all in one place. At the same time, we strive to maintain a critical eye on the field of humanitarian aid and, not least, on our own actions.

Legal framework of CADUS

CADUS is a non-governmental, independent, and self-governing organization headquartered in Berlin, Germany—registered with the Charlottenburg District Court as a non-profit association. We adhere to standards and values to promote transparency, integrity, and accountability at CADUS. This is laid out in our Code of Conduct. In addition, CADUS is an official signatory to the Code of Conduct for the International Red Cross and Red Crescent Movement and for NGOs in disaster relief. As a humanitarian organization, international humanitarian law (IHL) provides the legal framework for our actions. IHL is a set of rules aimed at limiting the effects of armed conflict. It provides

special protection for the civilian population and humanitarian aid workers.

The principles of our work

Humanitarian principles form the basis of our work. Despite ever-changing challenges and rapid changes in the humanitarian system, these guiding principles remain essential. In addition to the principles of humanity, impartiality, independence, and neutrality, CADUS considers accountability to be the fifth essential humanitarian principle.

Humanity

By humanity, we mean that suffering must be fought, regardless of the circumstances, location, or cause. All our actions are legitimized solely by humanity and are therefore unconditional. The goal of our work is to fight suffering, protect lives, and prevent future suffering.

Impartiality

The right to humanitarian assistance applies to all non-combatants in need, regardless of what they have done in the past. As humanitarian responders, we are neither judges nor executioners. Therefore, we treat people according to their needs and not according to their supposed group membership.

Independence

Humanitarian work is subject to financial constraints. It is important for us to deal with these transparently and openly. We reject any funding that is linked to the interests of a political or religious party. Furthermore, it is a basic requirement for any donor that they do not interfere in the implementation of our work. We reject any funding that is linked to the interests of a political or religious party. Furthermore, it is a basic requirement for every donor that they do not attempt to influence or direct our work and its implementation. In addition, these supporters must not act contrary to our values and principles.

Neutrality

In our operations, we do not take sides in political, religious, or “ethnic” conflicts. We focus on supporting all people affected by crises, regardless of whether they share our own beliefs and values. At the same time, we reserve the right to expose structures and policies that clearly violate the principles and values we stand for and on which our work is based. Namely, political measures that cause suffering, violations of international humanitarian law, human rights violations, and crimes against humanity in general. In addition, we report on and speak out against social problems such as racism, sexism, etc., which lead to structures of discrimination against (constructed) groups of people. Bearing witness, standing up for our fundamental values, and using our influence as a humanitarian actor are fundamental efforts of our work.

Accountability

Good intentions alone are not enough, and we want to be accountable for our actions. People affected by crises are our *raison d'être* and should therefore be the ones to whom we must justify our work. Constant reflection on our work, our role, and the results of our actions is essential. Only in this way can we avoid reproducing structures that perpetuate inequality and prevent additional

harm to people already affected by crises. As a responsible organization, we believe that we must be prepared to constantly review, analyze, and critically evaluate our operations at all levels.

Who we are

As a registered association, CADUS e.V. is represented by its board members Dr. Matthias Grott, Anna Sauerwein (until August 2024), and Astrid Barrera Pesek. Sebastian Jünemann and Lysann Kaiser are responsible for executive management.

Sebastian holds degrees in biology, education, and organizational psychology, but his heart has always been in emergency medicine. Since 1999, he has been regularly involved in humanitarian response for various organizations and has worked in a management position in the emergency medical services. In 2014, he founded CADUS.

Lysann Kaiser has many years of experience in humanitarian aid and has previously worked for Doctors Without Borders and the International Red Cross in various war zones. Lysann is a trained nurse and also holds a master's degree in international health and a diploma in medical education.

Our work would not be possible without the continuous support of our many volunteers. They are involved in our humanitarian projects internationally, supporting emergency aid with their medical expertise and developing concepts and equipment with their technical skills and love of science and hacking. The time and energy they dedicate has made CADUS what it is today: an international humanitarian emergency response organization that pursues new approaches in humanitarian work.

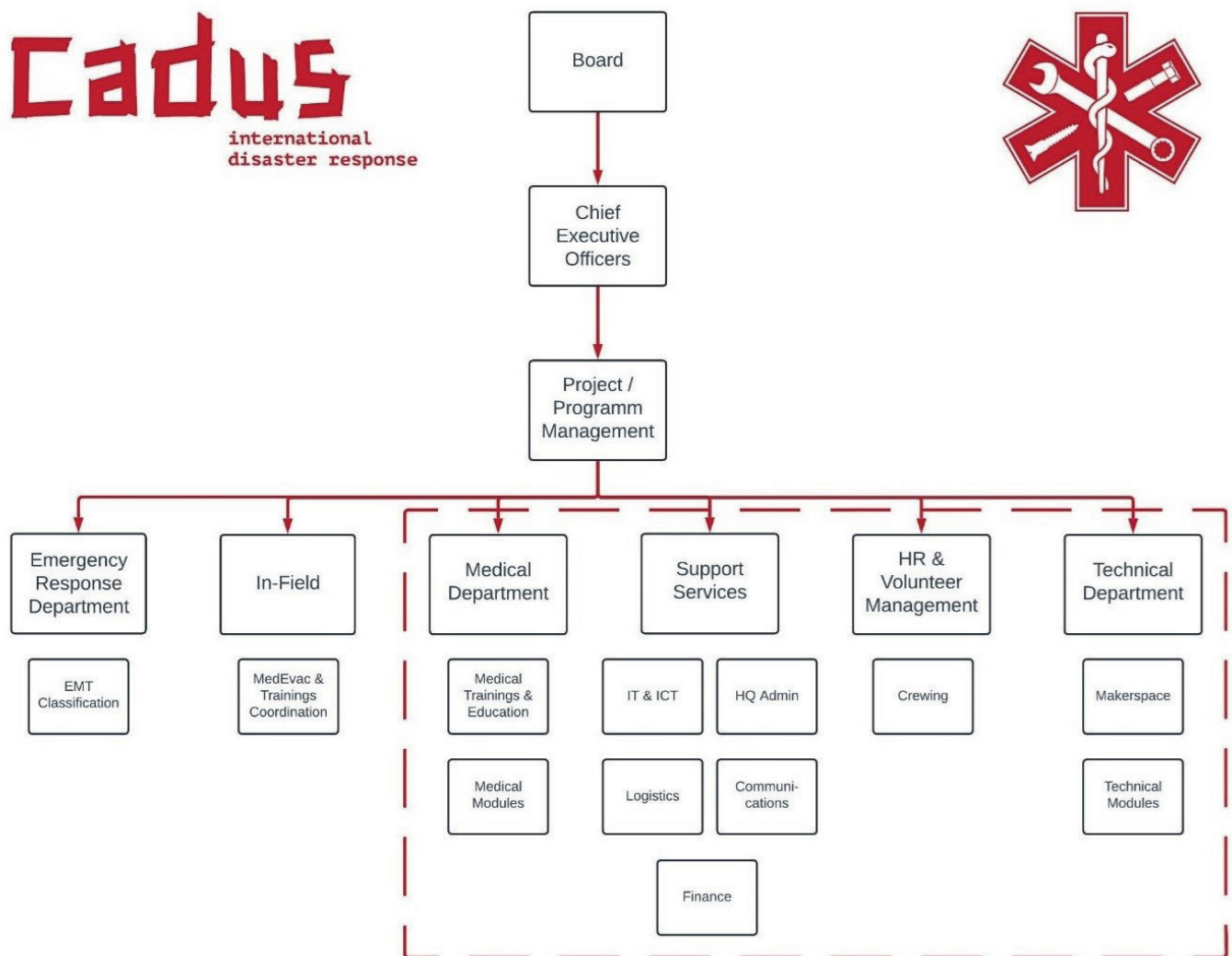
How we work

CADUS provides humanitarian emergency and disaster relief, often on behalf of the Emergency Medical Team (EMT) initiative of the World Health Organization (WHO). We have been in continuous operation since our founding ten years ago. In

September of this year, we were classified by the WHO as both EMT Type 1 “mobile” and “fixed.” On a smaller scale, we offer technical assistance in addition to medical support. Training and education are another important part of our services, which we offer to both those affected and to other humanitarian organizations. At CADUS, rapid

emergency response goes hand in hand with capacity building on the ground and the search for ways to localize humanitarian aid. In Berlin, we work in our Crisis Response Makerspace on creative concepts and solutions for the complex challenges of humanitarian emergencies.

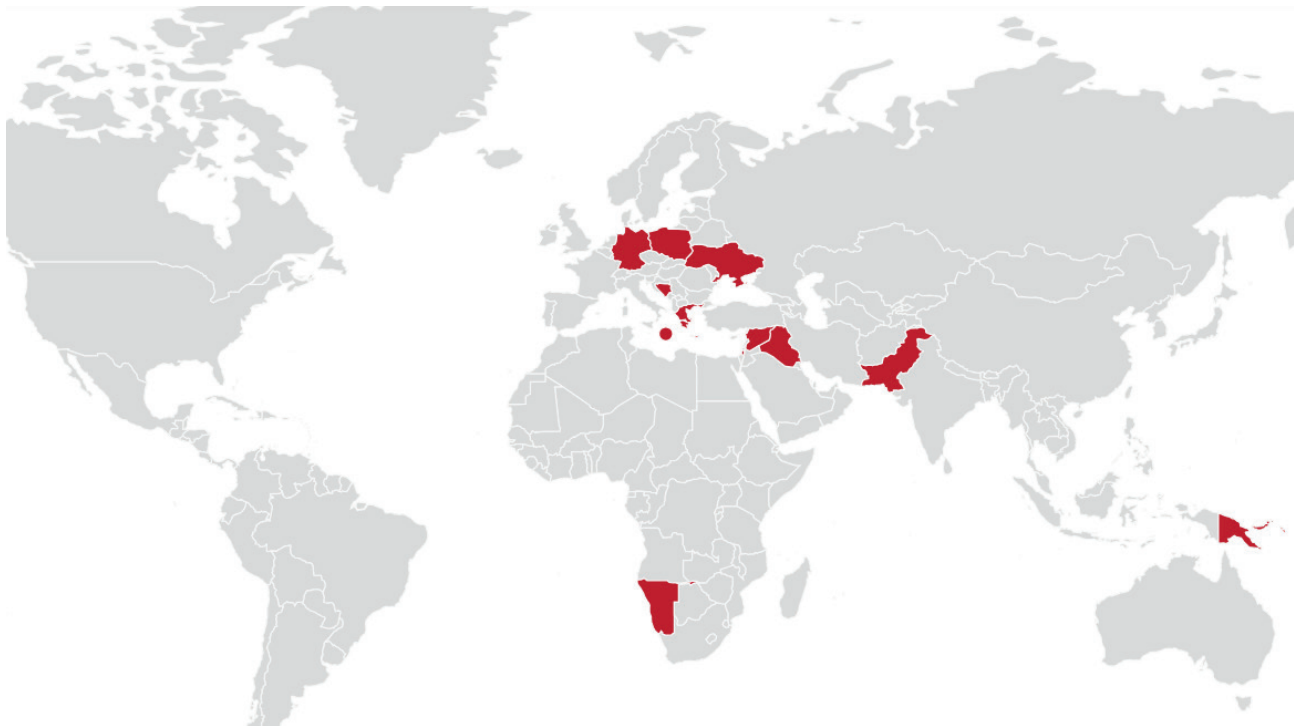
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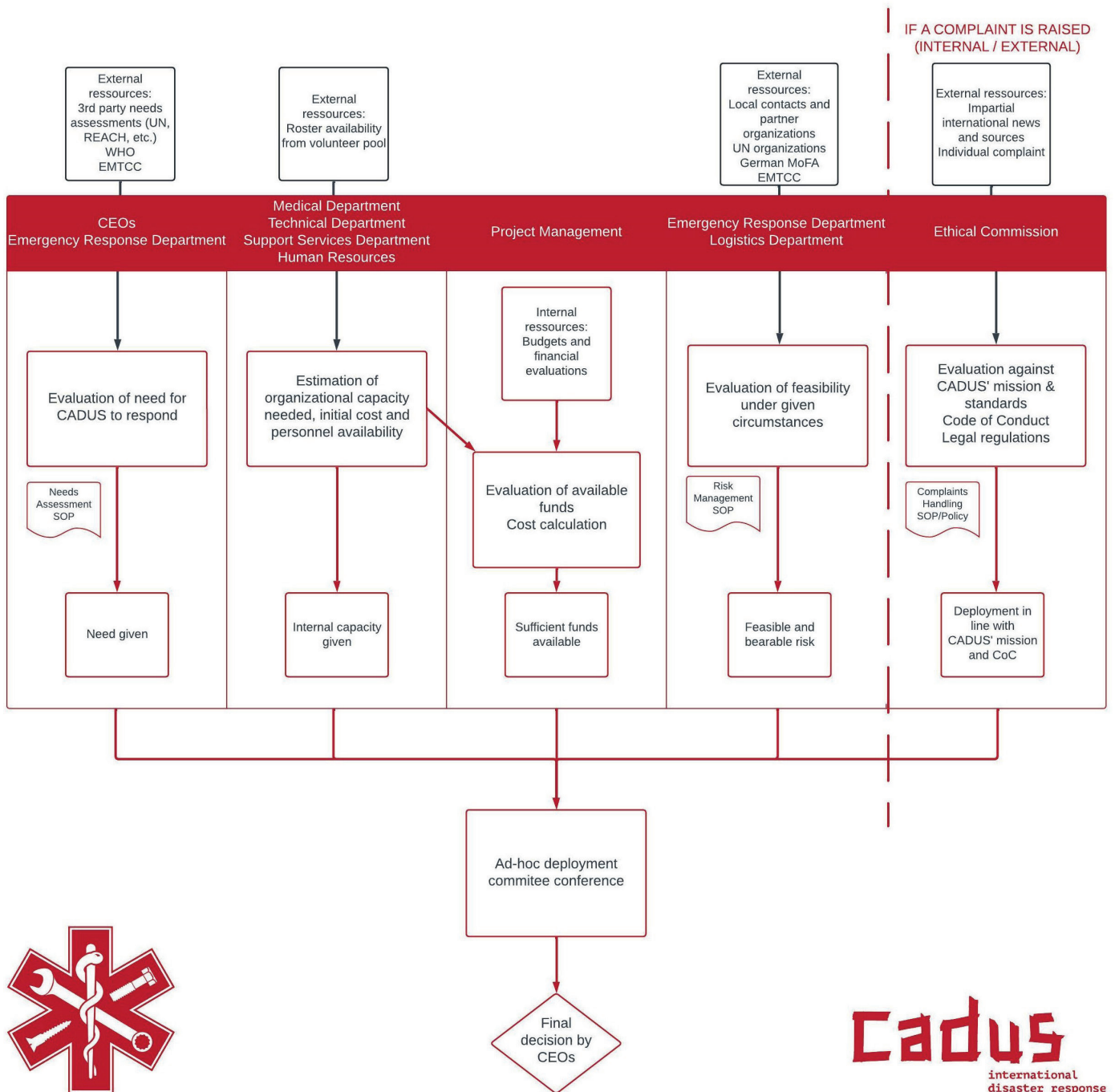
Over the years, we have acquired expertise in working in war zones and share this knowledge in expert committees. We also strive to raise awareness of the often extremely difficult situation of the civilian population through our public relations work. Advocacy can make an important contribution to preventing further suffering and initiating sustainable improvements. Access to humanitarian aid in crisis areas and the protection of humanitarian workers must also be defended time and again.

Every decision to undertake a new mission is preceded by a defined process in which we assess whether we can make a decisive contri-

bution to the crisis in question and whether both the capacities of our organization and those of the individual team members are able to fulfill the task. CADUS' internal processes are embedded in the international humanitarian response system, and all steps in the decision-making process for a mission are closely coordinated with the relevant organizations and authorities.



The locations where CADUS has been deployed over the course of its ten-year history



Flowchart “ Taking the decision to deploy”

LOGISTICS AND SELF-SUFFICIENCY

Learning from the missions

Logistics and self-sufficiency in crisis and war zones repeatedly pose major challenges for humanitarian emergency response teams. As an emergency medical team that meets WHO standards, complete self-sufficiency must be guaranteed for at least two weeks. However, teams rarely encounter conditions during their missions that require them to be fully self-sufficient.

A situation like the war zone in Gaza was therefore new to us as well; there was virtually nothing available on site to supply the medical team. The packing list grew longer and longer: food for several weeks, water treatment, sanitary supplies, sleeping equipment, communication devices, energy supplies, personal protective equipment. And, of course, all the equipment and consumables needed for providing emergency humanitarian assistance. At the same time, we were informed that we could not send a truck, but that the team would have to carry everything across the border by hand.

And we were not allowed to spontaneously import everything we needed for the mission into Gaza (or Egypt, our transit country). An extensive list from Israel specifies which goods are subject to a complicated application procedure that delays the potential import of the material into Gaza by months. This is anything but practical for rapid emergency response.

In order to maintain control over the entire process and not risk one of the warring parties seizing the material, we decided to cover the first leg of the journey by public passenger air transport. In contrast to the more flexible options offered by cargo flights, we were hampered by the strict rules on the transport of dangerous goods.

From Cairo, we continued overland to the border with Gaza. As part of a UN convoy with other humanitarian organizations, we crossed the Sinai and finally ventured to cross the border at Rafah. This went surprisingly smoothly, and our team was able to bring all of our equipment into Gaza.



Euro boxes and medical bags: our teams deployed to Gaza had to carry a lot of equipment, especially at the start.



The borders to Gaza are largely closed: a logistical challenge for humanitarian organizations, and life-threatening for people fleeing the war.

No sooner had we arrived with our team and materials in the operational area did our next task begin: establishing a functioning supply chain and a buffer of materials in case supplies from outside were cut off. We also worked with partners to optimally adapt our equipment. For example, Resylia GmbH developed a very powerful, mobile water filtration system based on the needs we reported from the field.

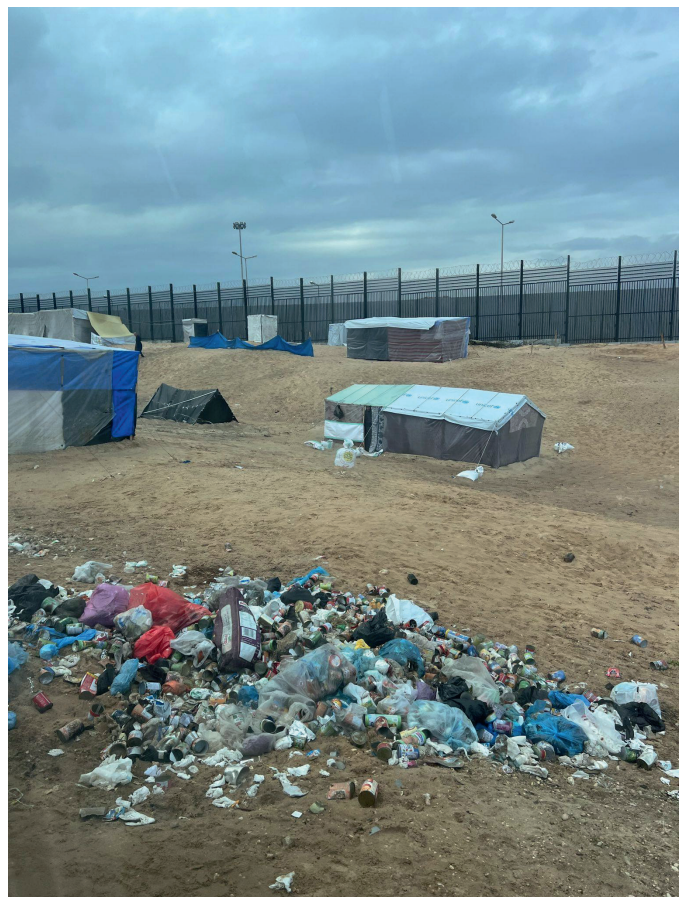


The COM-W 600 by Resylia, which CADUS helped to develop.

Another challenge of the mission in Gaza: The situation is highly dynamic, with conditions on the ground constantly changing. When Rafah was taken by Israel army, we had to relocate our base and modify our existing supply chain. Goods were then imported via Jordan, Israel, and Gaza. Although Jordan's import regulations are less strict than Egypt's, the import of materials via Israel to Gaza is even more restrictive. As always, we found a solution to this problem. However, this mission remains difficult, and we must continuously develop our logistics and self-sufficiency strategy in order to adequately supply our team in Gaza and thus continue to make the emergency response mission in Gaza possible.



Hier steht eine Bildunterschrift.



Hier steht eine Bildunterschrift.

OUR PROJECTS IN THE YEAR 2024

Ukraine

CADUS has been continuously active in Ukraine since 2022. Our focus is on medical evacuations (MedEvac) using ambulances equipped for intensive care, as well as training.

MedEvac

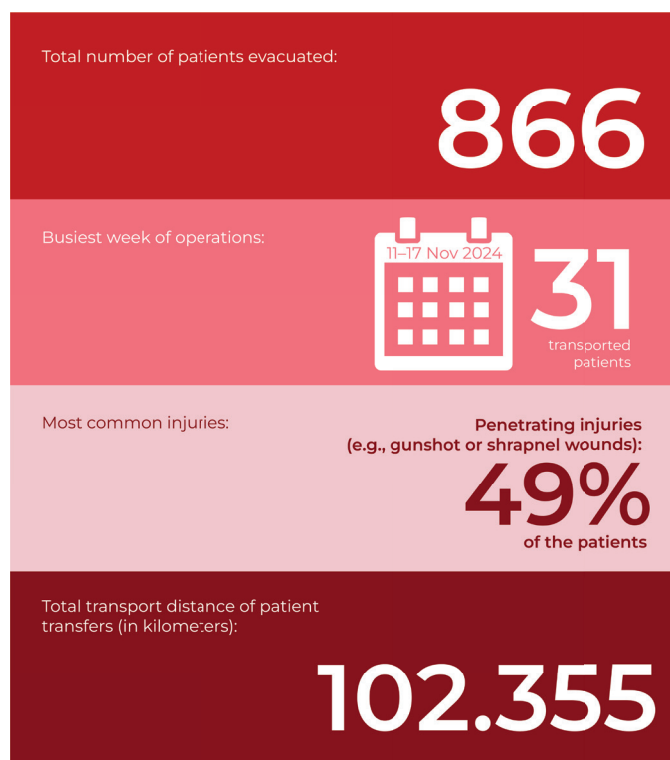
In 2024, three MedEvac teams were deployed in eastern Ukraine, with a third team added in the Sumy Oblast in addition to the two existing vehicles in the Dnipro and Donetsk Oblasts.

After Ukraine recaptured part of the Kursk region in the Russian Federation, Sumy was identified by our partner Médecins Sans Frontières (MSF) as the location with the greatest need for additional intensive care transport capacity. Sumy is a relatively underserved region without the specialized medical facilities available in other oblasts. Most patients requiring intensive care must be transported to Kyiv for the necessary treatment – a journey of over eight hours there and back.

The addition of an extra ambulance team in Sumy led to a greater increase in logistics and staffing requirements than expected. To ensure resilience through continuous replenishment, adequate staffing, and vehicles, we had to expand our capacity by approximately 75%. This led to an increased need for back-office support, particularly in the areas of human resources planning, IT, and finance.



The CADUS response team providing care to a patient in preparation for transport. Photo: Raphael Schumacher



MedEvac Ukraine 2024 at a glance.

Training programs

In the summer of 2024, CADUS offered training in “Initial Trauma Management” and “Mass Casualty Incident Management” for first responders from Mercy Corps and INSO (International NGO Safety Organization). Both medical and non-medical personnel were trained in the skills required for deployment in critical incidents in frontline areas.

At the end of 2023, CADUS signed two Memorandum of Understanding (MoUs) with Ternopil National Medical University (TNMU) and Ternopil Emergency Medical Services (EMS). The aim was to collaborate on training courses that could potentially be integrated into national training frameworks. To this end, a special training program on mechanical ventilation was successfully developed and implemented. All four planned training courses were completed in full.



Photo 1) In the theoretical part of the HEAT training, participants learn techniques to make well-considered decisions under pressure.

Photo 2) So-called tourniquets can save lives in emergencies. These simple straps are used to compress arms or legs to prevent severe bleeding.

Photo 3) In scenario trainings, participants put their knowledge into practice. Using artificial wounds, they practice treating injuries and applying tourniquets.





With our MedEvacs, we fill an important gap in the medical care of intensive care patients in eastern Ukraine. Ukraine 2024. Photo: Tom Lewendon

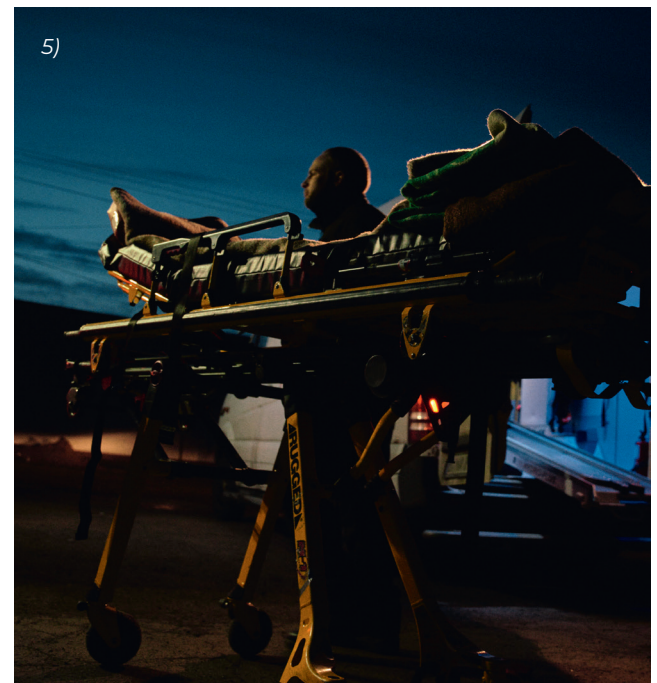
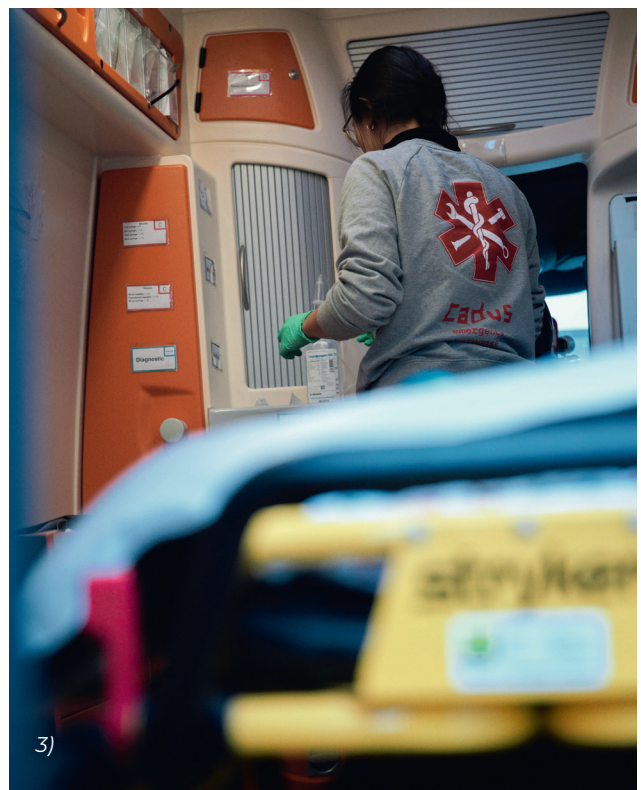


The regular Russian attacks on residential buildings and infrastructure continue to take a heavy toll on the people of Ukraine. Time and again, civilians are killed and injured in these assaults. Ukraine 2024. Photo: Tom Lewendon





*Photos 1–5) At three locations, we are continuously active in Ukraine with one team each and a total of five ambulances. The hours-long MedEvacs in the war zone are demanding for both staff and vehicles, and exhausting for patients as well. Only through the smooth cooperation of all humanitarian and medical actors can they be effectively supported.
Photos: Raphael Schumacher*



Structural development

In November 2024, we procured two new ambulances for our activities in Ukraine, as the existing vehicles had been severely damaged by intensive use and poor road conditions east of Dnipro. The number of fully equipped intensive care units increased to a total of five. This now enables the parallel deployment of up to four teams in the event of a mass casualty incident. We have also worked on structural development in the area of personnel support in emergency response. Like many other humanitarian organizations, CADUS faces the challenge that committed volunteers are unable to get started in humanitarian work because they lack experience in conflict areas. This significantly limits the pool of potential personnel for our MedEvac project. To counteract this, we have created positions for volunteers in which they work alongside experienced colleagues and slowly get to know the work in Ukraine.



The clear marking of our vehicles as ambulances serves to protect our teams and patients from attacks.



To ensure every move is precise during missions, our teams in Ukraine regularly practice the procedures involved in a MedEvac.

You can find more information about our mission in Ukraine here: <https://www.cadus.org/en/einsatzgebiet-ukraine/>



The destruction in Gaza is massive, and the need for shelter is immense. The displaced people in Gaza are prisoners in a war zone where there is no safe place.



Gaza

The destruction in Gaza is massive, and the need for shelter is immense. The displaced people in Gaza are prisoners in a war zone where there is no safe place.

Since the terrorist attack by Hamas on October 7, 2023, and the subsequent outbreak of war in the Gaza Strip, it is primarily the civilian population that is suffering the most. The severe humanitarian needs in Gaza extend across all sectors. At least 1.9 million people are internally displaced, many of whom have had to flee several times.

The UN estimates that around 70% of homes in the Gaza Strip have been damaged or destroyed. It must be assumed that there are tens of thousands of injured and dead, a large proportion of them women and children.

Due to the intense fighting, medical needs are

disproportionately high. The remaining medical facilities, only some of which are still functional, continue to be under enormous pressure. This is not only due to the immense number of sick, injured, and wounded people, but the situation is further exacerbated by shortages of medical supplies and fuel.

Since February 2024, CADUS has been supporting the local healthcare system in the Gaza Strip and trying to bridge the gaps that have arisen. We are the only German emergency response organization on the ground and coordinate our work closely with the World Health Organization. We have now built up a strong network in Gaza and developed a deeper understanding of the situation and dynamics. This enables CADUS to operate and work in this challenging area.



The MedEvacs often take place in convoys together with other organizations and the UN. Each evacuation requires a high level of preparation and carries certain risks. It is not uncommon for transports to be canceled or postponed for security reasons or due to missing authorization from the Israeli authorities.

At the beginning, we supported hospital emergency rooms and worked side by side with the Palestinian Red Crescent in trauma stabilization points (TSP).

In the second half of 2024, our activities focused on medical evacuations (MedEvac). Initially, we evacuated people from the north to the south of Gaza, then increasingly to the borders of Gaza as part of cross-border MedEvacs.. In November, we also began working as the medical part of the Mission Support Teams (MST) for UN humanitarian missions in the north of the Gaza Strip. Since the beginning of our mission, we have treated or transported nearly 5,000 patients. In 56 MedEvacs, our teams evacuated a total of 200 patients and 329 accompanying persons. In addition, our team conducted 16 trainings, reaching a total of 221 participants. As part of this CADUS mission, we deployed more than 60 team members to Gaza in 2024 – most of them volunteers, some of whom have joined multiple missions.

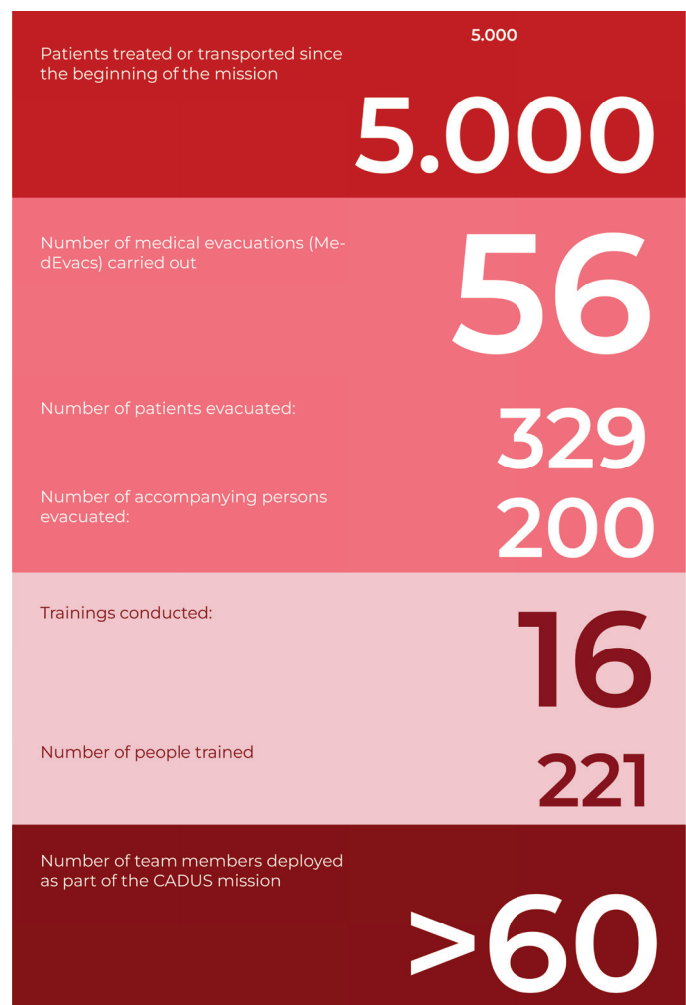




Photo 1) Our colleagues from the Red Crescent are performing the unimaginable under the most difficult conditions.

Photo 2) In cases of mass casualties, for example after explosions, hospitals are overwhelmed with the injured. Hallways, stairwells, and storage rooms then become treatment areas.

Photos 3 to 5) Only 47% of hospitals in Gaza remain partially functional. Up to 14,000 people require MedEvacs abroad, as they can no longer receive treatment in Gaza. Our teams prepare the selected patients for transport.



Photos 1 to 5) The parties to the conflict are informed about the transports, yet fighting can still occur. Therefore, protective gear is mandatory for our teams during MedEvacs. Providing care to critically ill or injured patients while driving on destroyed roads is extremely demanding.





Photo: Miriam Brynych

EMT-Classification

In 2024, we successfully completed the WHO's EMT classification. EMT stands for Emergency Medical Team. The EMT mechanism was introduced by the WHO after the 2005 flood in Haiti to ensure that all medical teams deployed by the WHO meet a defined minimum standard. This standard does not apply exclusively to the medical field, but also covers technical aspects such as WASH, power, and logistics. In addition, the standard sets clear requirements for the mobilization of equipment and personnel as well as the general organizational structure.

Passing the classification is an important milestone that we have been working towards for a long time. On the one hand, the classification enables further (financial) support from the German Federal Foreign Office and, on the other hand, it simplifies the deployment process, as we are now officially part of the pool of WHO-classified EMTs and can therefore be informed directly by the WHO Secretariat about requests for assistance sent by affected countries.

We are the 47th EMT worldwide. The EMT standard can be divided into four (or five) groups: EMT Type 1 (fixed and mobile), EMT Type 2, EMT Type 3, EMT Type 4, which differ depending on the size,

medical capacities and scope of the materials and teams deployed. CADUS originally planned to be classified exclusively as EMT Type 1 mobile. However, during the pre-verification visit, when the WHO mentors examined our team, our equipment, and our processes, it became clear that our capacities would be sufficient to aim for a double classification as EMT Type 1 mobile AND fixed. No sooner said than done: in September, the WHO verification team came for the verification visit and, after two intensive days of various presentations, a gallery walk, live-action role-play simulations, and a tour of our in-field base and the two in-field clinics (fixed and mobile), officially declared us the first European EMT to receive both classifications (EMT Type 1 fixed and mobile) together.

The WHO repeatedly praised us for our innovative approach. The verification team was thrilled that we chose a gallery walk instead of endless Power-Point presentations to present our Guiding Principles and Core Standards documents to them. They had also never seen something like our deployment scenario during a classification, for which we enlisted a large number of volunteers to play sick and injured patients in order to simulate a typical day in our in-field clinic.



Photo 1) We had to prove our skills not only in practice but also in theory – for example, how crewing, finances, and our logistics are organized.

Photo 2–4) Our medical team was kept busy during the simulation. Here, the training dummy was particularly hard hit. It had to receive intensive medical care and be transferred to a hospital. Photo: Miriam Brynych

Photo 5) Several tents, power lines, water and sanitation facilities, medical equipment: We had to transport and set up an almost endless number of boxes of materials.

Photo 6) Our camp was set up on the grounds of the Malzfabrik. Photo: Miriam Brynych



Photo 1–3) We also trained special cases with mannequins and role players – for example, the treatment of a young child. Photo: Miriam Brynych

Photo 4–5) There was great joy when the WHO evaluation committee confirmed the successful EMT classification. Photo: Miriam Brynych

Photo 6) The camp from a bird's-eye view: on the left, the mobile part of the EMT; on the right, enclosed in orange, the stationary part. The central corridor marked the boundary between the patient area (left) and the area reserved for the team (right), including technical equipment, accommodation, and storage.



We would like to thank all our supporters, volunteers, and partners who have stood by us over the past years and helped make CADUS what it is today.



Photo: Miriam Brynych

Networks

Networks have been essential to CADUS from the very beginning, and we have continuously expanded them over the course of our ten-year history. They are too diverse to be adequately highlighted here.

Nonetheless we would like to present one network that played a particularly important role for us in 2024: the international community of Emergency Medical Teams (EMTs) coordinated by the World Health Organization (WHO), in which CADUS is involved. Already during our classification process, we were closely connected with the international and corresponding national structures in Germany.

CADUS is an active member of the German EMT network, which comprises six emergency medical teams coordinated by the National Focal Point at the Robert Koch Institute (RKI). Through this network, we regularly exchange ideas, develop new concepts, and prepare together for upcoming missions. Highlights this year included the annual stakeholder meeting, which brings together all German EMTs and the authorities and ministries responsible for international aid, and, above all, CADUS' participation in the German EMT joint exercise in the Ahr Valley. Several teams trained there to coordinate their response to a simulated large-scale earthquake. As a relatively young organization, CADUS integrated seamlessly into the existing structures and contributed its MedEvac capacity to ensure that critically ill patients received the best possible care.



Photo 1) Using medical dummies, our teams trained patient care under real-life deployment conditions.

Photo 2) To make the exercise even more realistic, teams were also allowed to treat "real" patients.

Photo 3) An important part of the exercise was the collaboration between organizations during patient admission, documentation, transport, treatment, and discharge.

For CADUS, networking is not just a technical matter, but also a question of advocacy. During the Humanitarian Partnership and Network Week in Geneva, CADUS had the opportunity to share impressions from our current mission in Gaza, highlight challenges, and discuss obstacles. It was a great sign of recognition that the Director-General of the WHO, Dr. Tedros, personally met with the EMT representatives working in Gaza, thanked all teams for their efforts, and encouraged us to continue our work.

Thanks to the experience gained in recent years, CADUS has developed an important voice within the WHO EMT community. The successful completion of the WHO EMT classification process was warmly welcomed and recognized at the community's most important event, the WHO Global EMT Meeting in Abu Dhabi. This event brings together EMT representatives from all WHO regions to exchange ideas, network, and discuss the next steps for the global movement. In 2024, one focus was on integrating innovative solutions and new structures into existing response mechanisms. At our booth in Abu Dhabi, CADUS presented how creative and sometimes unconventional approaches can enable effective emergency assistance – even in places with limited access and difficult infrastructure. Those seeking help are always the focus, and this was underscored at the global network meeting, particularly through our work in Gaza. We were also able to present current activities within research projects such as 5G-SPRINT



with the Fraunhofer Institute FOKUS and the Technical University of Applied Sciences in Wildau.

In recent years, CADUS has helped shape global relief efforts within the EMT network and is pleased to share this experience far beyond the local context. We intend to expand this commitment in the coming years.



(1–2) At the EMT Global Meeting in Abu Dhabi, CADUS officially received the certificate for its successful EMT classification.



(3) At the CADUS booth during the EMT Global Meeting, participants could learn more about CADUS' work.

Trainings & Education

Preparing for deployments in crisis and conflict zones is a central part of our work. Only those who train under realistic conditions can act quickly, safely, and professionally in an emergency.

That's why in 2024 we continued to expand and intensify our training activities. In total, we conducted 16 trainings with around 120 participants, equipping them with practical skills for the specific challenges humanitarian aid poses in insecure environments.

At the core was our HEAT (Hostile Environment Awareness Training), which provides essential knowledge and skills that can be life-saving in crisis situations: from basic medical first aid and handling threats and security risks to communication and decision-making under stress.

The program is complemented by exercises on psychosocial resilience to ensure that aid workers remain capable of action even during long and demanding missions.



Photo 1) For realistic trainings, we use mannequins to simulate injury patterns and bleeding. This allows participants to practice how to treat wounds and stop bleeding under controlled conditions.



Photo 2) During the training, participants work with medical dummies representing different emergency scenarios. These hands-on simulations create a safe learning environment where procedures can be practiced and teamwork strengthened.

Photo 3) Participants practice airway management on an infant mannequin. Such simulations make it possible to train highly sensitive procedures in a protected setting.geschützten Rahmen.



Our trainings at our Berlin site combine theory and practice. Participants practice how to respond in realistic scenarios when they have to care for injured people, carry out an evacuation, or deal with communication failures in insecure environments. It's not only about technical skills, but also about teamwork, finding joint solutions quickly, and staying calm in

exceptional situations. We continue to expand our program, develop new formats, and build long-term structures. Our goal is to make our trainings even more accessible, effective, and sustainable. At the same time, our commitment remains unchanged: practical, solidarity-driven, and clearly focused on the needs of those who take responsibility in crisis situations.



A realistic scenario with a lifelike wound simulator: the team practices applying a tourniquet.



Debriefing outdoors: participants reflect together on the exercise procedures and share their experiences.

Find more information and current dates for our HEAT trainings here
<https://www.cadus.org/en/what-we-do/training/heat/>



FINANCIAL REPORT

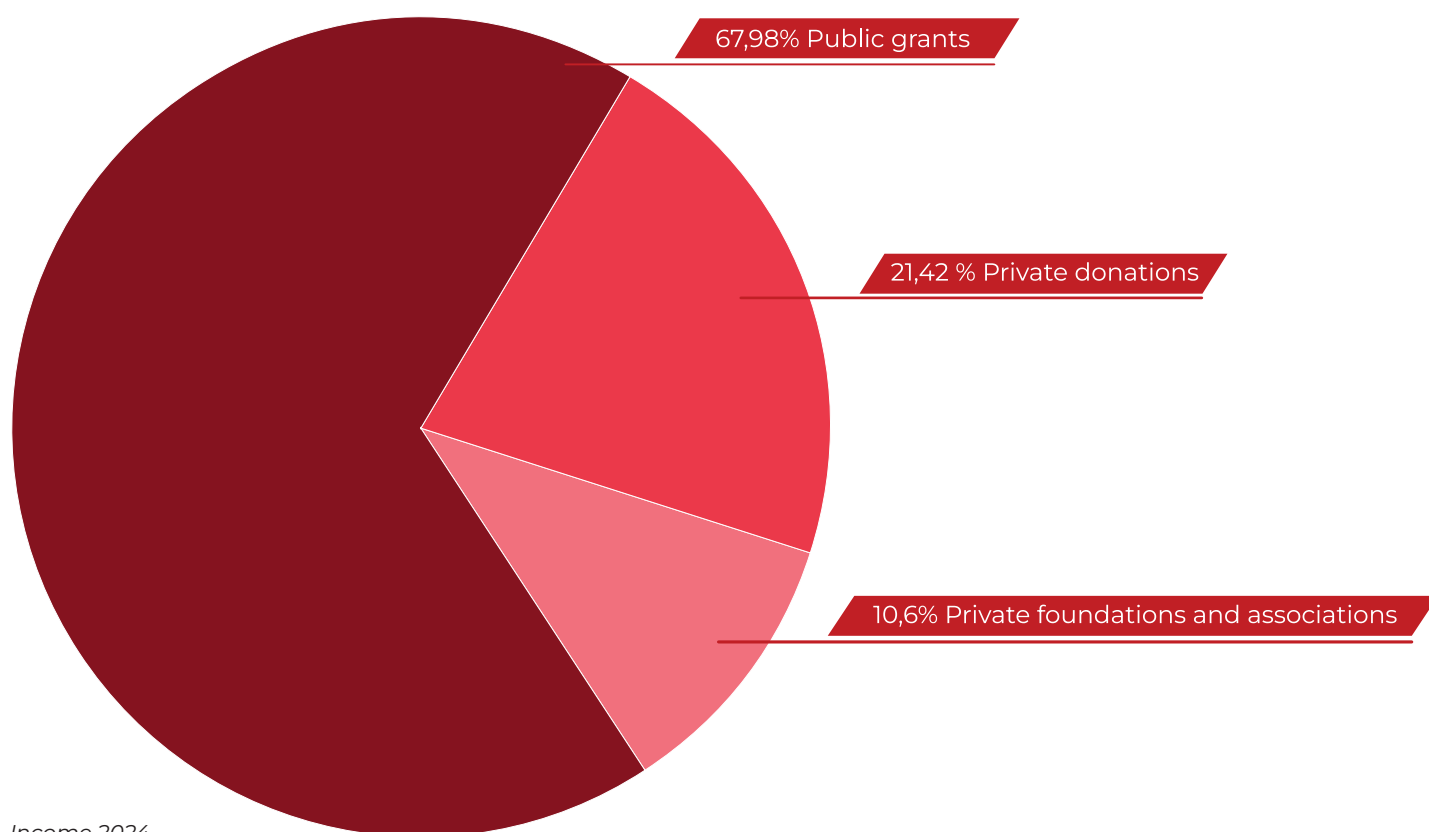
Income

In 2024, we were able to significantly increase our revenue compared to the previous year. In addition to the ongoing institutional funding for our Ukraine operations, we received financial support from the German Federal Foreign Office for our Emergency Medical Team in Gaza. Partner organizations and foundations also contributed comparatively large sums to support our work on the ground, as we are one of the few international organizations with access to the war zone. Private individuals likewise showed a remarkable willingness to donate. It was primarily these contributions that enabled us to start our Gaza mission quickly, even before we received public funding.

In 2024, our total revenue amounted to €5,691,869. Of this, €3,842,212 (67.98%) came from public funds. Particularly noteworthy was the support from the German Federal Foreign Office, which funded our operations in Gaza with €2,156,779 and in Ukraine with €1,615,433.

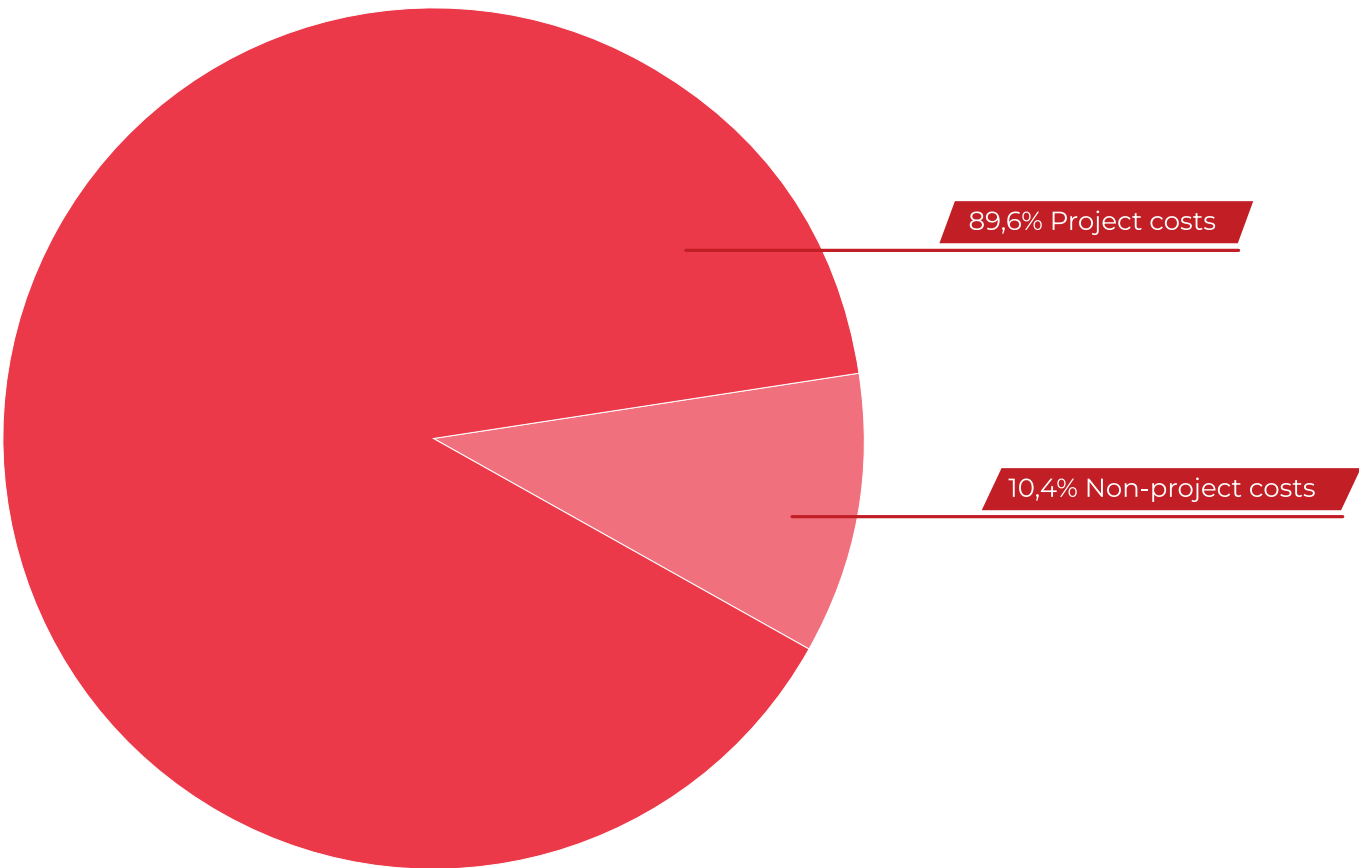
In addition, we received €1,210,283 (21.4%) in private donations. These funds were partly earmarked for specific missions and partly unrestricted, making them essential for financing our structures and further developing our work.

Private foundations and associations contributed an additional €599,374 (10.6%), primarily in support of our operations in Gaza.



Expenditures

In 2024, our total expenses amounted to €4,757,813.33. Of this, €4,263,432.11 (89.61%) was spent directly on our projects. Approximately 55.80% was allocated to emergency aid in Gaza and about 33.62% to medical and technical assistance in Ukraine. The remaining 10.4% (€494,390) covered personnel and social costs (9.52%) as well as other administrative expenses (0.87%).



Expenditures 2024.



IMPRINT

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