



**DAHW**

Stop  
diseases  
of poverty

# Annual Report 2019

DAHW *German Leprosy and Tuberculosis Relief Association*

Information about our work

[www.dahw.de](http://www.dahw.de)



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*The work of DAHW (German Leprosy and Tuberculosis Relief Association) has been granted the DZI seal-of-approval to show that it deserves your complete trust.*



### Dignity and self-determination

*The founding members of DAHW already realised the following: Conquering poverty-related diseases such as leprosy requires more than just medication. We need holistic, integrated approaches and must empower people on multiple levels so that women such as Abinash (name changed) from Jaipur in India can claim their basic right to health, independence and participation.*

Photos: Title + p. 2: Mario Schmitt, p. 3: Judith Mathiasch/DAHAW

## Dear reader,

As every year, this annual report includes detailed information about the worldwide work of DAHW *German Leprosy and Tuberculosis Relief Association* performed in the previous year. We provide insights into strategies and approaches in our fight against poverty-related and neglected diseases, achievements, failures and the impact of DAHW's activities within the context of about 80 programmes and projects and examine the needs and requirements of beneficiaries. We also transparently depict in detail where and how funds entrusted to us have been invested in 2019 in our efforts to improve the health and living situation of people in our project countries as effectively and sustainably as possible.

For DAHW as a donation-funded relief organisation, this is nothing out of the ordinary and a matter of course for us. However, everything is different this year: As we are preparing this annual report, the COVID-19 pandemic is spreading worldwide. The disease originated in China at the end of 2019 and then spread throughout Europe at the beginning of 2020 and then ultimately throughout the whole world.

In light of the massive impact of this global health crisis, it is not easy to focus on a time before COVID-19. Despite the enormous challenges that we already faced even before COVID-19 – we nonetheless want to provide a detailed report on what has been accomplished over the past year by our 54 colleagues at the DAHW head office, approximately 150 employees in 17 regional and programme offices as well as the many hundred specialists who are active for DAHW through more than 800 partner organisations and institutions for the benefit of the poorest of the poor in our project regions.

Troubling developments in politics, society and the environment are causing insecurity as international agreements are being cancelled and nations regularly pursue unilateral actions. All this is exacerbating the work of relief organisations such as DAHW while also making these organisations more indispensable than ever before. We must provide aid in an (even more) useful, demand-oriented, sustainable and cost-efficient manner, which requires the courageous pursuit of new paths, creative solutions, flexibility and the ability to react quickly. However, first and foremost it requires networking rather than particularism and solidarity rather than egoism and respect for all people. We work closely with colleagues, partner organisations and affected persons as we transcend national borders as well as cultural and religious differences.

We have positioned ourselves well in past years so that we feel prepared for the coming tasks. Thank you for continuing to support us and our work during these extraordinary times.

—  
*Sincerely,*  
*Patrick Miesen*  
*DAHAW President*



# The work of DAHW

## Breaking down barriers to healthcare

All people have the right to health as established by the United Nations in 1966, which includes access to adequate healthcare. However, millions of people are being denied this right. The barriers are manifold, but lack of financial means is a decisive factor. People die of treatable diseases because they cannot afford transport to the health centre, the stay at the hospital, treatment, medications or necessary operations. Many countries do not provide health insurance or social security, and consequently costs and illness-related loss of income drive people and their families below the poverty line.

Rural, remote regions lack infrastructure – there are only few well-constructed roads and outpatient clinics, and the healthcare staff is often insufficiently qualified. This is especially problematic for people with disabilities or complex diseases. However, mobile population groups such as nomads, refugees or migrant workers as well as people in war zones and conflict areas, slums, prisons or refugee camps also require customised care options. Furthermore, some

traditions and religions make it difficult for people on account of their gender or cultural convictions to receive timely medical assistance or people avoid seeking medical assistance out of fear of being stigmatised. Some groups including refugees, prisoners, religious minorities or people with disabilities are structurally neglected and victims of discrimination.

Since 1957, DAHW *German Leprosy and Tuberculosis Relief Association* has been working to provide equal access to healthcare services. The focus is on those who are especially vulnerable and therefore more severely affected and at risk of poverty-related and neglected diseases.



## Closing gaps in a targeted manner

Implementing the human right to health for all presents a tremendous challenge for the global community. The challenge is even greater for illnesses within the DAHW mandate due to their complexity and the fact that they have been neglected, but also because these diseases most often affect people living in poverty. More awareness, more funding and more political will are required in order to sustainably contain the spread of such illnesses. We therefore provide intensive networking and lobbying on a local, national and international level.

DAHW is also focused on closing the biggest gaps with respect to the diseases within its mandate (see graphic). For this purpose, we promote research as well as training and further training of specialist personnel and community helpers, supply medical equipment and other materials, perform active case detection, diagnostics and treatment of affected persons, provide information, counter stigmatisation and empower people with disabilities. Here you can see what is needed in detail:

### ○ Research

- › Expertise in regard to transmission paths, prevention and diagnostic options
- › Tolerable and affordable medications and vaccines
- › Social understanding in order to achieve necessary and sustainable behavioural changes within population groups

### ○ Diagnosis

- › Specific, reliable and “field-tested” diagnostics
- › Accessible health centres
- › Active case detection, especially in remote and inaccessible regions
- › Systematic examination of contact persons and relatives of patients

### ○ Treatment

- › Available, tolerable and affordable therapies
- › Sufficient and specifically trained healthcare personnel
- › Long-term treatment and care of patients
- › Adequate follow-up treatment after operations
- › Rehabilitation for disabilities

### ○ Transfer of knowledge

- › Comprehensive health knowledge within the population
- › Available information in regard to symptoms, infection risks and prevention options for specific illnesses
- › Community-based participatory approaches for preventing and reducing stigmatisation



- Research
- Diagnosis
- Treatment
- Transfer of knowledge

Severity of gaps in the above-mentioned areas for diseases within the DAHW mandate

- Extremely severe
- Very severe
- Severe

# Inclusion work of DAHW

## Empowering people with disabilities on three levels

Representing one's own interests toward other people, the community and society in an autonomous, self-responsible and self-determined manner – this is the goal for empowering disadvantaged groups of people.

According to the United Nations (UN), underprivileged groups include 1.5 billion people worldwide who are currently living with disabilities or limitations. The UN Convention on the Rights of Persons with Disabilities (CRPD), which entered into force in 2008 also pledges full integration and participation of these people within community life. Yet, varied barriers still persist.

In order to break down these barriers and achieve the sustainable development goal of Agenda 2030 for full participation of all people, disabilities must no longer be understood as a problem of the individual, but rather as the consequence of environmental and socio-political circumstances as the needs and concerns of people with disabilities are not taken into account inclusively and with equal legitimacy. Achieving this change in perspective is the present basis of all programmes and projects of DAHW *German Leprosy and Tuberculosis Relief Association*, and the empowerment of people with disabilities on three levels is a central element (see graphic on the right side).

### Successful impacts in 2019

DAHW has implemented 14 inclusion projects with a one to three-year term in nine project countries. The total investments amount to approximately € 5.78 million whereas four projects are fully financed with DAHW's own funds. DAHW was involved in the conception of a new inclusion strategy, which was published in 2019 by one of our important partners, the Federal Ministry for Economic Cooperation and Development (BMZ).

Much has been accomplished in 2019 with our self-financed inclusion projects, which have benefitted many people suffering from disabilities and limitations (also as a result of leprosy):

- 27,688** people with disabilities stated in a survey that their lives had changed for the better due to the involvement of DAHW.
- 3,102** people with disabilities joined self-help groups with our support in order to fight for their own rights.
- 3,251** people with disabilities were granted access to microloans.
- 2,863** people with disabilities were trained in preventive measures in order to avoid (further) disabilities as a result of illness.
- 2,396** people with disabilities were equipped with special orthopaedic shoes.
- 1,081** people with disabilities received training in order to be able to independently generate income.
- 960** children with disabilities received support so they could attend school again.
- 856** people with disabilities received mobility aids (wheelchairs, crutches, etc.).
- 262** people with vision impairments received eye surgery and were able to see again.
- 90** houses of people with disabilities were equipped with accessible water and sanitary facilities.
- 35** people with disabilities received access to free legal assistance.



### ... on an individual level

*The beneficiaries of our inclusion projects receive individual help in order to secure their livelihood and achieve (or enhance their) mobility and independence, for example with the provision of wheelchairs or crutches, financing for rehabilitation measures, reconstructive surgeries, disability passes and the construction of accessible toilets and water facilities.*



### ... on a communal level

*For years, we have pursued the community-based inclusive development (CBID) approach in order to strengthen the confidence of people living with disabilities. We support the establishment and work of self-representation organisations in which people advocate for their own rights within their communities, municipalities and societies.*



### ... at the government level

*As experts for inclusion and development cooperation, we perform lobbying and advocacy in order to visualise the needs of people with disabilities within the social context, in healthcare and the business sector, influence political processes and advance structural changes at a global (WHO, UN), European (EU) and national (BMZ, health ministries) level.*

# Health for and only with the people

Here at home, the current COVID-19 pandemic has also made the following clear(er): Health is not everything – but without health everything else is incidental. This is true for people as well as for societies, individual countries and the global community.

For DAHW *German Leprosy and Tuberculosis Relief Association*, this realisation is nothing new. For decades we have witnessed people being marginalised and driven into poverty due to an illness or they become ill because they are poor and marginalised, a correlation that should no longer exist: Already at its founding in 1946, the World Health Organisation WHO made it its goal to achieve “health for all”. In 1950, the United Nations enshrined the right to health for all people in the International Covenant on Economic, Social and Cultural Rights (ICESCR).

However, the reality looks quite different: According to the WHO, at least half of the world’s population still does not have access to full basic healthcare services, which most often affects countries of the Global South. All our program-

mes and projects are geared toward counteracting this injustice by breaking down barriers to healthcare and closing supply gaps. However, we have meanwhile realised: The right to health is most sustainably implemented when the affected people themselves fight for it. In addition to activities in the medical field, we see the empowerment of people as the primary task of DAHW in the coming years.



Photo: Judith Mathiasch/DAHW

This task will become more demanding in 2020 due to the worldwide COVID-19 crisis. When fragile healthcare systems collapse under the pandemic, the work of non-governmental organisations and civil society is exacerbated by restrictions and already weakened groups of people are increasingly endangered by disabilities, poverty and marginalisation, then we must find creative solutions and other ways so that our support reaches its target even more effectively despite all adversity. However, the most important thing is that people are given the opportunity to help themselves in order to break the cycle of dependency. We will have to analyse the worldwide and local developments even more intensively in order to continually optimise our strategies based on results, an elaborate process requiring time, resources and especially decision-making. We have full confidence in our experts and their well-founded expertise in regard to infectious diseases and complex correlations within the context of “global health” as well as in our strong networks – all the way into local community structures – and the admirable dedication of our employees.

In times like these, we need trust but also courage! The unwavering loyalty of the DAHW supporter community as exhibited by members of the association, active volunteers and generous donors is a tremendous encouragement for us.

–  
*Sincerely, Burkard Kömm,*  
*CEO, DAHW*



# The strategic goals of DAHW



In 2015, DAHW *German Leprosy and Tuberculosis Relief Association* developed a strategy for each one of its work areas, setting down specific annual goals, which are examined every three years and adapted according to analysis results and current (internal and external) framework conditions. After the initial implementation phase ended in 2018, DAHW wrestled internally with finding a joint

strategic course in light of many growing challenges. Among other things, this led to delays in some areas of activity with respect to the implementation of annual goals. However, all in all, DAHW as a “learning” organisation emerged strengthened from this intensive struggle. We are confident that we will also be able to conclude the second implementation phase 2021 with positive results.

Goals	Implementation delayed	Implementation as planned	Implementation successful
<b>Empowerment of people with disabilities and their communities at the local, regional and global level in all DAHW programmes and projects, see p. 6 to 7</b>			
<b>Strengthening holistic medical assistance that is aligned with the patients in regard to NTDs and TB at the community level</b>			
<b>Strengthening the resilience of especially vulnerable persons in crisis contexts by linking relief, rehabilitation and development (LRRD)</b>			
<b>Gender-sensitive analysis and alignment of all DAHW projects, see p. 16</b>			
<b>Initialisation and participation in worldwide research projects for poverty-related and neglected diseases, see p. 10 to 12</b>			
<b>Expansion of cooperation with institutional donors within the context of development cooperation and increasing co-financed DAHW programmes and projects, see p. 46</b>			
<b>Quality assurance for multi-year DAHW programmes and projects through systematic impact monitoring (planning, monitoring and evaluation, PM&amp;E), see p. 18 to 19</b>			
<b>Standardisation of compliance management in order to ensure adherence to laws and DAHW guidelines, see p. 58 to 59</b>			
<b>Regionalisation and decentralisation of DAHW structure for foreign countries</b>			
<b>Introduction of RED AID as a campaign brand in Germany and at least two project countries, see p. 17</b>			
<b>Consistently improving the ratio of advertising and administration expenditures to total expenditures of DAHW according to the stipulations of the German Central Institute for Social Issues (DZI), see p. 52</b>			
<b>Perception of DAHW as an expert on global health especially within the context of NTDs, see p. 46 to 47</b>			

Status July 2020

# Medication alone is not enough



All illnesses within the DAHW mandate are actually curable. Nonetheless, these diseases claim millions of lives each year and also cause severe disabilities. Disabled persons then become victims of marginalisation and discrimination.



Photo: Dr. Christa Kasang

According to the World Health Organisation (WHO), over a billion people worldwide are at risk of poverty-related and neglected diseases. A global health problem of unfathomable proportions! Sustainably solving this problem first and foremost requires more knowledge, which is why DAHW *German Leprosy and Tuberculosis Relief Association* is also more active than ever before in the field of research. Since the 1980s, the WHO has recommended the “multi-drug therapy” (MDT) as the standard treatment for leprosy. Yet, about 250,000 new infections are still registered each year, including among children. One reason for the persistent (excessively) high case numbers is the fact that little

## *Global initiative in the fight against tuberculosis*

*When DAHW began treating tuberculosis in the 1980s, the poverty-associated illness was no longer a major concern among industrialised nations despite the fact that millions of people were and still are affected by it in the Global South. Thankfully the G8 nations decided in 2002 to team up in the worldwide fight against the world's three most dangerous infectious diseases (tuberculosis, AIDS and malaria) by establishing the Global Fund.*

*National healthcare systems, medications, research projects and further measures were financed with public and private funds. Approximately USD 45 billion were made available by the end of April 2020. According to the organisation, more than five million*



*Dr Christa Kasang,  
DAHW Research  
Coordinator*

*TB patients were treated in 2018 alone with the assistance of the Global Fund. By their own account, the number of people dying from TB, AIDS or malaria receded by 40 percent since 2002 in the countries in which the Global Fund invested resources. The international community also exerted a concerted effort for the benefit and health of more than one billion people affected by NTDs. DAHW is committed to these causes at a national and international level.*



Photo: Cyril Johnson

**Integration of traditional healers in the leprosy work in Sierra Leone:**  
 Within the context of this study, it is to be examined how traditional healers, who are highly trusted among the population in many African countries, can be integrated in national health programmes and how this would affect early diagnosis of leprosy cases.



Photo: Cécilicte Gabriella Bacoffi Goly

**Leprosy chemoprophylaxis in highly endemic villages in Senegal:**  
 Many new leprosy infections, especially among children occur in areas where leprosy formerly existed. Within the context of the study, all residents are examined for leprosy and treated with chemoprophylaxis in case of a negative result. The effectiveness is examined subsequently.



Photo: Laura Klinker

**Stigmatisation of people with schistosomiasis in Tanzania:**  
 Based on discussions with community members and patients who suffer from schistosomiasis, it was examined whether the illness led to the stigmatisation of affected persons, what the consequences were and which recommendations for action can be derived for prevention and control programmes.



Photo: Maholo Carolyn Sserunkuma

**Inclusion of people affected by leprosy and LF in governmental relief programmes in Uganda:** It is most often the poorest of the poor within society who are affected by NTDs such as leprosy or lymphatic filariasis (LF). These people only have very limited access to governmental relief programmes for people with disabilities. Strategies are to be developed based on the examination of specific barriers in order to reach the affected groups of persons in a targeted manner.

attention is devoted to leprosy and all other neglected tropical diseases (NTDs) within the global health context. The so-called poverty-related diseases are especially widespread in the countries of the Global South and hardly play a role in research projects of more affluent industrialised states. In further consequence, there is a lack of effective, tolerable and affordable medications and vaccines for many of the 20 diseases currently defined by the WHO as NTDs. Yet, even though these diseases are treatable: Practical overall concepts across sectors that integrate all social determinants are required in order to effectively protect people from infection and the spread of NTDs. The living conditions of people must be improved as a whole, and economic, physical and psychological barriers to healthcare services must be overcome.

Especially non-governmental organisations such as DAHW are needed in order to initialise and finance research activities for NTDs with donations and/or external funds since public funds are lacking and most pharmaceutical companies are investing in more lucrative projects. In 2019, we implemented 24 projects for biomedical, operational and socio-medical research for leprosy, Buruli ulcer and other NTDs, and 20 of these were financed with the special budget of DAHW, two in cooperation with the Leprosy Research Initiative (LRI), one by the Novartis Foundation and another one with funds of the “European and Developing Countries Clinical Trials Partnership” (EDCTP) and LRI. An overview of all DAHW research projects for 2019 is provided on the following page.

# DAHW Research Projects 2019

Research topic	Project location	Project duration	Investments (€)	Financed by	Partners
Examination of the usability of information about offers of assistance for people with disabilities	India	1.8.2019 – 31.7.2021	15,359	DAHW	University of Madras (UNOM), St. Augustine SSS
Study on knowledge, treatment and diagnosis of chagas	Bolivia	1.8.2018 – 31.7.2020	17,190	DAHW	Ludwig-Maximilian-Universität München (LMU), Nor Sud, Hospital Dermatologico de Monteagudo
Stigma and morbidity of NTDs (chagas, leprosy, leishmaniasis)	Columbia	1.12.2017 – 30.6.2019	11,000	DAHW	Universidad Francisco de Paula Santander Bogota (UFPS), Netherlands Leprosy Relief (NLR)
Development of the leprosy vaccine "Lepvax"	USA, Brazil, India	1.1.2015 – 31.12.2019	424,000	DAHW	IDRI (Infectious Disease Research Institute), ALM (American Leprosy Missions)
Active case detection for contacts of leprosy patients	Ethiopia	31.12.2017 – 31.12.2019	10,076	DAHW	Armauer Hansen Research Institute (AHRI)
Survey of persons affected by leprosy from Tanzania on their reasons for migrating	Kenya	1.7.2019 – 30.6.2020	2,500	DAHW	Institute for Development Environment and Agriculture (IDEA)
Impact of BCG vaccination on leprosy control	Senegal	1.7.2019 – 1.8.2020	13,906	DAHW	Université de Thiès, National Leprosy Control Program, PNEL
Creative trauma coping of affected persons participating in inclusion projects of DAHW	Columbia	1.7.2019 – 31.12.2020	7,550	DAHW	Miguel Hernández University of Elche (UMH), Colombian Federation of People Affected by Leprosy
Integration of traditional healers in leprosy work	Sierra Leone	1.4.2017 – 31.12.2021	14,197	DAHW	National Tuberculosis and Leprosy Programme, NTLP
Leprosy chemoprophylaxis in highly endemic villages	Senegal	1.12.2019 – 30.11.2022	27,285	DAHW	Université de Thiès, Damien Foundation (DF), Fondation Raoul Follereau (FRF), PNEL
Leprosy chemoprophylaxis in the districts of Arua and Koboko	Uganda	1.12.2019 – 30.11.2022	20,028	DAHW	NTLP
Inclusion of persons affected by leprosy and LF (Lymphatic filariasis) in their communities	Uganda	1.4.2017 – 30.4.2019	10,000	DAHW	Kyambogo University, Uganda National Alliance Against Leprosy (UNALEP), NTLP
Study on knowledge, attitudes and practices in regard to LF	India	1.6.2019 – 31.5.2021	26,935	DAHW	India Foreign Ministry
Spread of schistosomiasis among school children on Ijinga Island	Tanzania	1.9.2018 – 30.9.2019	1,800	DAHW	Catholic University of Health and Allied Sciences (CUHAS)
Stigmatisation of people with schistosomiasis in Mwanza	Tanzania	1.12.2018 – 31.12.2019	11,721	DAHW	CUHAS, Julius-Maximilian-Universität Würzburg (LMU)
Algorithm development for the morbidity prognosis of schistosomiasis infections	Tanzania	1.12.2019 – 30.11.2020	9,998	DAHW	CUHAS
Adrenal insufficiency among TB patients	Pakistan	20.12.2016 – 31.12.2019	24,652	DAHW	Rawalpindi Hospital
TB in refugee camps, testing for early case detection by community helpers	Uganda	1.12.2017 – 31.3.2020	19,822	DAHW	Makere University, NTLP
Nutritional situation of persons affected by TB in refugee camps	Uganda	1.7.2019 – 31.12.2020	11,485	DAHW	University of Copenhagen, NTLP
Examination of TB screening approaches and laboratory tests	Tanzania	1.7.2019 – 30.6.2022	19,847	DAHW	Stellenbosch University (SU), Bugando Medical Centre (BMC)
Implementation of leprosy chemoprophylaxis in various screening approaches ("PEP4LEP")	Tanzania, Ethiopia, Mozambique	1.10.2018 – 31.1.2023	1,433,075	EDCTP	AHRI, CUHAS, Erasmus University Rotterdam (EUR), NLR, NTLP Tanzania, Ministry of Health of Ethiopia
Integration of traditional healers in early leprosy case detection	Sierra Leone	1.6.2019 – 31.12.2022	193,723	LRI	NTLP
Inclusion of persons affected by leprosy and LF within governmental relief programmes	Uganda	15.5.2018 – 15.8.2019	50,000	LRI	Kyambogo University, Uganda National Alliance Against Leprosy (UNALEP), NTLP
Testing of leprosy chemoprophylaxis	Tanzania	1.12.2014 – 31.5.2019	569,541	Novartis	Swiss Tropical and Public Health Institute (Swiss TPH), EUR, NTLP

# Integrated approach



DAHW has pursued an integrated approach in its project work from the very beginning and taken medical and social aspects into account in equal measure. Health is an interdisciplinary topic that cannot be viewed in isolation from the living conditions of people!



Photo: Sascha Montag

*Integrated approaches and networking among active players are required within the healthcare sector in order for all people to have access to health.*

If our vision of a world without poverty-related diseases is to become a reality, governmental and non-governmental programmes must not merely focus on the illnesses themselves. Although a vertical approach offers advantages since the prioritisation allows for the targeted design of measures (proven to be effective for the “big three” malaria, tuberculosis and HIV), the complex correlation between neglected diseases (NTDs) and certain groups of people requires transsectoral (horizontal) and integral (holistic) concepts that place the human being at the centre and integrate health determinants such as living and working conditions as well as biological, socio-economic, cultural and ecological factors. Specifically, this means the following: The root of health problems of billions of people on the planet must be addressed, and the (main) causes for the illnesses must be approached systematically and sustainably. First and foremost, it is poverty that makes people sick as well as poverty-related malnutrition and deficient water, sanitation and hygienic facilities (WASH). We are therefore currently implementing many measures in this area. Furthermore, our information and educational work is also a central component of DAHW projects in order to

convey preventive options, counter stigmatisation of affected persons and improve job opportunities. For zoonoses such as chagas, buruli ulcer or TB – infectious diseases transmitted from animals to humans – we want to increasingly rely on the interdisciplinary “One Health” approach according to which active specialists from human, veterinary medicine and environmental sciences work together. Additionally, the transversal sector of “empowerment” is playing an increasingly important role: empowering people on an individual, communal and national level (see p. 6 to 7). The overarching goal is that people are informed about healthcare services and are able to utilise necessary medical services without being pushed into a financial crisis as envisaged in the concept of “Universal Health Coverage” (UHC) of the WHO, which is included in Agenda 2030 of the United Nations as one of 17 sustainability goals. Every person is to have access to high-quality and affordable healthcare services and – in case of illness – social security benefits.



Photo: Vijay Pandey

## Utilising synergies

*In the monitoring and care for cutaneous (skin-related) NTDs such as leprosy, buruli ulcer, lymphatic filariasis and yaws, DAHW pursues the integrated approach of the WHO in Togo, Nigeria and increasingly also in Liberia in order to utilise as many synergies as possible with respect to prevention, diagnostics, treatment and rehabilitation. For example, we combine these skin-related NTDs with other skin disorders in informational campaigns and case detection whereby the stigma-related inhibition threshold of the population is lowered and more people are reached.*

# Humanitarian aid



Natural disasters, war, famine, epidemics: Humanitarian crises are raging in many places throughout the world as people fight for their daily survival. As a worldwide-operating relief organisation, *DAHW German Leprosy and Tuberculosis Relief Association* has often been faced with the following dilemma: **Whom do we help first? How do we decide, how and where we get involved?**

The answer is complicated – but can ultimately be resolved based on the following principle: We help where we are on-site, and we help those who need us and our expertise the most. Our structures in foreign countries have been built up over decades as our close networking with local partner organisations and experience in medical and social development cooperation give us access to regions and groups of people that cannot be reached (or only with difficulty) by other relief organisations. We are able to close gaps, save lives and strengthen the people for future crises.

## Humanitarian relief after the cyclone in Mozambique

Climate change is striking in full force. Millions of people lost their entire basis of existence within hours when Cyclone Idai swept across the south of Africa in March. We assisted with initial care, trained healthcare workers, actively searched for leprosy and tuberculosis patients, distributed medications, special foods and much more. Partner: Alliance Development Works (BEH) and Damien Foundation (DF).



*Mozambique: We distributed essential food items and medication for leprosy and TB patients after the cyclone hit.*

## Protection from the Ebola epidemic in Uganda

One of the greatest humanitarian crises occurred in 2019 in DR Congo where the highly infectious Ebola virus spread and claimed thousands of lives. Neighbouring Uganda was also at risk of contagion due to people fleeing the area and crossing the border. We were able to equip eight small health facilities for infection prevention and monitoring in the Kasese district and perform training sessions for health-care personnel. Partner: Uganda Catholic Medical Bureau (UCMB) and BEH.

## The forgotten crisis in Yemen

Virtually unnoticed by the rest of the world, one of the greatest humanitarian crises in the history of humanity is taking place in war-ravaged Yemen. In 2019, we supplied leprosy and TB patients with food and medication and assisted in maintaining minimum healthcare services after the collapse of the public healthcare system. Furthermore, we use our influence as an NGO to raise awareness at home for these “forgotten people”. Partner: Field Medical Foundation (FMF) and BEH.



Photos: DAHW-Uganda

*Uganda: In response to the crisis, we equipped so-called mini-health facilities with hygienic and educational supplies.*



Photo: Dr. Yasir Al-Qubati

*Yemen: We distributed relief supplies and basic food items in order to alleviate the unparalleled suffering of these war-ravaged people.*



Photo: SMTF

*Myanmar: We provided information about disease prevention and hygiene to refugees with disabilities in personal meetings.*

### Dignity for disenfranchised people in Myanmar

According to the UN, the Rohingya in the south of Myanmar are one of the most persecuted minorities in the world. We are implementing a rehabilitation and inclusion project for promoting health, hygiene and empowerment specifically for those among the refugees who live with disabilities and are also actively working to improve knowledge and awareness of the rights of people living with disabilities. Partner: Shwe Minn Tha Foundation (SMTF) and BEH.

### Famine in Congo: Food for children

Over 12 million people require assistance in the civil war and famine-ravaged country of Congo. Large parts of the population, including many children are suffering from chronic undernourishment. We distributed food packages to especially vulnerable families in the province of Grand Kasai; internally displaced persons received medical care and consultation, and healthcare personnel were trained. Partner: German Institute for Medical Mission (Difäm) and Depot Central Medico-Pharmaceutique (DCMP).



Photo: Difäm

*Congo: Families with extremely undernourished children received medical care and food aid.*



Photo: Mario Schmitt

*Columbia: Fleeing Venezuelan mothers received special initial care supplies according to the motto "Born in love and dignity".*

DAHW project region	DAHW project country	DAHW investments 2019 (€)
Latin America	Columbia	20,000.00
	Mozambique	180,200.00
East Africa	Uganda	21,432.00
	Ethiopia	40,530.00
	Yemen*	53,476.00
West Africa	Congo	72,160.00
Asia	Afghanistan	405.00
	India	68,764.00
	Indonesia	68,140.00
	Myanmar	38,277.00
	Syria	31,020.00

Overview of humanitarian relief projects of DAHW in 2019

\* Based on its geographic location, Yemen (Middle East) is supported by our East Africa regional team.

*In 2019, we also provided humanitarian assistance in Syria and Columbia (see p. 38).*

# Gender-sensitive project design



In many DAHW project countries, women and men are affected quite differently by diseases that fall within our mandate. For example, four times more men than women are diagnosed with tuberculosis in Uganda according to the WHO while women in Afghanistan regularly dominate the TB statistics.

Gender-specific differences result from economic, cultural, religious, biological and structural causes – or from a mixture of these factors. Some differences are due to the fact that, in many societies, men are still responsible for earning the livelihood. When they do not find work in their home country, they are forced to take up jobs in other countries as migrant workers and often live there under miserable conditions that lead to infections with many of the illnesses that fall within our mandate. Furthermore, their stay is often illegal, and they therefore do not have access to medical care. However, statistics can also be deceptive: Just because more men have been registered with a certain illness does not automatically mean that more men are affected – sometimes women are simply diagnosed less often. In some Islam-influenced countries, women require permission or the accompaniment of men in order to visit a doctor. There are often no female healthcare and nursing staff so that women are not examined thoroughly and illnesses remain undetected. Leprosy can lead to avoidable disabilities from which these women then suffer for the rest of their lives. The topic of stigmatisation also often plays

a greater role in the case of women: For millions of women worldwide, a leprosy or TB diagnosis means that marriage is unlikely since potential husbands fear not being able to start a family. In many places there are even laws that allow a husband to immediately divorce his wife in case she contracts leprosy. Out of fear of these consequences, women often keep a suspected illness to themselves and avoid seeing the doctor. Moreover, in most cultures it is still the case that women are judged by their appearance – which is why disfiguring illnesses such as cutaneous leishmaniasis or lymphatic filariasis are especially distressing for women. DAHW has already been able to address some of these gender-specific aspects in some of its projects: We specifically trained female healthcare staff in Sudan and Yemen. In Tanzania, we examined why fewer women participated in mass treatments for schistosomiasis. In Brazil, women are specifically addressed in information campaigns on leprosy. The goal is to systematically integrate gender and culture in project planning in order to compensate for differences and contribute to more equality in regard to access to healthcare.



Photo: Mario Schmitt

In India, DAHW employees are testing truck drivers for tuberculosis as well as providing information and support for patients enduring lengthy therapeutic treatments.



Photo: Bernd Hartung

Dr Chris Schmotzer has supported DAHW in Pakistan for years and is also highly trusted by female Muslim patients.



# RED AID – Daring to try new approaches



The number of donors and donations has been declining for many years. How should we deal with this? DAHW *German Leprosy and Tuberculosis Relief Association* has given the answer already 2015 by deciding to establish a second brand. RED AID was born.

Founded in 1957 as “Deutsches Aussätzigen-Hilfswerk” [German Leprosy Relief Association], we changed our name in 2003 to DAHW *Deutsche Lepra- und Tuberkulosehilfe e.V.* [GLRA *German Leprosy and Tuberculosis Relief Association*] in order to account for the expansion of our core mandate. We kept the acronym DAHW due to name recognition among the traditional supporter community in Germany, our partner organisations, institutional donors and not least the population of our project countries. We have meanwhile also dedicated ourselves to other poverty-related and neglected diseases – a second name change would be appropriate. After an intensive debate, we decided to establish a campaign brand parallel to DAHW so as not to waste any potential and give it the neutral name RED AID. With this brand we want to target new and – in view of the change in demographics – younger groups and provide (more) direct and quick(er) communication and information as needed.

## The world is changing

A supportive basic framework is required for the successful introduction of a new brand: a target group-appropriate content concept, an attractive presence in online media and a modern software landscape, etc. Various internal and external developments and changes occurred while working on this framework for RED AID. Institutional donors meanwhile prefer local non-governmental organisations (NGOs). The political situation in some countries is difficult for foreign NGOs as the space available to them and their capacity to act are shrinking. Our regional offices are reporting that it would be easier for many people, partner organisations and governmental institutions on-site to identify with a domestic rather than a “foreign” NGO (recognisable by the name). Additionally, these local organisations would then also have the opportunity to generate donations themselves (fundraising).



Photo: RedAid Nigeria

*DAHW is currently testing the potential for a local organisation in the areas of public relations, fundraising and on-site project work with the association RedAid Nigeria, which is registered in Nigeria.*

## Staying flexible

Based on changing preconditions, the targets of RED AID were expanded and two pilot projects were launched in a further strategic process: By founding RedAid Nigeria, we established an on-site association that performs its own public relations work and fundraising and implements campaigns and projects within the context of the DAHW mandate. RedAid India was initially introduced in India as a campaign brand in order to sound out the communication potential with compatriots via social networks and test the potential for a local campaign brand. For years, DAHW has pursued the concept of “regionalisation” with the goal of promoting empowerment, self-responsibility and independence of our colleagues on-site. These actors should and must not be merely “implementers” of plans and projects developed at the DAHW head office in Würzburg. We firmly believe that establishing local organisational forms that allow specialists on-site to provide context-appropriate communication, fundraising and project work is a crucial step in the right direction.

–  
*Further information available at [www.nigeria.red-aid.org](http://www.nigeria.red-aid.org)*



# How a DAHW project is implemented

1

## Establishing a framework

*When an application is approved by the DAHW Project Approval Commission (PAC), the regional or programme office on-site and the DAHW head office determine the financial, legal and administrative framework conditions for planned activities. Agreements between DAHW and the offices (agreement of allocation) as well as between offices and local partner organisations (partner agreement) are concluded on this basis. If necessary, a memorandum of understanding (MoU) is additionally signed with the national ministries.*

2

## Providing funds

*After creating the budget structure in project accounting and opening a bank account, the regional or programme office can request funds for the project from the regional team at the DAHW head office. Transfers are performed after carefully examining the basis of the contractual conditions. Funds are accessed in stages and as needed due to the fact that our projects run over several years.*

3

## Starting project activities

*Respective programme or project offices and partner organisations are responsible for monthly project accounting while regional offices and the DAHW head office monitor them and provide support in case difficulties arise. Once a year, implementation partners issue project reports (narrative reports) in which they describe previously performed activities, achieved results and experiences (lessons learned) as well as possible delays or problems. If needed, project visits are held within the context of monitoring.*

4

## Regular process monitoring

*Respective programme or project offices and partner organisations are responsible for monthly project accounting while regional offices and the DAHW head office monitor them and provide support in case difficulties arise. Once a year, implementation partners issue project reports (narrative reports) in which they describe previously performed activities, achieved results and experiences (lessons learned) as well as possible delays or problems. If needed, project visits are held within the context of monitoring.*

5

## Prompt adjustments

*Insights from regular monitoring are promptly integrated in the project work in order to increase the efficiency and impact of our activities. Budget shifts may be necessary if adjustments are made, which must again be requested by the regional or programme office and checked and approved by the respective regional team at the DAHW head office.*

6

## Critical external perspective

*Halfway through the total project term, external experts on-site for the respective specialist field examine the project progress based on indicators defined in the planning stage (logical framework, in short logframe) and possibly provide recommendations for the further adjustment of activities. Project managers at the DAHW head office and in the regional offices determine the focal points of this “mid-term evaluation” in advance, which may focus on the effectiveness of project activities and applied methods, the efficiency of the use of funds or the quality of partner relationships.*

# Targeted impact



Providing real help that holistically and sustainably improves the lives of people – this is the goal of our project activities. However, even Seneca knew that if a man knows not to which port he sails, no wind is favourable...

Clearly defined goals are therefore absolutely vital in development cooperation in order to achieve the desired positive effect for project beneficiaries and (in the best-case scenario) also for their environment. We must regularly examine whether we are still on the right course in order to achieve the goals set: “Targeted impact” is the keyword.

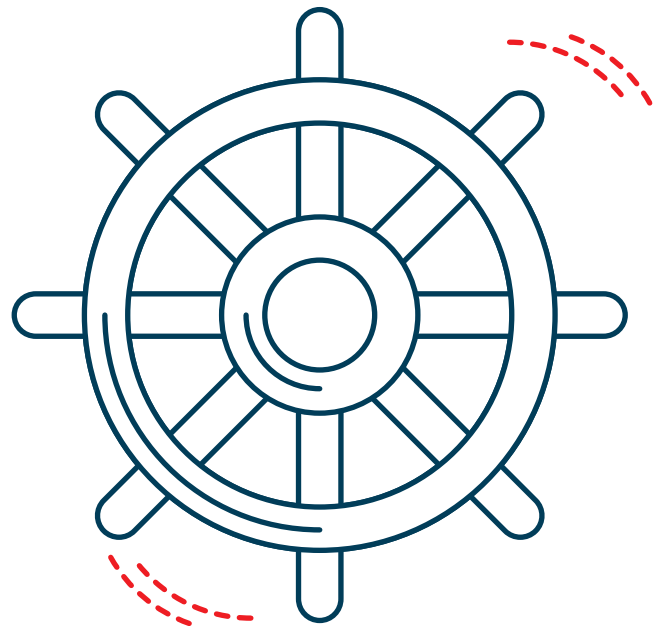
### **This takes place in three stages:**

- › Goals and impacts are defined based on existing challenges and requirements.
- › Fundamentals are established for the impact analysis (also referred to as monitoring): Indicators are developed and data is acquired over the course of the project and evaluated regularly. In addition to quantitative data, the exchange with beneficiaries completes the overall impact evaluation.
- › Gained insights allow us to learn from mistakes, adapt our activities if necessary and thereby consistently improve the success of the project.

We do not accomplish all of this on our own but together with our colleagues in the programme and project offices (usually locals) and our local partner organisations. We regard it as our task to accompany them as best as possible, promote an intensive knowledge and experience exchange and thereby expand the capacities of healthcare services on-site and the infrastructure in the region as a whole. The focus is always on empowering our partners and beneficiaries (see also p. 6 to 7).

### **A firm grip on the wheel**

In line with the sustainable promotional approach of DAHW *German Leprosy and Tuberculosis Relief Association*, we changed the duration of our programmes and projects to multi-year terms in 2018. In 2019, so-called mid-term evaluations were performed at “half-time” in eight selected programmes in order to examine whether we are achieving the desired impact: Progress and results were described and evaluated, conclusions and recommendations were derived and adjustments were made for the remaining term. In other words: If a man knows to which port he sails and also knows the direction of the wind, he will reach his goal (more) quickly and safely.



# Overview of project regions

It is hardly possible to write about our project work in 2019 without also thinking of the current COVID-19 pandemic. The great Ebola outbreak in West Africa in 2016 practically caused healthcare services to collapse overnight. However, this experience also contributed to the decision of DAHW *German Leprosy and Tuberculosis Relief Association* to fund prospective projects over multiple years and thereby improve the sustainability and impact of projects. Since many of these multi-year projects will be concluded in 2020, the project progress was checked in 2019 (see p. 18/19) in order to examine whether we are on the right path and whether the goals that were to be achieved with donations are still relevant and attainable. We have realised that our strategy must strengthen the local structures and capacities in our project countries: Our work can only unfurl its long-term effect with local ownership and solidarity on-site. Well-intentioned projects may otherwise be perceived as foreign objects and remain without impact.

In 2020, we want to determine the orientation of DAHW projects for the coming three to five years. However, the COVID-19 crisis presently requires our full attention and shifts the focus on topics related to global health as well as on empowering especially vulnerable groups of people, their families and communities.

I myself will not be directly involved any more as I am retiring in 2021. However, I remain confident that DAHW can also make a contribution under increasingly difficult circumstances and provide holistic support for people who are especially vulnerable to disease due to their living situation.



**Jürgen Ehrmann**  
*Head of the department  
 for medical-social projects  
 (until 31.12.2019) and  
 deputy CEO*

## Latin America

**DAHW  
 project countries**  
 Bolivia  
 Brazil  
 Columbia  
 Paraguay



**DAHW  
 regional office  
 in Bogotá**



**1** **DAHW programme office**

### Partners



**9** **control programmes**



**20** **partner organisations**



**9** **OPDs**



**9** **CBOs**



**12** **partner hospitals**





## East Africa

**DAHW project countries**  
Ethiopia  
Yemen  
Sudan  
South Sudan  
Tanzania  
Uganda



DAHW regional office in Addis Ababa



**6** DAHW programme or project offices

### Partners

- **17** control programmes
- **61** partner organisations
- **63** OPDs
- **191** CBOs
- **20** partner hospitals

## West Africa

**DAHW project countries**  
Liberia  
Nigeria  
Senegal  
Sierra Leone  
Togo



DAHW regional office in the planning stage



**5** DAHW programme or project offices

### Partners

- **13** monitoring programmes
- **74** partner organisations
- **93** OPDs
- **121** CBOs
- **58** partner hospitals

## Asien

**DAHW project countries**  
Afghanistan  
Bhutan  
India  
Nepal  
Pakistan



DAHW regional office in New Delhi



**4** DAHW programme or project offices

### Partners

- **7** control programmes
- **25** partner organisations
- **6** OPDs
- **19** partner hospitals

### DAHW structure for foreign countries 2019

In the past 60 years since its founding, DAHW has established a comprehensive network with numerous governmental and civil-society partner organisations and institutions in their project regions at the local or communal, national and international level.

### Offices of DAHW



DAHW regional office



DAHW programme or project office

### DAHW partner institutions and organisations

- National control programme for leprosy, tuberculosis or NTDs
- Partner organisation (local, national, international or church-associated)
- Self-help or self-representation organisation by and with people with disabilities (organisations of persons with disabilities, OPDs)
- Community-based civil-society organisation (community-based organisations, CBOs)
- Partner hospital

# Solid data is essential

Traditionally, DAHW *German Leprosy and Tuberculosis Relief Association* publishes the leprosy and tuberculosis case numbers of the World Health Organisation WHO for the DAHW project countries in its annual report if available. We have meanwhile included other poverty-related and neglected diseases in our mandate – and should therefore also provide statistics on these. However, hardly any or no case numbers are available for these illnesses. Valid data would have to be collected at the smallest health centres in remote regions and consolidated in a national data acquisition system. Additionally, functional healthcare systems as well as sufficient capacities for case detection and diagnosis would be required. Most project areas of DAHW still lack all of these capacities. Moreover, affected persons often do not have access to medical care and do not recognise symptoms or conceal suspected illnesses out of fear of marginalisation.

The case numbers for leprosy and tuberculosis are only conditionally valid as the undeclared number is extremely high in some areas. A solid database for regional endemicity (degree of disease spread) is essential for a meaningful prioritisation of healthcare services and for a strategic targeted alignment of our activities. In light of limited financial and personnel resources, we want to expediently use our technical competences and partner networks where the need is greatest and thereby close supply gaps as efficiently as possible.

Among other things, DAHW supports national control programmes in optimising its data acquisition through intensified case detection and cartographically maps endemic areas with modern mapping methods. Based on this data, we can determine whether our medical services reach the people and are utilised by them. Moreover, this data also provides an indication whether our measures and initiatives have led to the desired positive effects such as a reduction in therapy cancellations for TB treatments or less disabilities among diagnosed leprosy patients.



# Overview DAHW project countries

DAHW project region	DAHW project country	Leprosy 2017	Leprosy 2018	TB 2017	TB 2018	HDI 2019	Number of DAHW projects 2019	DAHW investments 2019 (€)
Latin America	Bolivia	62	52	7,576	7,597	Rank 114/189	3	332,012.00
	Brazil <sup>1</sup>	26,875	28,660	79,222	82,409	Rank 79/189	2	214,436.00
	Columbia <sup>1</sup>	362	324	13,007	13,025	Rank 79/189	5	261,989.00
	Paraguay <sup>1</sup>	321	345	2,579	2,589	Rank 98/189	1	15,083.00
East Africa	Ethiopia	3,114	3,218	116,725	113,613	Rank 173/189	8	737,044.00
	Yemen <sup>1,3</sup>	357	358	9,693	9,743	Rank 177/189	2	79,261.00
	Sudan <sup>1</sup>	551	509	20,438	20,117	Rank 168/189	1	66,064.00
	South Sudan	N/S	761	10,220	14,603	Rank 186/189	1	10,567.00
	Tanzania	1,936	1,482	68,273	74,692	Rank 159/189	6	548,718.00
	Uganda	211	201	45,794	55,835	Rank 159/189	6	329,324.00
West Africa	Liberia	152	162	7,728	7,808	Rank 176/189	2	319,778.00
	Nigeria <sup>1</sup>	2,447	2,095	102,387	103,921	Rank 158/189	6	1,469,604.00
	Senegal	235	204	13,235	13,250	Rank 166/189	4	408,892.00
	Sierra Leone	113	160	15,935	17,144	Rank 181/189	1	153,858.00
	Togo	67	78	2,544	2,413	Rank 167/189	5	845,453.00
Asia	Afghanistan	45	43	46,640	48,420	Rank 170/189	2	777,575.00
	Bhutan <sup>1,2</sup>	12	12	865	898	Rank 134/189	1	180,716.00
	India	126,164	120,334	1,786,681	1,994,000	Rank 129/189	10	395,804.00
	Nepal <sup>1,2</sup>	3,215	3,249	31,064	31,855	Rank 147/189	1	49,073.00
	Pakistan	403	342	359,224	360,472	Rank 152/189	4	789,072.00

## Symbols used:

<sup>1</sup> DAHW did not implement any tuberculosis projects in this country in 2019.

<sup>2</sup> DAHW did not implement any leprosy projects in this country in 2019.

<sup>3</sup> Yemen is located in the Middle East on the Arabian Peninsula and supported by our East Africa regional team due to its geographic location.

Leprosy and TB (tuberculosis): number of registered new infections per year (source WHO), N/S = Not specified.

HDI (Human Development Index): Human Development Index, also known as “prosperity indicator” combines factors such as life expectancy, literacy, education and GDP (Gross Domestic Product). Ten countries in the world are not included in the ranking (source UN).

DAHW investments: all funds used for project work in 2019 in DAHW project countries. Across all countries, € 594,404 was invested in humanitarian relief projects (see p. 14/15), and € 956,617 was invested in research and scientific support (see p. 9 to 12).

# East Africa

There was much cause for concern in East Africa in 2019. The overthrow of the Sudanese government exacerbated an already tense situation. Thousands fled the Democratic Republic of Congo due to violence, famine and the Ebola virus and escaped to neighbouring countries. The population of Yemen suffered immensely due to the war. Yemen is being supported by our East Africa regional team on account of its geographic location. Moreover, the region is frequently plagued by natural disasters such as locust infestations, droughts and floods.

However, there was also cause for joy. We celebrated our 30th anniversary in Yemen as well as the retirement of our long-standing programme manager Dr Yasin Al-Qubati. Due to an agreement with the Yemeni national programme and a new partner organisation, we are confident that we will be able to continue our important leprosy work even after his departure. We are currently implementing a promising leprosy research project in Tanzania (see p. 10) where we were celebrating our 60th anniversary on World Leprosy Day. Representatives of the “Parliamentarian Board to Fight NTDs and Strengthen Health Systems” of the German parliament also visited this country in 2019 in order to receive information about our transsectoral approaches for fighting leprosy and schistosomiasis. The latter NTD was the focus of a charitable campaign held by the mayor of Würzburg who personally made sure during a visit on-site in Mwanza that his donation of over € 55,000 was being optimally used for the benefit of the population (see p. 25 and 44).

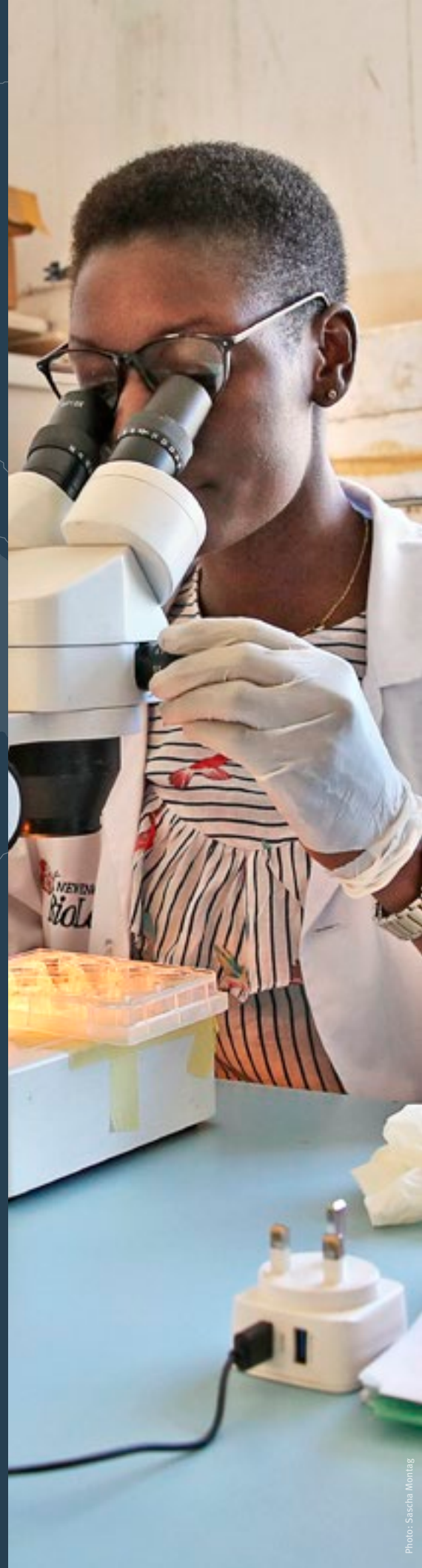
Together with our local, regional and international partners, the reinforced DAHW regional office will take on the coming challenges with respect to tuberculosis and NTDs as well as inclusion and humanitarian relief. We hope to close important supply gaps in a targeted manner and support the resiliency and empowerment of people with the expansion of our projects.



**Ahmed Mohammed**  
Head of the East Africa  
regional office in Addis Ababa



**Dr Saskia Kreibich**  
Head of the East Africa  
regional team in Würzburg





# Project example

## Tanzania



**Project duration:**  
01.05.2017 – 31.12.2019

**Project location:**  
Ilmela, Nyamagana/Mwanza

**Project beneficiaries:**  
Population around Lake Victoria

**Partner:**  
Buganda Medical Centre (TZ),  
Catholic University of Health  
and Allied Science (CUHAS, TZ);  
Medical Mission Institute (DE)

**Supported by:**  
Else Kröner-Fresenius Foundation  
(EKFS)

**Investments in 2019:**  
€ 103,773



Photo: Sascha Montag

The worm disease schistosomiasis (bilharzia) constitutes a severe health problem for the communities around Lake Victoria in Tanzania. The interdisciplinary cooperation project of DAHW ended in 2019 with the realisation that the combination of preventive measures, early diagnosis and treatment in connection with access to clean water, sanitation and hygiene (WASH) can provide long-term improvements, especially when, in addition to providing information and treatment to those affected, health facilities are reinforced and civil society structures are integrated. We perform targeted treatment campaigns such as “Test & Treat” or mass treatment with medication. Accompanying sensitisation measures have raised awareness and led to increased acceptance and an extraordinary result: In a little more than two years, both the prevalence (number of existing infections) and the number of secondary diseases among community members have been reduced by more than 50 percent. In addition to supplying public healthcare facilities with diagnosis instruments, the active integration of civil society was the focus at the higher level.

Together with numerous institutions, associations and further responsible parties, we performed valuable preventive work, provided information about hygienic behaviour and trained volunteers. We were able to provide medical treatments for approximately 30,000 people, and approx. 700,000 people in Mwanza benefited from our further activities. The gained acceptance for treatment and control measures will also help us in follow-up projects and pave the way for measures in other health-related areas.

— *Further information is available at [www.schisto.de](http://www.schisto.de)*



### Donate now

Donation examples: Holding an information campaign at a school costs € 70 per month. Medication for a chronic schistosomiasis patient costs € 120 (see notice on p. 61).  
[www.dahw.de/spenden](http://www.dahw.de/spenden)

# Project example Uganda



**Project duration:**  
01.10.2019 – 30.03.2023

**Project location:**  
West Nile region

**Project beneficiaries:**  
TB patients and the entire population of the region

**Partners:**  
National Leprosy and TB Programme, Uganda Catholic Medical Bureau (UCMB), TPO Uganda

**Supported by:**  
Else Kröner-Fresenius Foundation (EKFS)

**Investments in 2019:**  
€ 54,875.57



DAHW is currently working in Uganda in multiple half to five-year projects in emergency relief, Ebola (or COVID-19) intervention, research and much more. One of these projects was started in October of 2019 in the extremely fragile West Nile region in which many high-risk groups live: We are testing the containment of TB together with our partner organisations within the context of Uganda's first community-based tuberculosis project by promoting and qualifying the commitment of communities and civil society in a targeted manner. Integration and participation are essential in order to bring the spread of the disease in the region under control despite extreme poverty, a high HIV rate, severe alcohol and tobacco consumption and sustain-

ned flows of refugees from South Sudan and the Congo. We specify our demand-actuated work and increase its impact by interacting with people on-site. We have e.g. recognised that, due to the severe stigmatisation of TB patients, psychological and social support plays an important role. Consequently, we train selected trustworthy community members so that these can initiate sensitisation processes and support (former) TB patients and their relatives. The healthcare system is also being reinforced with mentorship programmes for clinical personnel, training for laboratory technicians, improved laboratory equipment and the optimisation of data acquisition.

Our experience grows with this and every further project in the region. The more attentively we listen to the people on-site and understand their needs, the better we can adjust our work to the dynamic development of the country (lessons learned). Crisis situations can be overcome more easily when we work together with the communities – and the leap from humanitarian relief to long-term development cooperation can then be successful.



## Donate now

Donation examples: For € 180, community members are able to organise a valuable information campaign in order to reduce stigmatisation. A microscope costs € 2,000 (see notice p. 61). [www.dahw.de/spenden](http://www.dahw.de/spenden)

# Project example Ethiopia



**Project duration:**  
01.07.2018 – 31.12.2021

**Project location:**  
5 cities in the Amhara region

**Project beneficiaries:**  
Marginalised youths and young people with disabilities

**Supported by:**  
Lions Foundation Germany,  
Federal Ministry for Economic  
Cooperation and Development  
(BMZ)

**Investments in 2019:**  
€ 139,382.46

Photos: DAHW Ethiopia, p. 26: Lisa Gerwing



It is especially the young people of Ethiopia who hardly see any perspective for their lives as food shortages, illness and existential fear dominate the daily lives of many. Those who also live with disabilities have even fewer opportunities for an economically independent and self-determined future. They neither have the necessary qualifications nor can they afford professional training. On the labour market, they are often classified as unemployable. If they dare to venture into self-employment, they lack the necessary equipment. In this project DAHW empowers affected persons and works closely with governmental institutions, non-governmental organisations and companies in order to help the most severely marginalised and poorest youths with and without disabilities and provide them with professional training and assistance as they look for gainful employment. Despite the extremely high unemployment rate among young people in Ethiopia, these young people are to be empowered so they are able to independently generate income. Beneficiaries receive support for training in public and private institutions and acquire the skills of their choice: from professional training as a tailor to hairdressing skills. The inclusive training

centre in Gondar is supplied with tools, machines and raw materials. Teachers and employees of governmental and non-governmental organisations are trained in the topical field of inclusion in order to improve training quality. Special financial start-up assistance is available to young company founders. Cooperation with local institutions and support from the government contribute to sustainably securing and continuing successful developments – so that disadvantaged people can learn, work and safeguard their living without prejudice and barriers.



## Donate now

Donation examples: Training costs for marginalised youths and young people with disabilities amount to € 150. The start-up capital for income-generating measures amounts to € 170 (see notice on p. 61). [www.dahw.de/spenden](http://www.dahw.de/spenden)

# West Africa

Since its founding in 1957, DAHW *German Leprosy and Tuberculosis Relief Association* has been active in West Africa with a large-scale partner network as it supports millions of people who are living with neglected tropical diseases (NTDs), tuberculosis and physical limitations. Despite prevalent political instability and enormous safety risks, we were able to reach and help many vulnerable and endangered groups in 2019 – among these prisoners, women and children with disabilities and communities in inaccessible areas.

Our main focus is on leprosy and further cutaneous (skin-related) NTDs such as Buruli ulcer and yaws. We are focussed on closing the gap that is not covered by national leprosy and tuberculosis control programmes or other (inter)national organisations. In the process we try to utilise synergies through transborder cooperation when possible. In Togo, significantly more persons affected by leprosy were detected in 2019 than in 2018 on account of training and building up capacities among healthcare personnel with respect to early case detection and case management. We also qualified healthcare personnel in Nigeria with respect to TB diagnosis (especially TB in childhood) and the search for contact persons. We are also optimising coordination in treatment management and laboratory equipment (see p. 30). In Sierra Leone, we reinforced the national leprosy programme and are working closely with organisations of people with disabilities (see p. 31).

For all our interventions – whether with respect to building up capacities, providing technical equipment, process optimisation or quality management – the reinforcement of on-site programmes and structures and the empowerment of communities and organisations of affected persons plays a key role (see p. 6 to 7). We are convinced that systematic and enduring change is only possible if the affected communities themselves are empowered and become an active part in the change process.



**Laure Almairac**  
Head of the West Africa  
regional team in Würzburg

*The regional office in West Africa  
is currently unoccupied.*



Photo: Obiora Chikwenda

# Project example

## Togo



**Project duration:**  
01.01.2019 – 31.12.2020

**Project location:**  
6 endemic leprosy regions

**Project beneficiaries:**  
Persons affected by leprosy,  
Buruli ulcer, yaws and other NTDs

**Partners:**  
National NTD control programme,  
National Buruli Ulcer Reference  
Centre of CHR Tsevie, Institut  
National d'Hygiène de Togo (INH)

**Supported by:**  
Fundación Anesvad

**Investments in 2019:**  
€ 195,000

Photo: DAHW/Togo



Leprosy, yaws and Buruli ulcer are equally the focal point in accordance with the holistic strategy of the World Health Organisation WHO for the control of cutaneous (skin-related) neglected tropical diseases (NTDs). Medical and non-medical specialists in endemic villages are trained, and active case detection and the systematic tracing and examination of persons in contact with leprosy patients are reinforced. Compared to the previous year (78), we were able to detect and register significantly more people with leprosy (124). Furthermore, more than 4,236 other skin-disease cases, among these over 70 cases of scabies were detected. In addition to the specific work with and for affected persons, DAHW also supports the health ministry and national NTD programmes in the areas of sensitisation, raising awareness, case detection, diagnosis and patient management. Together we are developing an integrated approach (see p. 13), which contains tremendous synergy potential. Such potential also exists in the education sector: Sensitisation campaigns and health examinations of school children were performed at 40 schools. 9,878 school children and teachers were reached. 2,569 individual examinations were performed, and 1,037 cases of skin injuries were treated.

In addition to these campaigns, children affected by NTDs received training support, and 58 children, among these 30 girls, received special kits with school equipment. The insights gained from the project are also integrated in the national guidelines for NTD control and treatment based on close cooperation with the Togolese NTD programme. The expansion of capacities for buruli monitoring in Togo is also having a positive impact on the neighbouring country of Nigeria: In cooperation with DAHW Nigeria, 233 samples of suspected cases were submitted to laboratories in Togo for verification purposes.



### Donate now

Donation examples: Reagents for the verification of Buruli ulcer cost € 100. We require € 200 annually for medication, wound care and treatment of affected persons (see note on p. 61). [www.dahw.de/spenden](http://www.dahw.de/spenden)

## Project example

# Nigeria



**Project duration:**  
01.01.2018 – 31.12.2020

**Project location:**  
6 states in the south of the country

**Project beneficiaries:**  
Persons affected by leprosy  
and TB and their contact persons

**Partners:**  
National leprosy and TB control  
programme, United States Agency  
for International Development  
(USAID)

**Supported by:**  
Hilfswerk der deutschen Zahnärzte,  
Global Fund

**Investments in 2019:**  
€ 500,000



According to the “Global Tuberculosis Report” of the World Health Organisation WHO from 2019, Nigeria is among the 30 countries with the highest tuberculosis infections. However, only about 24 percent of TB cases in the country are detected and treated and consequently over 300,000 TB cases are neglected – among these a considerable number of children. The combined national leprosy and TB programme is not sufficiently funded by the Nigerian government and is therefore supported by DAHW *German Leprosy and Tuberculosis Relief Association*. However, financing for TB has automatically led to a neglect of leprosy.

Therefore, this project pursues a two-pronged approach: We provide comprehensive relief measures for leprosy patients and also close gaps in the TB programme in a targeted manner. Among other things, 50 healthcare professionals and 44 employees were trained at a national, federal and district level. They help in tracing people who were in contact with TB patients and strive to prevent treatment cancellations by providing personal support. We also support operative research as well as preventive therapy (TB preventive treatment, TPT) for children under the age of five and ensure permanent power supply for laboratories in which TB diagnostics are performed with “GeneXpert” test devices.

In 2019, a total of 5,910 TB patients were reported in 36 districts, among these 462 children (7.8 percent). Contact persons of approximately 88 percent of TB patients could be traced and tested – approx. 22 percent (2,193) of diagnosed TB cases. Additionally, 410 children received preventive TB therapy (TPT) – significantly more than initially envisaged.



### Donate now

Donation examples: Tracing contact persons of a TB patient costs € 7.50. A five-day training course for healthcare workers amounts to € 320, and solar power supply for improved TB tests costs € 5,000 (see note on p. 61). [www.dahw.de/spenden](http://www.dahw.de/spenden)

## Project example

# Sierra Leone



**Project duration:**  
01.01.2019 – 31.12.2021

**Project location:**  
Pujehun, Moyamba, Bonthe,  
Koinadugu, Bombali, Kailahun  
and Kono districts

**Project beneficiaries:**  
People with disabilities, self-  
representation organisations,  
persons affected by leprosy,  
government actors and policy-  
makers

**Partners:**  
Self-representation organisations  
SLUDI (Sierra Leone Union on  
Disability Issues)

**Investments in 2019:**  
€ 180,000

Photos: Sahayranni Anthony, p. 30; Obiera Chikwendu



In our current project in Sierra Leone, we are focussed on the empowerment and inclusion of people with disabilities in order to contribute to implementing the right to health for all, regardless of living conditions and ensure equal access to healthcare (see p. 6/7). This requires holistic and integrated approaches since, in addition to their individual limitations and comorbidities, people with disabilities are often also affected by poverty, violence and social marginalisation. Although they have a greater need for general and specialised healthcare, it is precisely these people that seem to be confronted with seemingly insurmountable obstacles: There is a lack of infrastructure, offers, information and education, but also insufficient political will to tackle these problems. Our measures in support of especially vulnerable groups of people actively contribute to realising the goals of Agenda 2030 for sustainable development and the overarching principle “leave no one behind”. Access to healthcare is crucially important for human rights-based development progress. By empowering self-representation organisations at a national, transregional and global level, we want to influence framework conditions for inclusive development. Together with affected persons,

the National Commission for Persons with Disabilities (NCPD) and other interest groups, we performed an accessibility inspection in 2019 of seven important public facilities such as hospitals, police headquarters and political institutions in order to mobilise and sensitise the communities for these issues. Modification measures were implemented on the basis of the results in order to make these buildings accessible for people with disabilities.



### Donate now

Donation examples: A radio talk show on topics relevant to people with disabilities costs € 120. Performing an accessibility inspection of a building by a self-representation organisation costs € 800 (see note on p. 61).

[www.dahw.de/spenden](http://www.dahw.de/spenden)

# Asia

Asia has experienced considerable economic growth in recent times but not all countries are benefiting: Profits are not shared equally. Transnational challenges in regard to development, stability and growth are impacting the lives of millions of people at the socio-economic and health level. These people suffer from a generally poor infrastructure, lack of access to healthcare and other supply services as well as from unequal distribution of resources such as drinking water. Moreover, human rights violations, pandemic diseases and natural disasters are threatening the property, health and basis of existence of these people.

In India, 27 million people with disabilities are living in especially devastating circumstances (source MPIDR). However, leprosy and tuberculosis are also widespread: India leads the WHO statistics with about 130,000 registered leprosy cases and about 1.8 million new TB infections per year, followed closely by Indonesia. In light of this situation, Asia remains our greatest challenge with respect to the further advancement of diagnoses and treatments of these and other neglected diseases.

Our regional office in Delhi and four other programme offices are well-equipped to confront this challenge in India as well as in Pakistan and Afghanistan. We are also increasingly active in the Himalayan region – in Nepal where DAHW *German Leprosy and Tuberculosis Relief Association* has been active for decades as well as in Myanmar and Bhutan. On account of our presence and competence on-site, we are able to address the needs of endangered groups and optimally adapt our projects to local and cultural circumstances. We are focussed on closing gaps in existing healthcare services and supporting national control programmes.



*Dr. Vivek Srivastava*  
Head of the Asia  
regional office in Delhi



*Juliane Meißner*  
Head of the Asia  
regional team in Würzburg





# Project example

## Nepal



**Project duration:**  
01.11.2018 – 31.10.2019

**Project location:**  
Nawalpur district, Gandaki province

**Project beneficiaries:**  
Women affected by disabilities and/or leprosy

**Partners:**  
Kopila Nepal

**Supported by:**  
Secours aux Lépreux – Leprosy Relief Canada

**Investments in 2019:**  
€ 49,073

Photo: Kopila Nepal



The project “Empower to include” pursued a two-pronged approach in order to provide human rights-based, social inclusion in the home towns of women with leprosy-related disabilities: We not only supported the affected persons themselves but also communal institutions in implementing and living out the principle of inclusion. Thus, we worked closely with municipal agencies and assisted the persons in charge in order to achieve more integrated policies and programmes in healthcare and social welfare and eliminate physical, psychological and social barriers for people with leprosy and disabilities. At the same time, we encouraged affected women to utilise the services and facilities in order to improve their mobility through rehabilitation measures and further develop their knowledge and abilities in general. Active “empowerment” (see page 6 to 7) led to confidence, and as a result, to live a self-determined and self-responsible life and to claim the right to equal participation in society – regardless of gender and disability. Within the context of the project in which about 800 people participated, 20 self-help groups with about 420 members were founded and further assertive capacities were trained in the advocacy group. We organised camps for (early) detection,

coordinated with competent authorities in order to procure necessary resources and provided referrals for corrective surgeries. Moreover, 216 affected persons received training for income-generating measures, and further 118 persons received seed capital in order to start their own business. We also performed sensitisation measures at schools and in the community in order to reduce prejudice and pave the way for an inclusive society.



### Donate now

Donation example: Income-generating measures for a person with (leprosy-related) disabilities cost € 80 (see note on p. 61). [www.dahw.de/spenden](http://www.dahw.de/spenden)

## Project example

# India



**Project duration:**  
01.01.2018 – 31.12.2020

**Project location:**  
The states of Andhra Pradesh,  
Telangana, Tamil Nadu,  
Maharashtra, Chhattisgarh,  
Jharkhand and West Bengal

**Project beneficiaries:**  
Persons affected by leprosy

**Partners:**  
Multiple health centres  
and hospitals within the states  
and GLRA (German Leprosy  
and Tuberculosis Relief  
Association) India

**Investments in 2019:**  
€ 87,022



Millions of people in India are living with disabilities as the country has the most leprosy cases worldwide, and the general healthcare system does not envisage medical rehabilitation for leprosy patients or a form of disability prevention. For the most part, these measures are performed by specialist clinics operated by non-governmental organisations. DAHW *German Leprosy and Tuberculosis Relief Association* has developed an efficient referral system in order to provide early and competent care in such clinics for as many affected persons with complications or hard-to-diagnose leprosy as possible.

Nine clinics in seven endemic states of India affected by leprosy – predominantly in rural regions – act as referral centres in order to provide access to acute (secondary) or stationary (tertiary) care. Nearly 500 beds are available in hospitals for leprosy patients. In 2019, 564 new cases were diagnosed among adults and 59 new cases among children; a total of 7,286 adults and 100 children were treated. About 5,800 leprosy-related sores (depending on severity) were treated in an outpatient or in-patient procedure in order to prevent disabilities. Moreover, about 2,150 pairs of special shoes and about 2,200 self-help packages were provided to affected persons.

By giving people with leprosy (early) access to comprehensive and highly qualitative healthcare, we are not only promoting their physical but also their emotional, social and economic well-being.



### Donate now

Donation examples: A pair of individually customised special shoes for leprosy patients costs € 8. Reconstructive surgery for correcting leprosy-related disabilities costs € 215 (see note on p. 61). [www.dahw.de/spenden](http://www.dahw.de/spenden)

## Project example

# Afghanistan



**Project duration:**  
01.11.2018 – 31.07.2021

**Project location:**  
Hazarajat

**Project beneficiaries:**  
Tuberculosis and leprosy patients,  
specifically women and children

**Partners:**  
LEPCO Afghanistan

**Supported by:**  
Misereor, Caritas Germany,  
Caritas Luxembourg

**Investments in 2019:**  
€ 767,575

Photos: Ghofr Ghazni Bamyan, p. 34; Shreeba Feroz



In Afghanistan, quality and accessibility of healthcare services are not consistent in terms of infrastructure and safety despite an improvement in the health and educational status. Together with our local partner LEPCO, we are focussed on the “white spots” in the war-ravaged country where no public healthcare institutions exist as in the central highlands in the mountainous region of Hazarajat where the Hazara live who are socially and economically disadvantaged, marginalised and discriminated against due to their ethnicity. Although LEPCO is present there, the clinics and public healthcare services are located far away in small villages, and the people must undertake expensive and dangerous journeys on foot over several days in order to receive medical care. Especially women and children are therefore excluded from existing healthcare services, which creates a gap that must be filled. In addition to active case detection, mobile teams also perform so-called outreach activities outside of health centres in order to also reach people in extremely remote areas within the context of our measures for early detection and treatment of leprosy, tuberculosis and other neglected diseases such as leishmaniasis. LEPCO has trained female

healthcare personnel who accompany the team so that women and children can also be examined and treated. Additionally, women are educated about healthy nutrition and nursing and receive important health-related information about water, sanitation and hygiene (WASH). Women are valuable multipliers as they spread gained insights to the population and thereby indirectly reach the 2.2 million residents of the Hazarajat region. In 2019, approx. 44 per cent of about 11,000 suspected TB cases were tested; more than half of the diagnosed cases were females. The goal is to improve the living situation of people in general and advance the development of the region.



### Donate now

Donation example: A food package for a leprosy or TB patient in remote areas costs € 16 (see note on p. 61).  
[www.dahw.de/spenden](http://www.dahw.de/spenden)

# Latin America

In 2019 as well, we were once again faced with many political challenges in Latin America. For example, the government in Brazil exacerbated the work of relief organisations as it surrendered the territories of the indigenous population to exploitation. Care for leprosy patients and the fight against other diseases could no longer be adequately financed due to expenditure cuts in the healthcare system. We expanded our communication platform “Engage Brazil” in order to nonetheless reach affected persons and provide information services and interact with the population. Thus, numerous suspected leprosy cases could be identified and referred to the healthcare system. Our donation campaign “7:1 – DEINS!” [7:1 IT’S YOURS] organised projects for children and youths with and without disabilities (see p. 39).

The persistent wave of refugee in Venezuela increased the pressure on local structures and social stability in the neighbouring countries of Columbia and Brazil. We support the most vulnerable groups with humanitarian relief (see p. 38). We are also promoting the start-up of small enterprises by disabled persons within the context of our transnational inclusion project in Columbia, Bolivia and Brazil. In Bolivia, we are continuing the fight against the neglected tropical disease Chagas in cooperation with the government as we, among other things, support the hospital in Montegudo in establishing a Chagas reference centre. The 50th anniversary of the national leprosy programme in Paraguay, which was co-founded by DAHW gave us a reason to celebrate.

In times like these when we are faced with new challenges on a daily basis, we are doing what we do best: staying active!



**Alberto Rivera**  
Head of the Latin America  
regional office in Bogotá



**Theresia Düring**  
Head of the Latin America  
regional office in Würzburg



## Project example

# Paraguay



**Project duration:**  
01.01.2018 – 31.12.2020

**Project location:**  
The states of Alto Paraná,  
Caaguazá and San Pedro

**Project beneficiaries:**  
Persons affected by leprosy  
and their contact persons

**Partners:**  
Hospital Mennonita  
Kilometro 81

**Investments in 2019:**  
€ 30,000

Photo: Thomas Kurth



Twelve percent of all cases that are registered as “new leprosy infections” already show signs of leprosy-related disabilities. The main focus is to enhance medical care and the transmission of knowledge in regard to this neglected disease in order to sustainably reduce the avoidably high case number.

Our partner, the Mennonite Hospital KM81 (west of the capital Asunción) coordinates numerous relief measures to strengthen the governmental efforts in cooperation with the national leprosy programme in Paraguay. Among other things, employees within the healthcare system and professional medical and nursing staff regularly receive training in various health centres within the country in order to detect leprosy in advance and provide medical care. Based on their training, they search for active cases in the region, perform treatments, examine contact persons and provide information about measures in order to prevent disabilities caused by leprosy. Students assist in informational campaigns in communities, schools and hospitals in order to counter discrimination and stigmatisation – so as to prevent prejudice from taking hold in the first place and ensure that inclusion

measures can be successful. Together with institutions and organisations in the project countries, DAHW *German Leprosy and Tuberculosis Relief Association* pursues the strategic goal of establishing sustainable structures and capacities in the fight against leprosy and other neglected diseases. Our successful cooperation in Paraguay shows how this can be done: In 2019, the national leprosy programme in which DAHW *German Leprosy and Tuberculosis Relief Association* was significantly involved and which is being supervised by KM81 celebrated its 50th anniversary.



### Donate now

Donation example: A two-day further training course on leprosy and tuberculosis for a medical student that allows trainees to perform informational campaigns themselves costs € 11 (see note on p. 11). [www.dahw.de/spenden](http://www.dahw.de/spenden)

## Project example

# Columbia



**Project duration:**  
01.06.2019 – 31.12.2019

**Project location:**  
The state of Norte de Santander

**Project beneficiaries:**  
Fleeing pregnant women and  
young mothers from Venezuela

**Partners:**  
Corporación PODERPAZ

**Supported by:**  
Alliance Development Works  
(BEH)

**Investments in 2019:**  
€ 21,282



“Born in love and dignity” is the name of the humanitarian relief project in Columbia. The political and economic situation in neighbouring Venezuela is deteriorating further. According to the UN, more than 5.1 million Venezuelans (status May 2020) have left the country whereby Columbia alone has taken in a majority of the migrants (more than 1.6 million refugees, source UNHCR). According to government figures, 176,695 refugees were already counted by March of 2019 in the state of Norte de Santander. Many of these are women, pregnant mothers and/or mothers with small children. The situation for all refugees is difficult in the Department Norte de Santander as it is characterised by constant social tensions – but especially pregnant women and women who just gave birth are living in catastrophic conditions.

Hygiene, safe sleeping locations and healthy nutrition are sorely needed. Emotional stress affects mothers and babies in equal measure as people struggle due to insecurity about their future prospects and lack knowledge in regard to support options.

DAHW German Leprosy and Tuberculosis Relief Association helps women and their families in a very different way. Women e.g. receive special kits (packages) with important initial supplies after giving birth such as clothing, blankets, nappies, towels, etc. We inform women in personal meetings and presentations about their rights, access to healthcare services, illness prevention and much more. Moreover, we support women in establishing a community. In addition to this pragmatic assistance, we are also establishing a network in the region for the work of DAHW.

We have already successfully created an alliance with an important local cooperation partner. The waves of refugees and their miserable situation will certainly accompany us in this region for many more years.



### Donate now

Donation example: A package with important initial supplies for newborns costs € 41 (see notice p. 61).

[www.dahw.de/spenden](http://www.dahw.de/spenden)

## Project example

# Brazil



**Project duration:**  
01.04.2019 –  
prospectively 30.11.2020

**Project location:**  
Belo Horizonte,  
São José do Rio Preto, Recife

**Project beneficiaries:**  
Children and youths from  
precarious living situations  
and/or with disabilities

**Partners:**  
Hospital da Baleia, Geração 4,  
Funfarme, Bom na Bola Bom na Vida

**In cooperation with:**  
Stadium-operating company  
Mineirão in Belo Horizonte

**Investments in 2019:**  
€ 185,000



Photos: DAHW Brazil, p. 38; Andrés González

About a third of all children and youths in Brazil are living in poverty. For many, the legendary football goal from the World Cup match Germany vs. Brazil from 2014 has become a “goal of hope”: Within the context of the fundraising campaign “7:1 – DEINS!” [7:1 – IT’S YOURS], football fans can own a piece of the original goal net in return for making a donation. In 2019, DAHW and the stadium-operating company Mineirão in Belo Horizonte who gave us the goal for this worthy cause used the proceeds from 2018 in order to support four carefully selected sports and health-related projects and improve the health and living situation of children and youths.

The project Bora Jogar Bola in Belo Horizonte provided valuable alternatives and a point of contact outside of the home for 120 children and youths from 8 to 17 years of age from difficult living situations. The young people were able to improve their health, educational level, confidence and living quality through sports activities such as football and educational campaigns. In Recife as well, about 100 young people were given access to high-quality sports activities

in a social institution in order to strengthen them according to the motto “escaping the drug scene through football” and prevent drug use. Children and youths with disabilities in São José do Rio Preto were given the opportunity to play basketball with special wheelchairs – for the purpose of creating and alleviating social inclusion. The clinic Hospital da Baleia received modern dental equipment in order to sustainably improve the oral health and living quality of 74 children who are receiving cancer treatment.



### Donate now

Donation example: Become a part of football history and support the children and youths from socially disadvantaged families in Brazil: As a thank you for your donation of € 71 or more, you will receive a part of the original 7:1 goal net (while supplies last). [www.7zu1-deins.de](http://www.7zu1-deins.de)

# Remaining relevant

DAHW on the national and international stage



As a donation-financed relief organisation, raising awareness among the wider public, donors, partner organisations, funding organisations and international committees is a fundamental concern for DAHW *German Leprosy and Tuberculosis Relief Association*.

National and international congresses and conferences provide an important platform for our experienced specialists in order to present the expertise of DAHW on neglected and poverty-related diseases and our strategic approaches on containment to an expert audience. We also have the opportunity to emphasise the needs and concerns of the DAHW mandate groups in a targeted manner and thereby advocate for their rights. Moreover, we benefit from the exchange with governmental and non-governmental actors within the context of global health as well as with affected persons and (potential) cooperation partners. We nonetheless carefully evaluate whether our presence is strategically advantageous at such events and justifies the associated personnel and financial expenditure.

Our colleagues e.g. took advantage of an excellent opportunity at the 20th International Leprosy Conference in the Philippines in September of 2019: Representatives from science, research, medicine and national leprosy control programmes came together in Manila in order to discuss required measures for reaching the three ambitious goals of the global leprosy strategy of the World Health Organisation WHO – zero transmission, zero disability and zero discrimination.

Specialists from the head office in Würzburg, from regional offices in India and East Africa as well as from DAHW Nigeria and DAHW Tanzania led multiple workshops and held presentations on the successful leprosy work of DAHW.



Photo: Judith Mathiasch/DAHW

*Harald Meyer-Porzky, Head of the public relations & fund-raising department (until 31.12.2019) as well as deputy CEO (until 30.4.2020)*



Photo: Dita Vollmond

**Opening of the travelling exhibition "The Apple Tree Principle": 11 personalities on the question "What will remain?" at the Würzburg town hall organised by Mayor Christian Schuchardt (L) in September of 2019. The exhibition of the initiative "Mein Erbe tut Gutes" [My charitable legacy] whose 22 founding organisations, among them also DAHW, displays images and quotes of famous people such as Günter Grass, Margot Käßmann, Reinhold Messner and Anne-Sophie Mutter.**





Photo: Daniel Peter

**Re-establishment of the DZVT:** In May of 2019, the foundation was laid for the new “German Centre for Multisectoral Control of Neglected Tropical Diseases” (DZVT) in which, for the first time, science, the church, industry and civil society joined forces against NTDs. The event was also attended by the Federal Minister of Economic Cooperation and Development Dr Gerd Müller at Würzburg Residence.

Our varied events provide an important tool for keeping DAHW and its worldwide activities relevant as a conversational topic in Germany in order to win over and retain donors. These measures range from classic information booths to presentations and exhibitions all the way to charitable campaigns and benefit concerts and even the traditional International Children's Festival in Würzburg. Positive feedback from participants and the encouraging number of received donations indicate that we are on a good path. The many valuable dialogues, discourses and debates with supporters and partners as well as with the public in Germany and all over the world are helping us reach our goals and allowing our vision to become reality. We are happy that we have remained relevant in 2020 as well.



Photo: Harald Zimmer

**World Water Week in Sweden:** The global challenges of water shortage, climate change and sanitation were discussed in August 2019 in Stockholm, for the first time with the participation of DAHW within the context of membership in the German Network Against Neglected Tropical Diseases (DNTDs). Dr Karl Puchner held a workshop on the positive impacts of WASH projects with respect to health, justice and sustainability.



Photo: Dr. Saskia Krelblich

**NNN Conference in England:** DAHW representatives from Germany, India, Togo, Sierra Leone and Nigeria organised workshops, held presentations, participated in panel discussions and moderated at the conference of the “Neglected Tropical Disease NGO Network” (NNN) in September 2019 in Liverpool.



Photo: Sabine Ludwig

**Memorial for Dr Ruth Pfau on the occasion of her 90th birthday:** In September of 2019, about 120 visitors attended the memorial for the late nun, medical practitioner and leprosy doctor at the Burkardushaus Würzburg. Her successor Mervyn Lobo discussed his trusting relationship with Dr Ruth Pfau and the present work of the foundation at the Marie Adelaide Leprosy Centre (MALC) in Pakistan.



Photo: Judith Matthiasch

**International Disability and Development Consortium (IDDC) at the DAHW head office in Würzburg:** In January of 2019, DAHW welcomed representatives with and without disabilities from various organisations in Africa, Asia and Europe. Together they discussed possibilities and requirements of community based inclusive development (CBID), which is implemented in many DAHW projects.

# Passion for a good cause

The volunteers supporting DAHW



“DAHW would not have come into existence without our volunteers”, as Hermann Kober, co-founder of the present DAHW *German Leprosy and Tuberculosis Relief Association*, once stated. A quote that remains true to this day: Thousands of volunteers constitute an important pillar of the Würzburg relief organisation to this day.

“What can we do, how can we help? Time and again, we heard this question,” as Hermann Kober, long-standing president of DAHW, recalls in his book “Milestones”, which was published in 1997. Schools, parishes, youth, women and seniors’ groups but also individuals wanted to know how they could actively get involved in order to alleviate the needs of people in Ethiopia and other countries who were suffering from leprosy. Our volunteers became creative: Some knitted woolen “leprosy blankets” or made bandages from old bed sheets. They made helpful donations in kind that were shipped to beneficiaries of DAHW projects with minimal expenditure. The first DAHW volunteer groups formed.

DAHW volunteers changed gears when transport and customs duties increased in the 1970s for shipping donations in kind and as it became more widely known that this form of assistance was rather counter-productive for the domestic industries in project countries: People are now diligently knitting, sewing and crafting for bazaars or jogging, hiking, biking and swimming in fundraising events. They are selling primroses, German ravioli and advent candles, organising benefit concerts, street festivals, rubber duck races, skat and football tournaments. The imagination of our supporters knows no bounds as they collect donations for DAHW’s “worthy cause”.

About 2,000 people volunteered for DAHW in 2019. 230 of these as “individual fighters”, others as part of approx. 200 volunteer groups and initiatives that support DAHW. More than 225 active groups are church-related and are organised in parishes, women’s groups or also Kolping families. Moreover, we received private donations from nearly 400

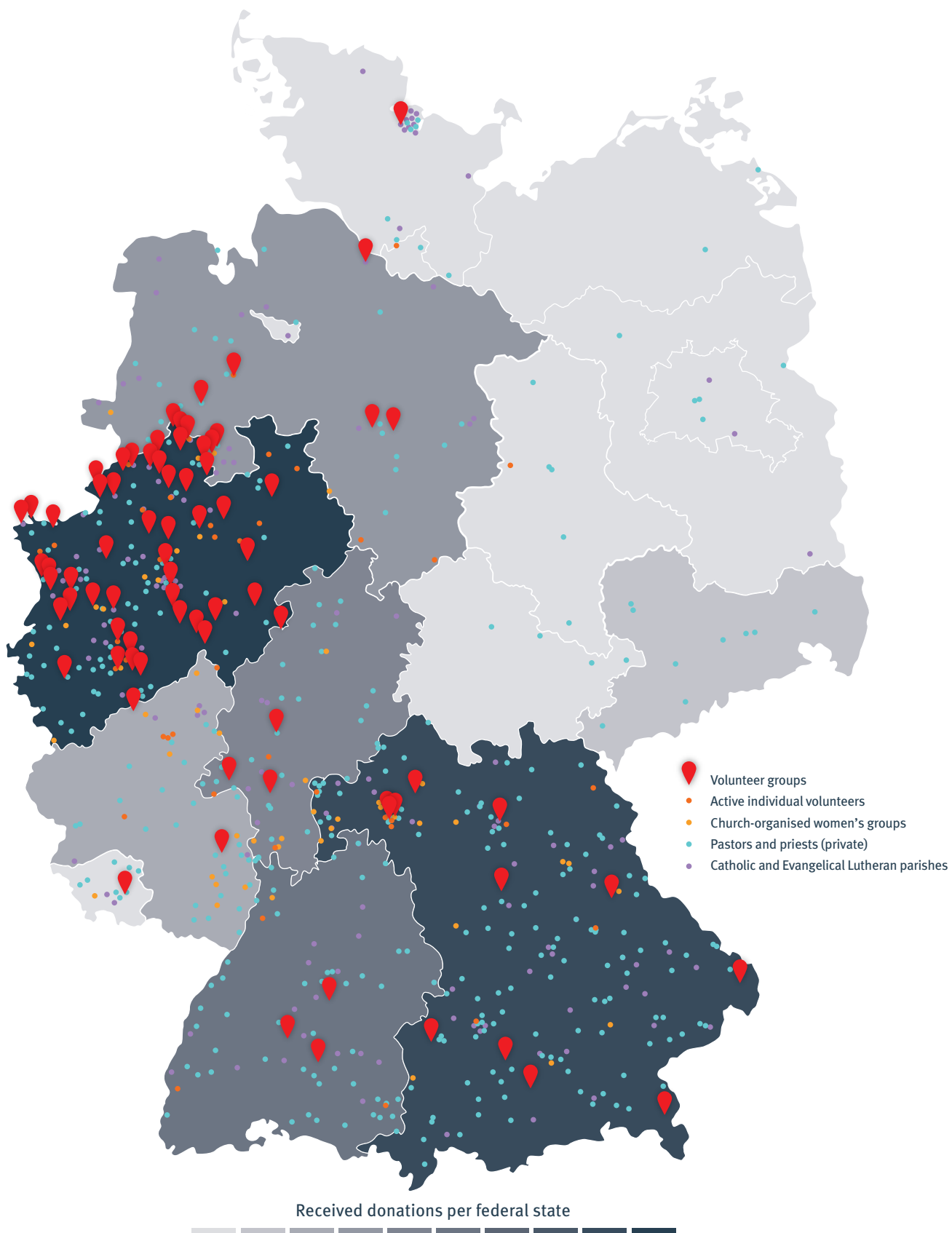
priests and pastors. All of these contributions resulted in the impressive total sum of € 640,000 of donations and campaign proceeds for 2019.

Time and again, we are impressed and full of gratitude due to the tireless dedication and long-standing loyalty of “our” volunteers! The fact that many had the opportunity to gain insights into daily life at our project locations through presentations by DAHW project managers such as Dr Ruth Pfau, Manfred Göbel, Dr Chris Schmotzer or our regional representatives and/or to see the impact of their support in person on a trip to DAHW projects has contributed and still contributes to our success. Donors thereby identify themselves in a special way with “their” relief organisation. However, they especially feel a deep solidarity with the people benefitting from our projects and strive with us for a world in which disease is no longer a consequence of poverty.



*Do you want to become a volunteer for DAHW and are you looking for ideas, material and active support for your campaign or event?*

*Contact our colleagues in Würzburg (photo of Beate Gemballa) or Münster: [www.dahw.de/ehrenamt](http://www.dahw.de/ehrenamt)*



### DAHW volunteers in Germany in 2019

Volunteers all over Germany are actively promoting the work of DAHW in their communities. Some work alone, others organise in groups. All share a deep concern for the well-being of people and want to ensure that those who are affected by leprosy and other neglected diseases are

not forgotten. They act out of Christian charity or based on humanistic ideals, believing that each person has a right to health, self-determination and a dignified life. Thank you for your dedication!

# Setting a good example



Photo: Dita Vollmer

On his 50<sup>th</sup> birthday, Mayor of Würzburg Christian Schuchardt collected private donations for DAHW's work in the fight against schistosomiasis.

All efforts by our volunteers are precious to us and contribute to the success of our worldwide mission to fight diseases of poverty. Be it through lovingly made handicrafts sold at a bazaar for the benefit of DAHW or by organising charitable events such as sponsored runs or benefit concerts. We greatly appreciate any and all activities! We are happy to present the activities of “our” volunteers on our website, our social media platforms, in the press and in our volunteer magazine *AKTIV* if volunteers inform us of their specific campaign and submit image and text materials. At this point, we are presenting two special initiatives from 2019.

## Name recognition for a worthy cause

Mayor of Würzburg Christian Schuchardt is a long-standing member of DAHW *German Leprosy and Tuberculosis Relief Association* and patron of the initiative “Würzburg Helps Mwanza”, which supports measures implemented by DAHW in order to contain the worm disease schistosomiasis in the partner city of Würzburg in Tanzania. On the occasion of his 50th birthday in February of 2019, he privately organised a large-scale charitable concert with the Würzburg Philharmonic Orchestra and collected donations from 900 guests for the fight against the potentially fatal infectious disease that is epidemically spreading in the communities around Lake Victoria. An unbelievable total amount of € 55,000 was raised during the campaign for the purpose of improving the water supply of people in Mwanza. Access to clean water is one of the most important measures for sustainably reducing the spread of the neglected tropical disease schistosomiasis (see project example on p. 25).



Photo: Burkard Kömm

In June of 2019, Christian Schuchardt (l.) travelled to Mwanza/Tanzania himself in order to verify that the donation proceeds from his campaign were being used appropriately.

## Accomplishing great things with long-term support

Despite concerns due to the politically unstable situation in the country, Kirsten Bradt, Melanie Decher, Anne Solbach, Hanna Sperling and Gisela Rasch from the Evangelical Lutheran church *Matthäusgemeinde* in Münster travelled to Pakistan in 2019 at their own expense. Accompanied by the DAHW worker Maria Hisch, the five women wanted to get to know the country and its people. They also made the journey on behalf of their church in order to inspect the long-term partnership project in Rawalpindi near Islamabad. Project manager and Sister Dr Chris Schmotzer had previously held presentations at the *Matthäusgemeinde* about the leprosy and tuberculosis work in Pakistan within the context of her trips to Germany – but now the time had come to get a first-hand impression on-site as to how the church's donations in the amount of several ten thousand euros had been invested over all these years.

— *Many other examples of successful volunteering campaigns for DAHW can be viewed at [www.dahw.de/ehrenamt2019](http://www.dahw.de/ehrenamt2019)*



Photo: Sharon Braganza

Five women from Münster visited the DAHW projects in Pakistan over a period of two weeks.

# Educational work in Germany



Photo: Maria Hisch

Educational speakers of DAHW visit schools, kindergartens, associations and other institutions and organisations upon request.

The topic of education is important for us – in the project countries of DAHW *German Leprosy and Tuberculosis Relief Association* but also in Germany: We want to visualise global correlations and bring these into the classroom. “Global learning” is a world-oriented matter and raises the issue of justice within social, economic and ecological coexistence. Especially the way of life of people in the countries of the Global North must change in order to sustainably improve the living quality of all people.

In times of great global challenges, educational quality at schools and “lifelong learning” provide the foundation for sustainable development. We are making a contribution by initiating learning and educational processes. We rely on the practical experience of DAHW, the foundations of development cooperation and sustainable development goals (SDGs) according to which every person bears responsibility for global justice for all current and future generations. Teachers, students, children and adults are receiving our offer with great openness, appreciation and gratefulness. Vivid, lively classes in connection with authentic experien-



Photo: Larissa Brodzialek

“Keep on Rolling” in Karlstadt: In July of 2019, 2,000 school and kindergarten pupils set out in pursuit of a just world.

tial exchanges and haptic image material provide valuable orientation within this complex area of learning. We talk about the diversity of values, cultures and living conditions in other countries, convey information about the history, diagnosis and treatment of diseases within the DAHW mandate through games, discuss educational opportunities, children’s rights and inclusion, explain the differences in development cooperation between then and now and portray the life’s work of the leprosy doctor Dr Ruth Pfau.

According to the principle “Realise – Assess – Act”, many of the participants contribute to DAHW projects through various campaigns based on the conviction and motivation of personally wanting to contribute to a more just world. In addition to school visits and other educational events, the educational team is currently working on a digital illustration of the topics of global learning in order to also make global educational topics accessible in a digital, decentralised and international manner.

## *In action all over Germany, in 2019 as well*

- > 192 teaching units for approx. 7,000 pupils
- > 3 further training sessions for approx. 45 teachers
- > 16 other educational events and presentations
- > 4 sponsored runs and swim events
- > Presentation of DAHW at the educational fair “didacta 2019” and the “Bavarian One World Days”



Please contact Maria Hisch (l.) and Judith Aßländer in case you are interested in our educational offers. Contact information is available at [www.dahw.de/bildung](http://www.dahw.de/bildung)

# Funding and cooperation

## Financing and implementation partners



In addition to private donations, which are extremely important for our work, DAHW *German Leprosy and Tuberculosis Relief Association* also successfully applies for funding from institutional donors.

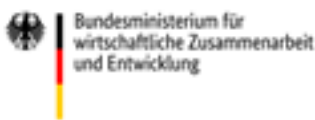
These include public institutions such as the Federal Ministry for Economic Cooperation and Development (BMZ), the German Society for International Cooperation (GIZ), the European Commission or the Global Fund to Fight AIDS, Tuberculosis and Malaria. Their subsidies amount to approx. 75 to 90 percent of the total costs of a project; the rest is covered with our own funds, also from non-earmarked donations. We also work with church-related donors such as Caritas and Misereor. Within the context of larger projects as for example our research work, we are part of consortiums that jointly apply for promotional funds.

As we strive to attain the goals of the UN Agenda 2030 with respect to sustainable development, the private sector is also an important partner as it supports our work with foundations such as the Else Kröner-Fresenius Foundation (EKFS) or the Novartis Foundation.

Moreover, we also cooperate with companies and their associations: We jointly bundle resources and expertise in order to sustainably improve the living conditions of target groups with our projects and achieve the greatest possible impact. We ensure in advance that these industrial partnerships are compatible with our goals and values. Moreover, our decades-long connections to local partner organisations in our project countries are decisive for the success of our work. These connections ensure that our help is delivered to marginalised people and population groups that are hard to reach.

We are indebted to all financial and technical partners that have placed their trust in us and act in concert with us in order to come closer to our goal of a world without poverty-related diseases and their consequences such as disabilities or marginalisation.

*A complete overview is available at [www.dahw.de/partner](http://www.dahw.de/partner)*



# Alliances and networks



Growing together and benefitting from each another

We can achieve more together if we bundle our experience and expertise. DAHW continues to stand by this approach – even in light of many contrary developments on the global political stage.

Our strategic alignment includes the initiation of alliances and networks and active participation in these. In 2019, the DAHW *German Leprosy and Tuberculosis Relief Association* was the decisive inspiration and impetus for the founding of the German Centre for Multisectoral Control of Neglected Tropical Diseases (DZVT) – based on the conviction that only a farsighted and interdisciplinary view in accordance with the interests of affected persons will allow us to advance further. For the first time, organisations from science, the church, industry and civil society are working together within this new network in order to test out a new interdisciplinary research direction in the fight against neglected tropical diseases (NTDs). As a founding member of the German Network Against NTDs, the Memento Bündnis (which hands out an eponymous award) and as a recognised member in Alliance Development Works (BEH) and the Association of German Development and Humanitarian Aid NGOs (VENRO),

to name just a few, we promote experiential exchange and bundle our efforts – not in the least because we receive a greater response from the public when we speak with one voice. Active membership as well as personal and/or financial support in many networks makes it possible for us to actively shape the process and influence developments with respect to the diseases within our mandate. We also benefit from the transfer of knowledge beyond the actual specific framework and the possibility to approach our projects and problem areas from the very beginning in a more holistic, resource-focussed, transorganisational and thus more sustainable manner.

We want to engage in the conversation as representatives of the vulnerable people affected by NTDs or tuberculosis in order to change social and development (political) framework conditions in their favour.

*A complete overview is available at [www.dahw.de/netzwerke](http://www.dahw.de/netzwerke)*



# DAHW milestones



**Historic:** The journalist Graf von Magnis and the leprosy doctor Dr Jean Ferón in Ethiopia.



**Lending a hand:** Volunteers prepare for the construction of a leprosy clinic in Bisidimo/Ethiopia.



**Tireless:** Dr Ruth Pfau while working in the remote mountainous regions of Pakistan.

**From small beginnings:** On an Ethiopia trip, journalist Franz Graf von Magnis and theology student Richard Recke visit the leprosy doctor Dr Jean Ferón at his leprosy clinic St. Antoine – and want to help...

**1957:** On 18 January, friends of Graf von Magnis, among these the later president of DAHW Hermann Kober and his wife Irene found the “Aussätzigenhilfswerk Dr Ferón e.V.” [Dr Ferón Leprosy Relief Association] in Würzburg. The name is changed to Deutsches Aussätzigen-Hilfswerk (DAHW) e.V. [German Leprosy Relief Association (GLRA)] on 1 August.

**1958:** Initial development workers begin to establish the leprosy clinic in Bisidimo in Egypt. It is not long before numerous project applications from Africa, Asia and Latin America are received.

**1961:** The relief association begins supporting the nun and leprosy physician Dr Ruth Pfau.

**1974:** National leprosy control programmes are launched in several countries to combat leprosy. Leprosy research is further supported.

**1983:** Leprosy is curable! The WHO declares the combination therapy (multi-drug therapy) developed by DAHW and the Research Centre Borstel as the worldwide standard.

**1987:** After significantly reducing new leprosy infections, tuberculosis (TB) gains importance in the work of the relief organisation: TB and leprosy pathogens are part of the same family.

**1990:** DAHW holds the general assembly of the International Federation of Anti-leprosy Associations (ILEP) in Würzburg.

**2003:** On 9 January, Deutsches Aussätzigen-Hilfswerk (DAHW) [German Leprosy Relief Association (GLRA)] changes its name to DAHW *Deutsche*

*Lepra- und Tuberkulosehilfe e.V.* [GLRA German Leprosy and Tuberculosis Relief Association] in order to also take the association’s second focal point into account. The association is under the patronage of Federal President Johannes Rau.

**2007:** Neglected tropical diseases are confirmed as a sub-mandate and disabilities are added as a new focal point in the tasks of DAHW.

**2010:** With respect to rehabilitation measures, DAHW no longer differentiates between disabilities that are caused by leprosy or not.

**2016:** A specialist department for humanitarian aid is established since DAHW is increasingly providing emergency assistance in war and crisis regions. DAHW also becomes a full member of the Alliance Development Works (BEH), a coalition of multiple German relief organisations.



**Expansion:** TB patients and people with disabilities are increasingly the focal point.



**New name:** The relief organisation is now called DAHW *Deutsche Lepra- und Tuberkulosehilfe e.V.*



**Emergency relief:** DAHW is increasingly deployed in crisis and war regions.



# Organisational Chart



Photo: Manuel Koch

## General assembly

The association had 88 members in July of 2020.

## Honorary board

Patrick Miesen (President)  
 Maria Hammerschmidt (Vice President)  
 Wolfgang J. Schmitt (Chief Financial Officer)<sup>1</sup>  
 Dr Dietmar Klement (Deputy Financial Officer)<sup>1</sup>  
 Dr Reinhardt Mayer (Volunteering Coordinator)

## Supervisory board

Jürgen Jakobs (Chairperson)  
 Dr Christof Potschka (Deputy Chairperson)  
 Prof. Dr Sibylle Wollenschläger  
 Dr Ralf Klötzer  
 Hans-Dieter Greulich

Photo (from the left): W. J. Schmitt, M. Hammerschmidt, P. Miesen, Dr R. Mayer and Dr D. Klement

## DAHW management

Burkard Kömm  
 Jürgen Ehrmann (Deputy and Special Projects)

## Internal auditing

Birgit Markfelder

## Assistant

Elke Herbst-Tilgner

## Management of medical-social projects

Laure Almairac

## Management of public relations and fundraising

Manuel Koch

## Administration, information technology, human resources management

Nicole Hohmann, Matthias Schröter

## Assistant

Heike Himmelsbach

## External funds acquisition department

Julianne Breitenfeld  
 Thomas Colleijn

## Planning, monitoring and evaluation department

Juliane Meißner, head of Asia regional team  
 Carolin Gunesch

## Project execution department

Hashem Alkurish  
 Theresia Düring, head of Latin America regional team  
 Susanne Knoch  
 Chantal Menjivar-White  
 Sabine Schöll

## Humanitarian relief department

Christine Sämann

## Medical department

Dr Saskia Kreibich, head of East Africa regional team and deputy department head  
 Dr Sebastian Dietrich  
 Dr Eva-Maria Schwienhorst-Stich  
 Sandra Parisi  
 Dr Karl Puchner (consultant)

## Research department

Dr Christa Kasang

## Social issues department

Sahayarani Antony, head of West Africa regional team

## Management of regional offices

Asia Dr Vivek Srivastava  
 Latin America: Alberto Rivera  
 East Africa: Ahmed Mohammed  
 West Africa: position currently unoccupied

## Further programme or project offices

Establishment as needed

<sup>1</sup>The full charter of DAHW German Leprosy and Tuberculosis Relief Association can be viewed at [www.dahw.de/satzung](http://www.dahw.de/satzung)

## Assistant

Sabine Slany

## Würzburg office

Birgit Seubert

## Volunteering/Education

Beate Gemballa, team management  
 Judith Aßländer  
 Maria Hisch  
 Lilija Tenhagen (Münster office)

## Fundraising/Communication

Priscila Franco, team management and deputy department head  
 Jürgen Belker-van den Heuvel (Münster office)  
 Corinna Holzheimer  
 Friedrich Klußmann  
 Matthias Schwarz

## Online/Offline

Jenifer Gabel, team management  
 Larissa Brodziak  
 Judith Mathiasch

## Donor communication

Sylvia Deppisch  
 Sandra Dittrich  
 Florian Hundhammer  
 Diane Lovasz  
 Stefanie Radtke

## Payroll accounting

Birgit Ott

## Donation accounting

Elke Sengfelder  
 Manuela Tobaben

## Financial accounting

Klaus Czech

## Estate and asset management

Nicole Hohmann

## Procurement/Facility management

Tobias Willmroth  
 Michael Welter

## IT

Christoph Appel  
 Christian Beyer

## Human resources

Maria Döhlen

– This organisational chart shows the main tasks of our staff members. However, some employees are responsible for other areas or temporarily take over other tasks if needed including comprehensively across teams and tasks.

## Salary structure 2019

DAHW staff are paid according to the collective agreement for public service (TVöD-VKA) depending on the requirement and training profile as well as according to the level of responsibility from group 6 to group 14. The gross amount increases in stages over the years within the same group as professional experience and seniority are principally taken into account until finally reaching the highest possible amount within the group. Higher classifications may result due to changes and growing responsibilities within the former area of activity.

## Gross full-time salaries<sup>2</sup>

	From	Until	Employees
Assistants:	€ 2,549	€ 3,279	8
Specialists:	€ 2,549	€ 4,545	13
Consultants:	€ 3,020	€ 5,242	26
Medical experts, department head:	€ 3,582	€ 6,293	7

6 employees work part-time, 3 employees work in partial retirement models. Remuneration of the CEO is not regulated by collective agreements. In 2018, he received an annual gross salary of € 104,593.52. Members of the supervisory board and honorary board work on a voluntary basis. They do not receive any lump-sum fees, but reimbursement for incurred costs upon request.

<sup>1</sup>Stefan Mack was the chief financial officer until 31 December 2019, and Jochen Schroeren was the deputy financial officer 2 Reporting date 31 December 2019

# Hermann Kober Foundation



In 2019, the Hermann Kober Foundation invested € 30,000 in the project work of DAHW German Leprosy and Tuberculosis Relief Association in Ethiopia. Nine houses and sanitary facilities for families in need were constructed.



DAHW co-founders Irene and Hermann Kober at the ground-breaking of the leprosy centre "Dr Féron" in Ethiopia in 1957.



Nine houses and sanitary facilities for families in need are constructed in Ethiopia with the financial support of the foundation.

Photos: Franz Barthel (L) and DAHW archive

A very special connection exists between the Hermann Kober Foundation based in Würzburg and the country of Ethiopia in East Africa. It started with the first project of DAHW in Bisidimo in 1957 and has since then impacted more than 60 countries. Irene Kober and her late husband Hermann Kober, who passed in 1998, were the founding members of DAHW. She is a board member of the Kober Foundation to this day and describes the events as follows: "We started to provide aid in Ethiopia – in the beginning without hope of success. In over 60 years, a lot has been accomplished for the people there, but a lot still remains to be done."

## Contact information for the Hermann Kober Foundation

c/o DAHW Deutsche Lepra- und Tuberkulosehilfe e.V.  
Raiffeisenstraße 3 | 97080 Würzburg  
Telephone: +49 931 7948-0 | Fax: +49 931 7948-160  
E-mail: [info@dahw.de](mailto:info@dahw.de) | [www.dahw.de](http://www.dahw.de)  
Bank information: LIGA-Bank Würzburg  
IBAN: DE27 7509 0300 0003 0114 88 | BIC: GENODEF1M05  
We recommend contacting us before making a donation. Further detailed information about Hermann Kober and the foundation is available at [www.dahw.de/organisation/stiftungen](http://www.dahw.de/organisation/stiftungen).

"We hope that we will one day achieve our goal of no longer being needed." The 2019 payout of € 30,000 was used to initiate the construction of nine buildings with sanitary facilities for former especially vulnerable leprosy patients in Bisidimo – the "cradle" of DAHW. After we were able to complete the planning stage in 2019, construction began in March of 2020. The final completion is planned for the end of 2020 if we can acquire sufficient cement on the market. The 10 x 3.5 m-large residences will then be handed over to beneficiaries who are chosen by a local committee.

Hermann Kober was the first treasurer of the association and managed DAHW for more than thirty years as the managing board member. He was the president of the relief organisation from 1994 until his death in 1998. The foundation was named after him and is dedicated to his legacy. Its purpose is to secure our work. Basic assets at the time of founding amounted to € 1 million. As of 31. December 2019, the total now amounts to € 1,306,800 – among other things due to donations. Since its founding, the Hermann Kober Foundation has paid out a total of € 322,000 for projects of DAHW and its partner organisations (status 31. December 2019).

# Ruth Pfau Foundation



The Ruth Pfau Foundation supported the work at the Marie Adelaide Leprosy Center (MALC) in Karachi on behalf of its eponym with nearly € 500,000.



Photo: Judith Maibüsch

*The start of the memorial on the occasion of the 90th birthday of Dr Ruth Pfau (†2017) at the Burkardushaus Würzburg by Chairperson Harald Meyer-Porzky. The ceremony offered a moving journey through time.*

On 9 September 2019, leprosy physician and nun Dr Ruth Pfau, who died on 10 August 2017 at the age of 87, would have celebrated her 90th birthday. Among those present at the ceremony in Würzburg were many people who had personal memories of the doctor. She was active in Pakistan until her death with the support of DAHW. “We will continue in accordance with her wishes,” as her successor, MALC Managing Director Mervyn Lobo emphasised.

The annual payouts of the Ruth Pfau Foundation are an important factor for the work of DAHW in Pakistan and Afghanistan. Its loyal donors ensure the continuation of the work of Dr Pfau through her successor Mervyn Lobo and the organisation’s teams. Nearly € 500,000 were paid out in 2019. Employees provide informational work and community-based rehabilitation in order to make it possible for affected persons to lead a self-determined and dignified life. They stand with the people and help them unconditionally as modelled by Ruth Pfau herself. DAHW *German Leprosy and Tuberculosis Relief Association* founded the Ruth Pfau Foundation in 1996 in order to secure the life’s work of its honorary ambassador beyond her death. At the time, the basic assets of the foundation amounted to DM 500,000 (€ 255,645,94).



Photo: Sabine Ludwig

*In 2019, the foundation and MALC focussed on leprosy and TB work in Pakistan. In 2020, the focus will be on the COVID-19 pandemic. Left in the image: Mervyn Lobo, MALC managing director and successor to Dr Ruth Pfau.*

Since then, the foundation’s basic assets have continuously increased due to numerous donations. As of the reporting date 31/12/2019, the Ruth Pfau Foundation has more than € 7,520,761.57 at its disposal. In addition to its actual basic assets, this sum includes: conditional endowment funds, reserves (among other things the statutorily required capital maintenance reserve for inflation, etc.), other foundation assets (profit carried forward and the net income for the year 2019) and provisions. This is far more than the initiators of the foundation, including Dr Ruth Pfau herself, could have ever dared to hope for when they started the foundation. The dream of the founder of MALC operating in southern Pakistan has become reality and is being lived out until today.

## Contact information for the Ruth Pfau Foundation

c/o DAHW Deutsche Lepra- und Tuberkulosehilfe e.V.  
Raiffeisenstraße 3 | 97080 Würzburg  
Telephone: +49 931 7948-129 | Fax: +49 931 7948-160  
E-mail: [ruth-pfau-stiftung@dahw.de](mailto:ruth-pfau-stiftung@dahw.de) | [www.ruth-pfau-stiftung.de](http://www.ruth-pfau-stiftung.de)  
Bank information: Commerzbank Würzburg  
IBAN: DE98 7908 0052 0307 9697 00 | BIC: DRESDEFF790  
We recommend contacting us before making a donation.



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# Trust requires transparency

## Report of the chief financial officer

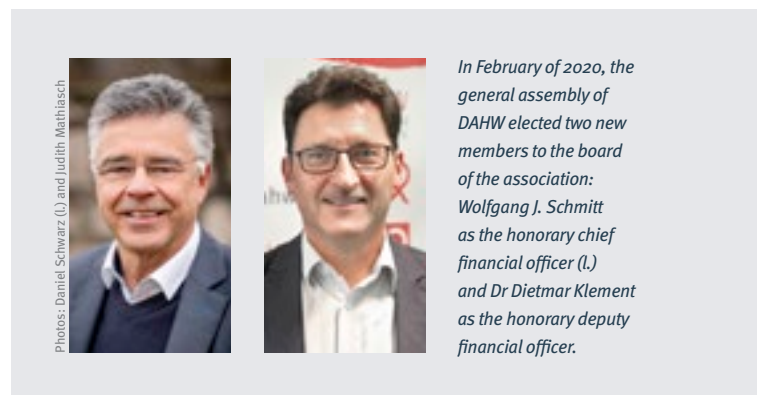


For nearly 30 years, the German Central Institute for Social Issues (DZI) has given out its seal to donation-collecting organisations that fulfil its extensive standards. On 1 January 2019, new regulations came into effect, which also impact our financial reporting.

The donations seal standards of the DZI require, among other things, purposeful, economical and effective usage of funds, informative and verified accounting, clear, true, open and factual advertising and public relations, effective control and supervision structures as well as transparency with respect to the public. The seal assures donors and interested parties of the trustworthiness and performance capability of donation-financed organisations – such as DAHW German Leprosy and Tuberculosis Relief Association, which has regularly received this seal for many years.

In 2018, the foundation revised the concept for advertising and administration expenditures, and the new regulations are in effect as of 1 January 2019. Among other things, the stipulations for the public statement of our financial position has changed so that an adjustment of our previous annual account statement – now profit and loss statement, see p. 54 et seqq. – is now required. We have therefore also adjusted the figures of the previous year according to the recommendations in order to establish a comparison to 2019 (this adjustment has resulted in some deviations from the depiction of the financial position in our annual report 2018). In coordination with the DZI, we have also implemented all specifications for classifying individual expenditures according to the categories programme, advertising and administration tasks in our profit and loss statement 2019.

It is already clear today that the COVID-19 pandemic in 2020 will have a massive impact on our work. In the spring, DAHW provided one million euros in additional short-term funding in order to maintain the support for our mandate groups despite COVID-19-related limitations during this global health crisis. Based on these difficulties in our project countries, we can already assume that we will most likely not realise the prospective project expenditure 2020 in the planned amount. We have already contacted the DZI in May in order to address this problem in advance. In the next year, our donors and external fund providers should be able to transparently track how we coped with the COVID-19 crisis in order to achieve an optimal benefit of our mandate groups.



Photos: Daniel Schwarz (L) and Judith Mathiasch

*In February of 2020, the general assembly of DAHW elected two new members to the board of the association: Wolfgang J. Schmitt as the honorary chief financial officer (L) and Dr Dietmar Klement as the honorary deputy financial officer.*



Das Deutsche  
Zentralinstitut  
für soziale  
Fragen (DZI)  
bescheinigt:

**Ihre Spende  
kommt an!**



Photo: Laura Lewandowski

## Balance sheet as of 31 December 2019

### Assets

	2019		2018	
	€	€	€	€
<b>A. Fixed assets</b>				
<b>I. Intangible assets</b>		<b>6,189.00</b>		<b>11,132.00</b>
<b>II. Tangible assets</b>				
1. Undeveloped property	4,023,302.51		4,014,422.82	
2. Developed property	3,434,569.75		3,518,964.75	
3. Operating and office equipment	270,095.00		292,468.00	
4. Assets under construction and advances on fixed assets	6,526,036.20		1,099,374.15	
		<b>14,254,003.46</b>		<b>8,925,229.72</b>
<b>III. Financial assets</b>				
1. Securities	11,997,338.13		18,329,331.92	
2. Holdings	17,896.22		17,896.22	
3. Other financial assets	0.00		0.00	
		<b>12,015,234.35</b>		<b>18,347,228.14</b>
<b>B. Current assets</b>				
<b>I. Inventories</b>		<b>687.29</b>		<b>4,733.83</b>
<b>II. Accounts receivable and other assets</b>				
1. Trade accounts receivable	2,734,298.58		3,302,034.01	
2. Other assets	149,567.47		90,920.71	
		<b>2,883,866.05</b>		<b>3,392,954.72</b>
<b>III. Cash in hand and at bank</b>		<b>6,812,276.95</b>		<b>6,310,124.49</b>
<b>C. Prepaid expenses</b>		<b>6,038.30</b>		<b>11,476.02</b>
<b>D. Excess of plan assets over post-employment benefit liability</b>		<b>3,164.62</b>		<b>4,235.78</b>
<b>Total assets</b>		<b>35,981,460.02</b>		<b>37,007,114.70</b>
For information purposes: Bank inventories at regional offices		<b>1,822,165.03</b>		<b>2,061,118.54</b>

## Liabilities

	2019		2018	
	€	€	€	€
<b>A. Own funds</b>				
<b>I. Reserves for charter-related purpose</b>				
1. Reserves from inheritances	28,318,905.32		28,318,905.32	
2. Other reserves (status 31/12/2019 respectively)	550,954.30		1,059,162.39	
3. Special items from grants and subsidies/Long-term fixed tangible assets	415,000.00		415,000.00	
4. Required reserves for pledged project funds/Other pledged liabilities (see II.)	-7,153,748.00		-21,347,669.28	
		<b>22,131,111.62</b>		<b>8,445,398.43</b>
<b>II. Pledged programme and project funds/Other pledged liabilities</b>				
1. Programme and project pledges toward DAHW regional offices				
Residual liabilities for multi-year programmes and projects 2018-2020	4,251,847.00		14,103,441.00	
Project pledges for programmes and projects 2019	0.00		1,437,123.00	
Project pledges for programmes and projects 2021-2023	1,142,251.00		0.00	
2. Approved special budgets				
Provision for the future	1,033,000.00		4,507,272.45	
Research programmes and projects				
› IDRI: Residual liability	0.00		104,000.00	
› LRI: Residual liability	500,000.00		750,000.00	
External funds increase	226,650.00		445,832.83	
		<b>7,153,748.00</b>		<b>21,347,669.28</b>
<b>Total equity</b>		<b>29,284,859.62</b>		<b>29,793,067.71</b>
<b>B. Special items from donations and subsidies</b>				
Unutilised donations (status 31/12/2019 respectively)				
› Programmes and projects financed with external funds	979,913.26		1,077,480.85	
› Programme and project fund/Alliance Development Works (BEH)	607,319.42		658,125.13	
› Programmes and projects financed with own funds	87,057.00		267,579.63	
		<b>1,674,289.68</b>		<b>2,003,185.61</b>
<b>C. Conditional donation fund</b>		<b>226,518.47</b>		<b>228,717.03</b>
<b>D. Provisions</b>				
1. Provisions for pension scheme	1,501,584.00		1,378,568.00	
2. Provisions for taxation	0.00		0.00	
3. Other provisions	1,247,424.33		1,156,425.20	
		<b>2,749,008.33</b>		<b>2,534,993.20</b>
<b>E. Liabilities</b>				
1. Trade accounts payable	102,259.03		79,474.84	
2. Other liabilities	1,944,524.89		2,352,176.31	
› of which taxes € 0.00 (previous year € 0.00)				
		<b>2,046,783.92</b>		<b>2,431,651.15</b>
<b>F. Accruals and deferrals</b>				
1. Deferred income	0.00		15,500.00	
		<b>0.00</b>		<b>15,500.00</b>
<b>Total liabilities</b>		<b>35,981,460.02</b>		<b>37,007,114.70</b>
For information purposes: Funds still to be utilised (programme and project offices abroad)		<b>1,822,165.03</b>		<b>2,061,118.54</b>

Würzburg, 27 February 2020

# Profit and loss statement for the time from 1 January to 31 December 2019

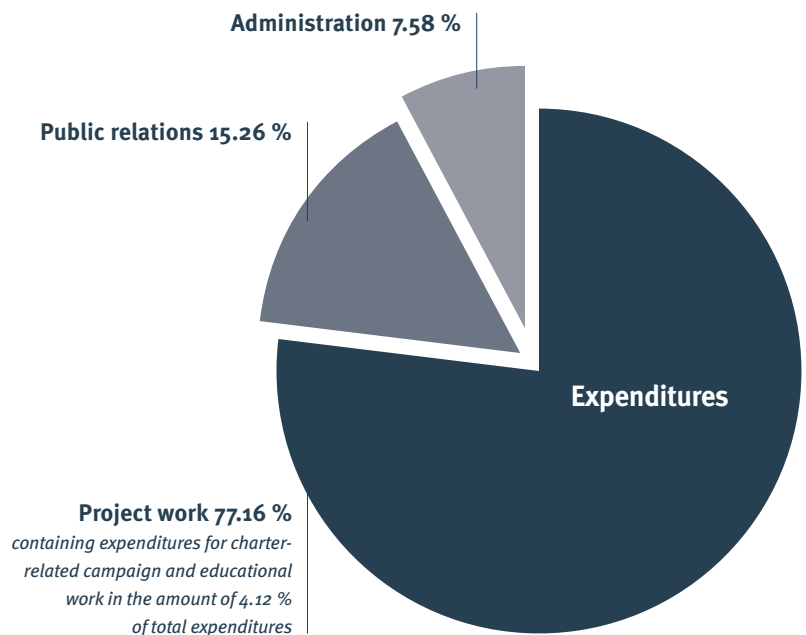
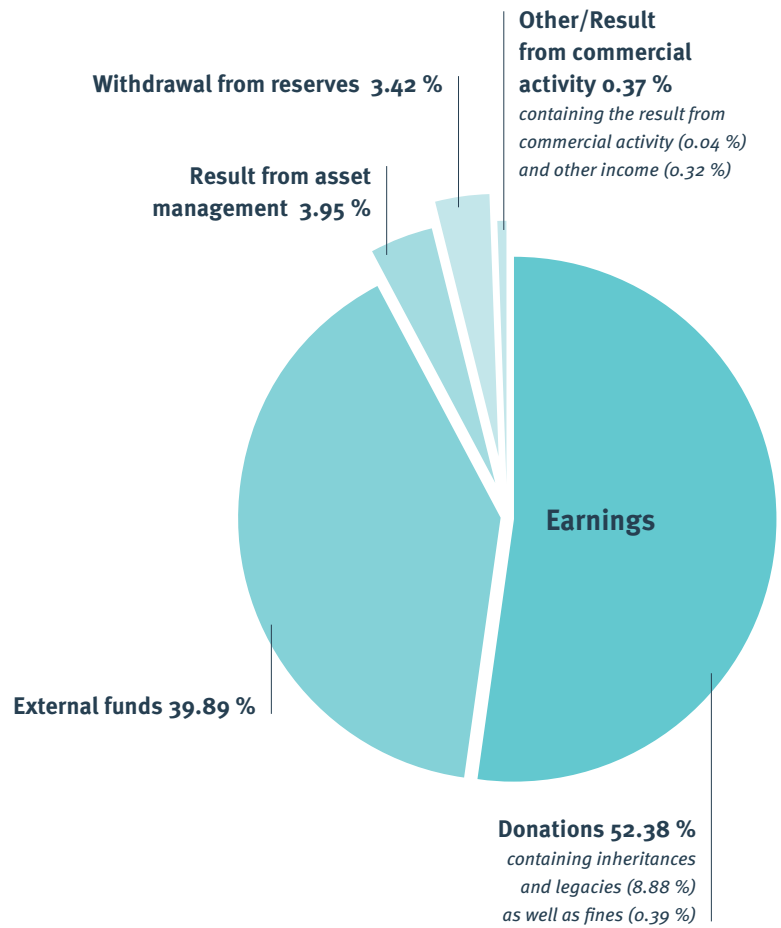
Income	2019		2018	
	€	%	€	%
<b>Interests and purpose-related operation</b>				
› Monetary donations	6,519,925.73	47.28	6,186,625.09	47.41
› Donations in kind	2,154.40	0.02	898.50	0.01
› Estates (inheritances and legacies)	1,224,929.35	8.88	1,559,177.25	11.95
› Income from fines	53,981.44	0.39	40,367.00	0.31
› Government grants	1,053,881.21	7.64	456,745.36	3.50
› Grants from other organisations (foundations, church organisations, foreign organisations)*	4,886,919.45	35.44	4,803,350.72	36.82
› Other income	48,147.52	0.35	1.32	0.00
<b>Total income</b>	<b>13,789,939.10</b>	<b>100.00</b>	<b>13,047,165.241</b>	<b>100.00</b>
<b>Expenditures</b>				
<b>Programmes and projects</b>				
› Africa	-4,968,562.51	33.36	-5,012,571.20	35.51
› Latin America	-823,520.76	5.53	-681,941.13	4.83
› Asia	-2,192,239.13	14.72	-2,081,493.93	14.75
› RED AID programmes and projects	-20,449.90	0.14	-14,648.19	0.10
› Research	-956,617.09	6.42	-421,812.61	2.99
› BEH programmes and projects	-594,404.14	3.99	-412,945.92	2.93
› ILEP cooperations	-32,694.00	0.22	-32,694.00	0.23
› Quality assurance programmes and projects	-128,381.10	0.86	-89,321.17	0.63
› Personnel and materials costs for programmes and project support	-1,161,136.73	7.80	-1,162,650.00	8.24
› Charter-related campaign and educational work	-613,470.54	4.12	-677,901.93	4.80
<b>Programme expenditures/Total projects</b>	<b>-11,491,475.90</b>	<b>77.16</b>	<b>-10,587,980.08</b>	<b>75.01</b>
<b>Public relations</b>				
› Funds for advertising and fundraising	-853,883.44	5.73	-1,213,510.64	8.60
› Personnel and material costs for general public relations	-995,456.29	6.68	-1,065,053.87	7.55
› Personnel and material costs for external funds acquisition	-424,145.13	2.85	-153,544.30	1.09
<b>Total expenditures public relations</b>	<b>-2,273,484.86</b>	<b>15.26</b>	<b>-2,432,108.81</b>	<b>17.24</b>
<b>Administration</b>				
› Personnel and material costs	-1,128,253.41	7.58	-1,093,917.79	7.75
› Income taxes	0.00	0.00	0.00	0.00
<b>Total expenditures administration</b>	<b>-1,128,253.41</b>	<b>7.58</b>	<b>-1,093,917.79</b>	<b>7.75</b>
<b>Total expenditures</b>	<b>-14,893,214.17</b>	<b>100.00</b>	<b>-14,114,006.68</b>	<b>100.00</b>
<b>Taxable commercial activity</b>				
Income	11,270.60		6,423.17	
Expenditures	-4,801.60		-895.56	
<b>Result of taxable commercial activity</b>	<b>6,469.00</b>		<b>5,527.61</b>	
<b>Asset management</b>				
<b>Income</b>				
› Rental and lease income/Sales proceeds	125,274.96		544,023.60	
› Capital gains	712,273.43		479,829.32	
<b>Total income</b>	<b>837,548.39</b>		<b>1,023,852.92</b>	
<b>Expenditures</b>				
› Real estate expenditures	-107,251.80		-140,847.07	
› Expenditures for capital management	-142,599.62		-746,504.95	
<b>Total expenditures</b>	<b>-249,851.41</b>		<b>-887,352.02</b>	
<b>Result of asset management</b>	<b>587,696.98</b>		<b>136,500.90</b>	
<b>Withdrawal of reserves</b>	<b>-509,109.09</b>		<b>-924,812.93</b>	

\* The inflow of funds from BEH in the amount of € 577,338.59 (previous year € 613,837.17) are included in this item. Notice: The new stipulations of the DZI have been implemented in this profit and loss statement, also for the values from the previous year for comparison purposes. Würzburg, 27 February 2020





## Schematic diagram



# Taking our responsibility seriously



## Quality management at DAHW

The top priority of DAHW *German Leprosy and Tuberculosis Relief Association* is to reach people who are in desperate need of our support. We use the financial funds entrusted to us in a proper and efficient manner in order to achieve this purpose.

We are obligated to ensure the beneficiaries of our projects, donors and institutional sponsors that we always work in an impact-oriented manner in accordance with our charter. For this purpose, we established various control mechanisms in Germany and our project countries, which include introducing binding standards, assigning clear responsibilities and establishing internal and external supervisory bodies. Since June of 2018, the executive department “Internal auditing” at the DAHW head office monitors all organisational processes and adherence to rules and stipulations. DAHW regularly receives the DZI donations seal for transparency, quality as well as for its cost-effective and expedient use of donations and contributions (see p. 52).

### **Compliance**

*Adherence to laws, guidelines and voluntary codes of conduct within organisations/companies with the goal to prevent legal violations and breaches of duty as well as damage and liability cases. Violations are to be detected and evaluated in advance in order to react quickly and appropriately.*

### **Internal auditing**

*Systematically monitors risk and compliance management of organisations/companies in regard to effectiveness and cooperates with objective independent external inspection authorities.*

### **Controlling**

*Monitors work processes in order to optimise the effectiveness and efficiency of organisations/companies and makes early intervention in potentially undesirable developments possible and thereby supports company management.*

### **Controlling and revision**

In 2019, specially trained, independent and external experts performed eight audits based on risk evaluation in selected regional and programme offices of DAHW or at our partner organisations. As a standard procedure, audited areas included the following: bank and cash management, accounting and documentation quality, procurement, inventory and storage management, asset management, personnel management, project development and execution as well as the internal control system with respect to internationally applicable standards. Additionally, risk and compliance management, i.e. adherence to laws, DAHW guidelines and internal project stipulations were analysed. The auditors discussed the results of the audits with the involved persons on-site and at the DAHW head office in Würzburg with respect to the affected group of people, company management, the honorary and supervisory board. Gained insights and recommendations of the inspection authority were directly integrated in the further work of the organisation. Additionally, public donors randomly monitor the usage of funds after the conclusion of projects by performing their own examinations. Two audits were performed in 2019 and resulted in no essential objections.

### **Compliance and complaints management**

Our employees are committed to abide by the DAHW guidelines and report attempted and actual violations as well as any reasonable suspicions. Among other things, these guidelines prevent corruption, the acceptance of bribes and fraud as well as protection against violence, abuse and exploitation of the people involved in our projects. In accordance with our zero-tolerance policy in these areas, we



have established a procedure for dealing with (suspected) cases, which clearly regulates the process and responsibilities in order to ensure a prompt and thorough clarification of cases and the protection of affected parties. The respective team and department managers, company management and the compliance body of DAHW are the contact persons.

As an external appeal board, an ombudsperson is available who can also be contacted anonymously via mail or e-mail at [ombudsman@dahw.de](mailto:ombudsman@dahw.de) or via the online complaints form.

— *Further information and the complaint form are available at [www.dahw.de/richtlinien](http://www.dahw.de/richtlinien)*

# Your help is indispensable



Come and see the quality and impact of our work for yourself and actively support DAHW *German Leprosy and Tuberculosis Relief Association* with your donation. Your gift is in good hands and will be used where it is needed most urgently.



Photo: Thomas Koch

We depend on you in our worldwide fight against poverty-related and neglected diseases, stigmatisation and marginalisation and with respect to our work in the areas of health, justice and inclusion! This annual report gives detailed insight into the work of DAHW. However, as you are browsing through these pages, the conditions on the ground are drastically changing: The COVID-19 crisis is causing tremendous challenges for us, our partner organisations and especially for the beneficiaries of our programmes and projects. Lockdowns, travel bans and curfews, overwhelmed healthcare wards, lack of protective equipment and a pervasive fear are massively exacerbating our

relief measures. Please help us help others. Every euro counts! So that we can sustainably improve the health and living situation of the poorest of the poor, perform research in the fields of diagnostics, medication and vaccines, distribute topical information and provide immediate humanitarian relief especially during the present COVID-19 pandemic, which is severely affecting our project countries.

Opposite you will find a few examples how your donation can be used specifically.

**Thank you for your generous support!**

# Thank you for your donation!



The following donation examples provide insight into our work and are also an appeal to actively support us. You can clearly see that we are able to achieve great things even with small amounts since every contribution is part of a greater whole.



Photo: DAHW Kolumbien

In Columbia, the shuttle service for a disabled child with limited mobility costs € 30 per month.



Photo: Sonja Becker

In Uganda, a water dispenser that allows people to wash their hands as a protective measure against COVID-19 costs € 40\*.



Photo: Kopila Nepal

We spend € 80 per person in Nepal as a supplemental income for Nepalese living in poverty.



Photo: GLEBA Ethiopia

Twenty particle-filtering N95 respirator masks that prevent the spread of COVID-19 currently cost € 160\*.



Photo: Fabian Fiechter

In India, reconstructive surgery in order to correct disabilities associated with leprosy costs € 215.



Photo: Emric Boixadós

A microscope with which we examine sputum samples in Uganda for tuberculosis pathogens costs € 2,000.

\* Status July 2020

Please note: If we receive more donations than required for the donation examples listed in this report, we will use these funds for other medical and social projects in our project regions.

Donate simply, quickly and safely at [www.dahw.de/spenden](http://www.dahw.de/spenden) or directly via our donations account. Thank you!

**Sparkasse Mainfranken Würzburg**  
**IBAN DE35 7905 0000 0000 0096 96**  
**BIC: BYLADEM1SWU**



**The COVID-19 pandemic** has also arrived in the project countries of DAHW and is impacting the weakest of the weak most severely.

Please demonstrate solidarity especially during these difficult times and continue to support us in our work.

**We sincerely thank you for your support!**

*All information about donations is available at [www.dahw.de/faq](http://www.dahw.de/faq)*

# Always up to date



For further information about **DAHW German Leprosy and Tuberculosis Relief Association**, just fill out the response card, place it in an envelope and send it to us by post. Or simply send an e-mail to [info@dahw.de](mailto:info@dahw.de).

**Response card:** Please provide the following information (subject to withdrawal):

- |  |  |
|--|--|
| <input type="checkbox"/> “Information for our friends and sponsors” (8 x per year) | <input type="checkbox"/> By post   |
| <input type="checkbox"/> DAHW Volunteers’ Magazine “Aktiv” (3 x per year)          | <input type="checkbox"/> By post   |
| <input type="checkbox"/> DAHW Annual Report 2019                                   | <input type="checkbox"/> By post <input type="checkbox"/> By e-mail (as PDF) |
| <input type="checkbox"/> DAHW Annual Report 2020 (and the following)               | <input type="checkbox"/> By post <input type="checkbox"/> By e-mail (as PDF) |
| <input type="checkbox"/> DAHW Newsletter by e-mail (8 x per year)                  |  |

First name, name

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Street, house no.

---

Postal code, city

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E-mail

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Telephone (optional)

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Send by post to: DAHW Deutsche Lepra- und Tuberkulosehilfe e.V. · Raiffeisenstraße 3 · 97080 Würzburg

You can also subscribe to all information online: send an e-mail to [info@dahw.de](mailto:info@dahw.de) or navigate to [www.dahw.de/informationen](http://www.dahw.de/informationen)

## Data privacy statement

As the responsible party, DAHW Deutsche Lepra- und Tuberkulosehilfe e.V., Raiffeisenstraße 3, D-97080 Würzburg processes personal data for the purpose and in the best interest of providing information about the goals in accordance with our charter and for fundraising in order to secure the means necessary for their implementation. Section 6 (1) f) of the GDPR is the legal basis. We also store personal data for the purpose of processing donations. Section 6 (1) b) and c) of the GDPR is the legal basis. If you no longer want to receive information about the work of DAHW and also no longer want to receive any more appeals for donations, you can at any time object to the usage of your address in writing or via e-mail ([datenschutz@dahw.de](mailto:datenschutz@dahw.de)) in accordance with Section 21 (2) of the GDPR. We will then no longer process your personal data. Extensive information on data protection at DAHW and the address of our data protection officer are available at [www.dahw.de/datenschutz](http://www.dahw.de/datenschutz).



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### Used symbols:



Project  
Planning



Mission/  
Task



Vision/  
Strategy



Structure



Quality  
Management



Project  
Region



Network



Donation



Information



**DAHW**

**Stop  
diseases  
of poverty**

***DAHW Deutsche Lepra-  
und Tuberkulosehilfe e.V.***

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