



Annual Report 2021

DAHWA German Leprosy and Tuberculosis Relief Association

Information about our work



Dear Readers,

“I prefer to support practical projects in the local area!” We often come across this statement. As a representative of an international aid organisation, I ask myself the question: What activities do Germans consider useful; where is there a lack of acceptance and perhaps identification? Apart from feeling and the emotional response, I also ask myself the question of duty: how far does my responsibility as a (fellow) human being, as a citizen (of the world) extend?

It was clear to the founders of DAHW, as well as the initiators of other aid organisations founded in the 1950s, such a short time after the end of the Second World War: they felt a far-reaching responsibility – in view of the past catastrophe; in view of the already good economic situation in Germany in the 1950s, in the face of frightening images and reports – from afar. The first DAHW action was practical: an off-road vehicle for a doctor who had to reach people affected by leprosy in remote regions was to be financed.

65 years later. From conversations with people affected by leprosy and tuberculosis in (slum) hospitals in Kolkata, Hyderabad and Chennai, from encounters with former leprosy patients who are well (re-)integrated into village communities in Ethiopia, and from reports by our research coordinator on active case finding, screenings and post-exposure prophylaxis (PEP) for contacts of leprosy patients in Tanzania, I know that our work is still practical!



Audible learning (see page 21)

The Audiopedia project is particularly aimed at illiterate listeners. Health information is passed on to listeners in a simple way. Knowledge about transmission, symptoms and prevention thus protects against diseases. Early diagnosis and treatment prevents severe courses of disease, can prevent death and save lives!

The years 2021 and 2022 are characterised by reforms. The DAHW statutory mission itself motivates and orients these reforms. Since 1957, we have been working alongside the poorest of the poor, trying to be partners and advocates for particularly vulnerable people. This course must be maintained through permanent adjustments; a comfortable set-up in “tried and tested, entrenched” structures would be questionable. Central leitmotifs of this DAHW work were certainly empathy and ethics. Now, as worldwide crises are making global connections increasingly visible, it seems that “thinking outside the box” is not only morally necessary, but also reasonable – in the sense of protecting one’s own living environment. The corona pandemic is an example of how (socio-ecological) constellations “in distant places” can have noticeable effects “in the local area”.

The “support for practical projects in the local area” cannot be dissociated from work “in distant places”. Challenges we face need to be considered more broadly and solutions need to be tackled in a more connected, cross-sectoral way (see “One Health” in the following article).

With grateful thanks to our donors and supporters, I remain!

—
Yours, Patrick George
DAHW President



Our goal is and remains: Health for all



“If only corona were finally over!” This wish could often be heard in 2021. Back to normality at last: that’s what people affected by leprosy, tuberculosis and other neglected diseases also want. Fortunately, we can bring many people a little closer to this wish.



Photo: Mario Schmitt

Although in some regions we are now able to find many people with leprosy early enough to treat them before permanent damage occurs, elsewhere almost half of those affected are still suffering from existing disabilities at the time of their diagnosis. These geographical disparities and global inequalities need to be addressed! We have achieved a great deal in the last 65 years. With your support, DAHW has been able to bring healing from life-threatening and stigmatising diseases to hundreds of thousands of people. In many countries, sustainable structures have been established with the national authorities in order to ensure support for people affected in the future. But unfortunately, neglected tropical diseases (NTDs) and tuberculosis are far from over. Medical care for the poorest will – unfortunately – continue to be a challenge for many years to come. They are particularly often affected by preventable and curable diseases, but cannot financially afford either preventive measures or medical treatment. I would like to thank you for your many years of loyal support and this sign of human solidarity and unity with sick fellow human beings.

The corona pandemic has once again clearly shown us that, as a “human family”, we must take good care of each other. The infectious disease of our neighbours in the global north, south, east or west can very quickly affect everyone.

Humans, animal and environmental health are also inextricably linked. This concept is called “One Health” and is already implemented at DAHW. After all, what sense would it make to cure people of diseases and at the same time destroy their natural living conditions? We in Germany are also called upon to contribute with our way of life so that all people today and in the future will find a world in which a healthy and self-determined life is possible.

–
*Yours, Burkard Kömm,
Managing Director of DAHW*



One Health

One Health sees the earth as a global ecosystem in which all living things interact with one another. This ecosystem is only intact if people, animals and plants are healthy. But for this to happen, the conditions have to be right: healthy soils, clean water,

clear air, sufficient wilderness – an intact environment is the basis for a healthy life on earth!

Because nature is often disturbed by human activity, zoonoses such as COVID-19 or tuberculosis, i.e. diseases that originate in the animal kingdom and endanger human health, are steadily increasing. In order to act preventively and sustainably now, the cross-sectoral One Health approach takes an interdisciplinary position at local, regional, national and global levels – for sustainable and holistic health for all in a shared environment.

The key to global health is called “One Health”



Photos: Timisoara Woyessa, ANE

In Ethiopia, severe droughts make life difficult for communities. Poor and sick people in particular often live from hand to mouth. Here in Negele, we provided affected families with goats to enable them to earn an income, and trained them in proper husbandry and keeping their animals healthy. In Benishangul-Gumuz, we showed vulnerable groups (e. g. people with disabilities) how they could improve the irrigation systems for their cultivated land. We supported them in setting up a beekeeping business and equipped particularly needy families with electric stoves in order to conserve natural resources.

The One Health concept teaches us to think and act more holistically, to look at the complex ecosystem and to recognise the connections between humans, animals and the environment. While our work has so far focused exclusively on the infectious diseases that affect the people in our projects, we are now increasingly addressing the points of contact between people, farm animals and domestic animals, and also wildlife and the ecosystems in which they live. Biodiversity and natural habitats are the basis of life for us humans and reduce the risk of future pandemics. The direct effects of climate change in the form of droughts, floods or storms also threaten the livelihoods of the poorest.

All of this plays a crucial role in our work, since most neglected diseases and tuberculosis are zoonoses or environmentally-associated diseases. It is all the more important to break the vicious circle between poverty and disease by strengthening the livelihoods of smallholders. We support them in learning climate-resilient and environmentally friendly cultivation techniques in agriculture, train them in the species-appropriate husbandry and health of livestock, hence ensuring the protection of animals – and thus the source of income for those affected. There are numerous and reciprocal links between economic well-being and health. On the one hand, good health is a necessary condition for leading a healthy and productive life and contributing to the well-being of the family.

On the other hand, adequate income allows access to nutritious food and services, including health and education, which in turn improves the maintenance of good health. With our One Health projects, we simultaneously contribute to promoting the health of project beneficiaries and animals, curb the spread of zoonotic infectious diseases and actively protect the environment. So we continue to act in the interests of people. But also always in the sense of human, global health.

— www.dahw.de/one-health

#OneHealthNow!

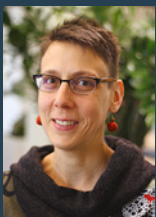
One Health is based on a fruitful collaboration between various stakeholders in human, veterinary and environmental health. Together with Tierärzte ohne Grenzen e. V., we launched the 2021 online campaign “Prevent future pandemics! #OneHealthNow!”. It was part of the “#weltweitwichtig” campaign weeks of the Federal Association of Development and Humanitarian Non-Governmental Organisations VENRO on the occasion of the German Federal elections. In September, Federal political representatives such as Heike Baehrens (SPD), Deborah Düring (Bündnis90 / Die GRÜNEN) and Prof Dr. Andrew Ullmann (FDP) accepted our invitation to a political talk and answered our questions. The One Health election touchstones, which we had obtained in advance from all the parliamentary groups in the Bundestag, played a central role.

Our work 2021

In spite of the very unstable environment in which DAHW operates worldwide, our project work has shown amazing resilience. While German and global crises attracted media attention and influenced donation behaviour, we were able to operate with income at a similar level to previous years. Our globally active team managed to adapt activities from past decades to the extraordinary conditions of the corona pandemic. We boldly faced the dramatic impact on the already fragile healthcare systems and actively responded to the alarming situation of case finding over the past two years.

As the topic “Global Health” has gained in appeal and relevance with the pandemic, DAHW was also a sought-after and respected partner in alliances, networks and at congresses worldwide in 2021. We established new event formats and communication channels to maintain contacts, accompany and support donors, voluntary action groups and many partners in Germany. The great solidarity and loyalty of numerous volunteers, as well as our donors, show how important direct exchange continues to be.

The tragic developments in Afghanistan, but also in Myanmar, Sudan, Yemen, Tigray / Ethiopia and elsewhere, overwhelmed the international development sector and presented DAHW with difficult ethical challenges and contradictions. In the regionalisation and decentralisation of our foreign structure, we were able to take further steps to further increase the quality of programmatic, strategic, financial, administrative and personnel structures, as well as public relations work. We see ourselves as a link between the people who want to help and those who need help. We ensure that the donors’ desire to change someone’s fate is transformed into professional medical and social aid that reaches the people.



Laure Almairac
Management
Medical and social projects



Manuel Koch
Head of Public Relations
and Fundraising

Latin America

DAHW total investments 2021:
EUR 466,164.91

Project countries and mandates 2021:

- Bolivia**
- Brazil**
- Colombia**
- Paraguay**





East Africa & Arabia

DAHW total investments 2021:

EUR 1,968,778.26

Project countries and mandates 2021:

Ethiopia	●	●	●	●	●	●
Yemen	●			●	●	●
Sudan	●			●		
South Sudan	●	●	●	●	●	
Tanzania	●	●	●	●	●	●
Uganda	●	●	●	●	●	●

West Africa

DAHW total investments 2021:

EUR 2,774,685.56

Project countries and mandates 2021:

Liberia	●	●	●			
Nigeria	●	●	●	●	●	●
Senegal	●			●	●	●
Sierra Leone	●	●	●	●	●	●
Togo	●	●	●	●	●	●

Asia

DAHW total investments 2021:

EUR 2,828,151.84

Project countries and mandates 2021:

Afghanistan	●	●	●	●	●	
Bangladesh				●	●	●
Bhutan				●		
India	●	●	●	●	●	●
Myanmar					●	
Nepal				●	●	●
Pakistan	●	●	●	●	●	●

DAHW foreign structure 2021

In over 60 years, we have built up and established local structures and networks in our project countries that give us access to hard-to-reach population groups and remote regions. Thus, despite the corona pandemic, we were able to continue many programmes and projects and implement short-term relief measures.

Offices in the project countries

- DAHW regional office (Senegal: under construction)
- DAHW programme or project office
- Office of local strategic partner organisations

DAHW-mandates

- Leprosy
- Tuberculosis
- Other NTDs (Buruli ulcer, Chagas, yaws, leishmaniasis, lymphatic filariasis, schistosomiasis)
- Inclusion (Community-based inclusive development, CBID)
- Humanitarian aid and / or corona interventions
- Research

East Africa

The East African region is characterised by armed conflicts, economic recession, widespread poverty and increasing climate catastrophes – and is therefore vulnerable to humanitarian crises. Access to basic health care and other social services is poor, and it hosts one of the largest displaced populations in the world, totalling 4.7 million refugees and 10.6 million internally displaced persons in East Africa (UNHCR; 2021). In 2021, the situation has worsened further. Sudan has become more politically unstable due to civil unrest. The war in the north, drought and political unrest have thrown Ethiopia into a deep humanitarian crisis. The situation in Yemen and South Sudan has continued to deteriorate. The effects of conflict, climate change, the desert locust plague and COVID-19 on health care and the livelihoods of the population have been severe. Vulnerable people were pushed deeper into poverty, and more than 26 million people plunged into a hunger crisis (UNOCHA; 2021).

Our work was also affected by these crisis situations and we had to react. We strengthened our emergency humanitarian response by integrating COVID-19 as a key parameter, making our programmes more resilient, and thus implemented more than 32 projects under difficult conditions. We are aware that these crises will increase rather than decrease in the near and distant future, and that our target groups – the most vulnerable and marginalised populations – will be particularly hard hit. We continue to do everything we can to enable these people to access appropriate health care and life-saving humanitarian services, and to live and promote inclusion. Our goal is continually and collaboratively to seek new opportunities, partnerships and sponsorships to pursue our vision and leave no one behind.



Ahmed Mohammed
Head of the East Africa Regional Office in Addis Ababa



Dr Saskia Kreibich
Head of the East Africa Regional Team in Würzburg



Tanzania, Ethiopia, Mozambique

Project example



Project duration:
01.10.2018 – 31.10.2023

Project location:
Tanzania, Ethiopia and Mozambique

Project participants:
Leprosy patients and their contacts

**Partners to DAHW-Tanzania
and DAHW-Ethiopia:**
NLR, MoH, AHRI, CUHAS, Lurio
University, Erasmus University

Supported by:
EDCTP2 programme supported
by the EU (Grant No. RIA2017NIM-
1839-PEP4LEP) and Leprosy
Research Initiative
(LRI, Grant No. 707.19.58)

Investments in 2021:
EUR 232,105



Photo: Dr. Anne Schoenmaker

Although leprosy is actually curable, hundreds of thousands of people still contract the infectious disease every year, which can result in severe disabilities, exclusion and poverty for those affected. Post-exposure prophylaxis with a single dose of the antibiotic rifampicin for people in contact with leprosy patients (SDR-PEP) can interrupt leprosy transmission by 60 percent. After we were able to prove, with our partners, that the use of SDR-PEP is feasible within the framework of national control programmes (LPEP study), we are implementing the follow-up study “Post Exposure Prophylaxis For Leprosy” (PEP4LEP) in a four-year project in East Africa. In the first EU-funded leprosy research study, we are testing how SDR-PEP can be integrated into national health programmes as a standard measure. To this end, we are investigating the most effective and practical approach for screening and administering SDR-PEP to people at high risk of infection. Here, we compare the methods of screening contacts either through what are called “skin camps”, or by inviting them to health centres and administering SDR-PEP. In both interventions, the focus is on skin diseases, as leprosy, like other neglected tropical diseases (NTDs), manifests itself through skin lesions.

By also diagnosing and treating other identified skin diseases, the project also contributes to strengthening the health-care system in the field of diagnosis and treatment of dermatological diseases. Despite delays caused by the pandemic, we made great progress in implementing our activities in 2021. For example, more than 100 leprosy patients were seen and more than 5,000 contacts screened, of whom almost 4,500 received the preventive drug. Nearly 50 new leprosy patients were discovered and more than 2,600 people with skin diseases were diagnosed and treated or referred to a referral hospital.



Donate Now

Donation example: The organisation and implementation costs of a skin camp in a Tanzanian village amount to EUR 3,888 (see note on p. 33). www.dahw.de/spenden

Uganda

Project example



Project duration:
01.12.2019 – 30.06.2022

Project location:
Uganda, West Nile Region;
Moyo District and Palorinya
Refugee Settlement

Project participants:
People / children with disabilities;
teachers and community members

Partner to DAHW Uganda:
TPO (Transcultural Psychosocial
Organisation)

Supported by:
BMZ (Federal Ministry for Economic
Cooperation and Development)

Investment in 2021:
EUR 88,010



Photo: Sabine Ludwig

Almost 1,200 children and young people with disabilities who have fled from South Sudan, their carers and families live in the district of Moyo. Living in refugee settlements like Palorinya is anything but a suitable environment for them. They have no access to needs-based services, appropriate schools, aids and psychosocial support. A high level of alcohol abuse in families is just one of the consequences that also occur due to a lack of employment opportunities.

At the end of 2019, we launched the “Don’t dis my abilities” project in Palorinya and the surrounding communities in order to improve the economic situation of affected families

(both refugees and local residents) and to enable the children to access the state school system – and thus state support systems as well.

In addition, through therapy sessions and awareness raising, we strengthened the mental health of those affected, caregivers and community members, and helped them develop healthy coping mechanisms.

Over the past year, we supplied assistive and mobility aids to more than 70 children with disabilities, and provided numerous families with rabbits and the necessary equipment for generating income. By educating community members about disabilities and mental and psychosocial health, we counteracted the social stigma of people with disabilities and promoted inclusion. We gave children access to education, placed young people with disabilities in vocational training and enabled them to earn their own income and improve their social and economic status. Through the empowerment and inclusion of people with disabilities, we helped create equal access to health services, income and education.



Donate Now

Donation example: We spend **EUR 80** to provide a person with disabilities with mobility and assistive equipment that meets their needs – including locally made, simple wooden assistive tools (see note on p. 33).

www.dahw.de/spenden



West Africa

Deep poverty, oppression, chronic malnutrition and the effects of climate change continue to pose an extreme threat in West Africa. Human rights abuses and violence resulting from terrorism, maritime piracy, trafficking in people, arms and drugs, and the illegal exploitation of natural resources threaten the lives and livelihoods of millions of people, forcing them to flee. A massive food crisis is looming in many countries. In addition, social cohesion is being undermined. Women and girls are at increased risk of sexual and gender-based violence. At the same time, access for humanitarian aid organisations is restricted.

The pandemic has further exacerbated the situation, throwing West Africa into the worse recession in Africa in over half a century. Nevertheless, the African Development Bank (AfDB) is optimistic that the economy will recover.

However, the risk of new COVID-19 cases, over-indebtedness, volatile financial markets, extreme weather events and social tensions dampen this optimism.

Our teams are forced by the crisis to find new ways to implement programmes and projects despite the constraints. The spill-over effect of these innovative measures will continue to be seen and felt in the years to come. Mobile technologies and digital platforms facilitate peer-to-peer exchange, reporting of activities and support for health workers and many beneficiaries. We work hand in hand with state structures, civil society initiatives and local organisations of those affected, to realise our vision of “Leave no one behind”. In areas that are difficult to access, community-based responses are key to delivering much-needed health services.



Roméo Essou
Head of the West Africa
Regional Office in Dakar



Sahayarani Antony
Head of the West Africa
Regional Team in Würzburg

Nigeria

Project example



Project duration:
31.08.2021 – 31.08.2023

Project location:
States of Akwa-Ibom and Oyo
in Southern Nigeria

Project participants:
Tuberculosis e-patients and he-
althcare workers

Partner to DAHW Nigeria:
RedAid Nigeria, NTBLCP

Supported by:
Stop TB Partnership
and TB REACH

Investments in 2021:
EUR 47,302



Photo: Toby Nwafor

What is known as the “Pre-treatment Loss to Follow-up Rate (PTLTFU)” describes tuberculosis (TB) patients who test positive for TB but do not subsequently start treatment. To this day, this dropping out of patients after diagnosis but before treatment remains a yawning gap in TB work that needs to be closed.

In Southern Nigeria, we are working to do just that. The country reported only 10 percent of the estimated 21,000 multi-drug resistant tuberculosis (MDR-TB) cases in 2020, but a PTLTFU rate of 38 percent. Our project in Akwa Ibom and Oyo aims to reduce the PTLTFU in the two states to 11 percent.

We have recognised that it is no longer enough just to provide people with medicines. That is why we ensure that information about the disease is collected and managed in real-time to enable short-term prognoses and remove administrative hurdles.

We educate patients, their families, and healthcare workers and community-based organisations (CBOs) to engage in treatment, and equip health centres, laboratories and clinics with the resources they need to respond more appropriately to health care needs.

Last but not least, it is the psychosocial effects of the disease on patients, their households and families that we are increasingly addressing and where we are finding ways to improve them. In order to demystify the disease tuberculosis and to counteract stigmatisation of the disease – and thus also of those affected – we carry out important educational work in the communities. Thus, with this project, we are bringing together the national TB programme (NTBLCP) and those affected, as well as civil society organisations and donors, to close this gap and finally end tuberculosis.



Donate Now

Donation example: **EUR 245** is the cost of the two-day training course for a medical assistant to treat multi-drug resistant tuberculosis (MDR-TB); see note on p. 33.

www.dahw.de/spenden

Senegal

Project example



Project duration:
01.08. 2021 – 31.07.2023

Project location:
Senegal

Project participants:
Leprosy patients
and their contacts

Partner to DAHW Senegal:
National Leprosy Control
Programme (PNEL),
Thies University, Association
of Leprosy-Affected People

Supported by:
Gesellschaft für Internationale
Zusammenarbeit (GIZ)

Investments in 2021:
EUR 26,184



Photo: Dr. Christa Kasang

At the beginning of the 20th century, leprosy was still an incurable disease and those affected were isolated in leper colonies. Even today, the consequences of these colonies are clearly visible in Senegal. A particularly high incidence of cases of leprosy transmission occur in these nine highly endemic areas.

But we have arrived in the 21st century – leprosy has been curable for many years and, thanks to a new approach recommended by the World Health Organisation (WHO), can also be treated preventively. This includes tracing contacts of diagnosed individuals and administering prophylactic antibiotics to people who are particularly at risk from exposure (post-exposure prophylaxis, PEP). In Senegal, we are introducing these new WHO control measures. For this purpose, we train instructors from the University of Thies, the second largest medical faculty, as well as health care workers and former leprosy patients, in theory and practice. Following the in-depth training, teams travel across the country to visit the most affected villages. After carrying out an intensive information campaign to break down prejudices and stigmatisation and to clarify outstanding

questions in the village community, screening for skin diseases takes place.

In newly diagnosed cases, patients receive multiple therapy directly. Symptom-free participants receive a single dose of rifampicin as prophylaxis (PEP). Other skin diseases are also diagnosed and medications are prescribed as part of the screening process.

In 2021, the project was able to enter its second phase despite the recurring Corona restrictions. We have already been able to visit five of the nine highly endemic areas and successfully contribute to finally stopping the transmission of leprosy in these villages.



Donate Now

Donation example: **EUR 600** will help a team of experts screen a village of about 60 inhabitants for leprosy (see note on p. 33). www.dahw.de/spenden

Asia

In 2021, Asia was among the regions hardest hit by COVID-19, with more than five million cases and nearly one million deaths. More than two thirds of the world's population live in Asia, almost 25 percent of them in South Asia, where most of DAHW's target areas are located.

Due to the Corona pandemic and the associated restrictions, the DAHW countries reported their worst economic performance in 2021 with the corresponding consequences for the project target groups, such as food crises and disruptions in tuberculosis and leprosy care. With the shift in focus to COVID-19 in the region, the interest of most donors, including in the area of corporate social responsibility, has been drawn to Corona aid. Accordingly, DAHW's projects were adapted by the team to provide beneficiaries with medical equipment, food and medical assistance, while ensuring seamless access to health and other services. Despite constant efforts, milestones set could not be achieved in most countries.

The pandemic and the geopolitical problems continued to have a severe impact on the work of DAHW in Afghanistan and Myanmar, massively disrupting the socio-economic fabric of the region. Nonetheless, DAHW was able to make better use of its existing network of partners and donors, resulting in increased support for COVID-19 and tuberculosis and GLRA India being awarded a large Global Fund project for three years.

With the decision to refocus and concentrate on the three original project countries Pakistan, Afghanistan and India as from 2024, new challenges are arising, which employees and the regional office will need to address.



Dr Vivek Srivastava
Head of the Asia Regional
Office in Delhi



Juliane Meißner-Matz
Head of the Asia Regional
Team in Würzburg



Bangladesh

Project example



Project duration:
15.06.2021 – 14.12.2021

Project location:
Dinajpur, Bangladesh

Project participants:
People with disabilities,
people affected by leprosy,
self-help groups

Partner:
Centre for Disability
in Development (CDD)

Investments in 2021:
EUR 27,734



Photo: CDD

In Dinajpur, the pandemic hit the already marginalised population particularly hard – people affected by leprosy and/or disabilities, often from the indigenous population, without regular income. With a humanitarian aid project, DAHW contributed to improving their health, hygiene, nutrition and income conditions and reduced the risk of COVID-19 transmission.

Our local partner, the Centre for Disability in Development (CDD), conducted awareness and education campaigns and organised self-help group meetings. People benefited from discussions on COVID-19 prevention, social assistance services, vaccine referrals, nutrition, leprosy management and the social stigma surrounding leprosy. Many were vaccinated against COVID-19 with the support of the group and motivated by the example set by their self-determined group leaders.

54 leprosy patients were identified within the framework of the project and connected with the National Leprosy Control Programme. We were able to help some of those affected with physical disabilities to improve their quality of life with

prostheses, wheelchairs or crutches. We also supported the participants with targeted WASH measures (water, sanitation and hygiene) in the form of hygiene packages and sanitary equipment, and provided the families with chickens and laying ducks, as well as feed for their animals.

The project brought together many people with all their individual challenges and specific needs due to disability, disease, ethnicity, religion, educational level, sex, social status or economic situation, and provided space to interact with each other. A good foundation to mobilise the community for further interventions and to promote the importance of diversity, identity and inclusion.



Donate Now

Donation example: **EUR 62** are needed to provide a family with 15 healthy and vaccinated chickens or ducks to improve nutrition and secure their livelihood (see note on p. 33). www.dahw.de/spenden

Afghanistan

Project example



Project duration:
01.06.2021 – 31.01.2022

Project location:
Afghanistan, Kabul,
Bazari District

Project participants:
People with disabilities,
their families and caregivers

Partner:
Union Aid

Investments in 2021:
EUR 25,516



Photo: Union Aid

People with disabilities face the same barriers in Kabul's Bazari neighbourhood as they do in many parts of the world. The lack of barrier-free adaptations for access to institutional and social facilities prevents them from participating equally in society and in their personal development.

Their families see them as a burden. At the same time, dependency, neglect and stigmatisation have a negative impact on their psychological condition. They live on the fringes of society, usually in the simplest, sometimes precarious living conditions, with at best limited opportunities for everyday personal hygiene.

This situation acutely endangers their health. Another common cause of illnesses is a lack of knowledge about health risks.

With our aid project, we support people with disabilities in escaping this cycle. In prevention events, we informed them about preventive health care, hygiene, infection control and diseases such as COVID-19, malaria, leishmaniasis and tuberculosis. To this end, we also distributed hygiene kits containing soap, disinfectants and products for facial and dental care and menstrual hygiene.

We also supported them through income-generating measures. Women with disabilities took part in a training course in tailoring or spinning wool. We supported men in setting up micro-enterprises. In this way, we enabled the participants to generate an independent income to secure their livelihood.

The project began even before the Taliban took power. Thanks to the tireless commitment of our partner Union Aid, the project was able to continue in spite of extremely difficult political conditions.



Donate Now

Donation example: We spend **EUR 35** on health education materials for a school or community in Afghanistan (see note on p. 33). www.dahw.de/spenden



Latin America

Despite the COVID-19 pandemic, we were able to continue to advance the fight against leprosy, tuberculosis and neglected tropical diseases. As is the case everywhere in the world, those affected by these diseases and / or disabilities found it difficult to access diagnosis and treatment during the critical months. DAHW acted in good time and initiated seven new intervention projects. Together with health authorities, affected communities and local partners, we combined measures of direct work on site with campaigns via virtual media.

Latin America is a region of great social inequality, where vulnerable populations have few opportunities for employment, education or quality health care, a situation that was exacerbated during the pandemic. Despite slight increases in social spending, governments have not been able to meet basic needs.

Even apart from the pandemic, the political and social situation in the region remains difficult. In Colombia, notwithstanding the peace agreement with the FARC, there is conflict with other guerrilla and paramilitary groups, which perpetuates insecurity. In addition, the government cannot meet the needs of the approximately two million Venezuelan refugees for food, shelter and basic medical care. Paraguay has a weak and fragmented healthcare system due to insufficient government funding. In Bolivia, the needs of the population in rural areas are very great: their nutritional and health problems are mostly ignored due to the poor infrastructure. Brazil was the Latin American country hardest hit by the COVID-19 pandemic, with more than 665,000 deaths. Negative economic consequences led to high rates of inflation and unemployment, which further increased inequality.



Alberto Rivera
Head of the Latin America
Regional Office in Bogota



Carolin Gunesch
Head of the Latin America
Regional Team in Würzburg

Bolivia

Project example



Project duration:
01.01.2021 – 31.12.2023

Project location:
30 communities in Santa Cruz
Department, Bolivia

Project participants:
Persons affected by NTDs and TB,
public authorities,
community leaders, students,
general population

Partner:
Fundacion Intercultural NOR SUD

Supported by:
Likvidace lepry

Investments in 2021:
EUR 86,048



Photo: Dr. Abundio Baptista

As in the rest of the country, the health care system in Bolivia's most populous and largest state, Santa Cruz, has too little funding to control the spread of neglected tropical diseases (NTDs). Leprosy, Leishmaniasis, Chagas, but also Tuberculosis are still a health problem: the lack of knowledge among the population, the lack of access to the health care system and the fear of a corona infection led to an increase in NTDs and a stagnation or even a decline in leprosy numbers – also because there was hardly any active case finding due to the pandemic.

With our disease-spanning, preventive and supportive project to control NTDs, we strengthen the health system through capacity building, counteract stigma and promote

high-quality treatment through broadly-based activities. In 2021, we launched numerous education and training workshops. We informed health professionals and trained public authorities, teachers and communities in key prevention strategies. In so doing, we rely on the innovative IEC (Information, Education, Communication) strategy and empower communities to play an active role in achieving and maintaining their own health and changing behaviour and social conditions. In order to reach the general population as well, we designed educational material and launched campaigns that were publicised through mass media. We provided information about food standards and food-borne diseases, and organised medicines, ECG machines and medical supplies.

The work in the communities was complemented by extensive outreach activities with active case finding and home visits for people suffering from Leprosy or Leishmaniasis.



Donate Now

Donation example: It costs **EUR 515** to cover a district in Bolivia when carrying out active case finding (see note on p. 33). www.dahw.de/spenden

Colombia

Project example



Project duration:
01.03.2021 – 31.12.2023

Project location:
Cartagena (Bolívar),
Sincelejo (Sucre), Neiva (Huila)
and Valledupar (Cesar)

Project participants:
Women with disabilities
and female carers of people
with disabilities

DAHW Colombia

Supported by:
Likvidace lepry

Investments in 2021:
EUR 50,406

Photo: Martha C. Barbosa



Nearly 30,000 women with disabilities live in the four Colombian cities of Cartagena, Sincelejo, Neiva and Valledupar – most of them inadequately cared for and in a state of dependency. About 75 percent of them need a caregiver. Since inequality and social disadvantage make it difficult for women in particular to participate actively in society and to access educational institutions and the labour market, we started this project with the aim of promoting their socio-economic development and improving their living conditions. A total of 240 women with physical, visual, mild cognitive and multiple functional disabilities, as well as female carers of people with disabilities, are taking part. The latter are often additionally exposed to special burdens, perform unpaid care work, and therefore only have limited opportunities for vocational training or taking up employment.

For this reason, we helped the project participants gain access to public and private institutions and to the health care system, and we applied for a disability card for almost half of the participants, which they also need in order to receive special government benefits.

In interactive workshops, we supported the women in identifying their professional potential, boosted their self-confidence and motivated them to push ahead with their training. We accompanied the women in their search for employment and in the selection process, and thus on their way to a permanent and secure job or small business to generate an income.

We informed all participants about their rights and the existing social programmes to protect them. In addition, we provided women with physical disabilities with technical aids such as wheelchairs, as well as food, and enabled them to take part in cultural and leisure activities.



Donate Now

Donation example: **EUR 138** are needed to offer a vocational course to a disabled woman (see note on p. 33).
www.dahw.de/spenden

New directions in commitment and support



Photo: Sonja Chikwendu

For the 20th time, the DAHW Action Group in Kiel pedaled hard. Chairwoman Marlene Fröhlich wants to use the “Pedal Kiel” campaign to draw attention to leprosy and the people affected by it.

Volunteering is of manifold importance for DAHW *German Leprosy and Tuberculosis Relief Association e. V.*. On the one hand, volunteering stands for the beginning, the roots of DAHW; on the other hand, committed people are also symbolic for the organisation here in Germany. They give DAHW a face and are available for questions.

In 2021, the activities of volunteers were still heavily influenced by the Corona pandemic. Nevertheless, they managed to carry out campaigns and to support the people in our project countries through donations. One possibility, which at first glance cannot be measured in “hard cash”, is public relations activities, support via social media and keeping in touch with contacts from the local newspapers.

The popular “Maultaschen” meal in Metzingen was replaced by the Kolping family with a delivery and pick-up service, and the delicious Swabian specialty was offered at various points of sale in front of the St. Bonifatius Church for the Harvest Festival. The guests were delighted and a nice amount was raised for a good cause.

Get active!

If you would like to get involved, have questions or need advice, or would like a presentation, you can find our contact persons and further information at www.dahw.de/ehrenamt.



Photos: private

Look instead of overlook: Action week for World NTD Day and World Leprosy Day: Many thanks to everyone who followed the call to “Wear orange!” or managed to light up buildings in orange.

Instead of large-scale events, there were resourceful ideas. The International Children’s Festival in Würzburg could not take place in 2021 either, which is why there were attractive hands-on activities on the DAHW website: ideas for handicrafts and games, video courses for dancing, meditating and doing sports, and much more.

An equally interesting format was implemented by the Iserlohn-Lethmathe working group. Since the Kiliankirmes had to be cancelled, the volunteers carried out a Sunday waffle baking campaign at the church. The waffles could be pre-homes. This was a real benefit to people who are immobile or wanted to avoid congestion. Moreover, an additional balloon competition added money to the donations account.

Traditionally, primroses were offered on World Leprosy Day and collections were called for in numerous church congregations. At the end of the year, Engels Kerzen GmbH offered a new range of candles for our “Light of Hope” fundraising campaign. Due to the Corona pandemic, implementation was challenging, but thanks to the active assistance of the volunteers and the commitment in the schools, the campaign turned out to be a success.

Many thanks to all those involved who support the people in the DAHW project countries through campaign proceeds, donations and appeals for giving. We are happy to have you by our side.

Education as the key to global social justice



Photos (from left): GDA, India, Sam-Eze Chidera, Sabine Ludwig

In Uganda, solar MP3 players were distributed to refugees to inform them about mental health even without electricity and the Internet. In Nigeria, women received information on women's health via SD cards for their basic mobile phones. We used messenger services to inform indigenous populations in India about COVID-19, leprosy and hygiene practices. In Brazil, we used an online platform to educate the population about leprosy and skin health.

Imparting valuable knowledge, informing people, showing connections – education is and remains a central concern of DAHW. On the one hand, in our projects in countries of the Global South, where knowledge and education about diseases and their prevention are the basis for containing them, preventing infections and saving human lives. On the other hand, here in Germany, where we want to use our holistic, participatory educational concept of global learning to show even the youngest children the connection between global contexts and their own lives.

The topic “One Health – Eine Gesundheit” * was the content of our educational work in Germany several times in 2021. First in the spring and then again in the autumn, a network of non-governmental organisations (NGOs) launched the free training series “The 17 Sustainable Development Goals – Learning Snacks for Teachers”. Experts from the participating NGOs each presented one of the 17 United Nations Sustainable Development Goals in short digital learning units. The offer was aimed at teachers of all school types and grades as well as at interested parties. DAHW participated with an online workshop on the subject of “One Health” in order to deepen sustainability development goal number 3, health and well-being.

“Health for all” is also the topic of the new digital learning unit designed in 2021. The educational tool teaches school pupils in grades 7 – 9 global connections in the field of “health for the environment, animals and people” and is scheduled to be launched in 2022.

For our project work in the countries of the Global South, we also rely on new, digital tools to make vital health knowledge accessible to people. Our “DigitalWays2Health” concept stands for education and raising awareness using digital media. The open-source platform Audiopedia opened up new possibilities for us in health education. By presenting news and information on diseases and other health-related topics in the form of audio content in local languages in a way that is easy to understand and making it available to the respective target groups via various channels and tools, we succeed in digitising health education, communicating it in an accessible way and reaching an increasing number of people.

With the successful implementation of an audio campaign on COVID-19, we reached 46.1 million people in 17 countries from April to October 2021. At the same time, we have already been able to use Audiopedia in four pilot projects and sustainably improve the quality of life of those affected through the use of innovative information and communication technologies. By mid-October, we had already reached more than 24,000 people directly, and more than 2.5 million others with the help of widespread communication.

—
You can also follow our activities at www.dahw.de/digitale-gesundheit

** See page 5 and at www.dahw.de/one-health*

DAHW milestones



Photo: DAHW archive

Inspiring: Dr Antoine Féron, leprosy doctor at the Ethiopian leprosy station St. Antoine in Harar.



Photo: Ulf Reinhardt

Tireless: Dr Ruth Pfau at work in the remote mountain regions of Pakistan.



Photo: Dr Christa Kasang

Together: Involving traditional healers to improve leprosy case finding.

Momentous encounter: On a trip through Ethiopia in 1955, journalist Franz Graf Magnis and theology student Richard Recke from Würzburg meet leprosy doctor Dr Antoine Féron - and want to help...

1957: On 18 January, Graf von Magnis and friends, including the later President of DAHW Hermann Kober and his wife Irene, found the “Aussätzigenhilfswerk Dr Féron e.V.” in Würzburg. On 1 August, the name is changed to Deutsches Aussätzigen-Hilfswerk (DAHW) e.V.

1958: The first development workers start building the Bisidimo leprosy station in Ethiopia. Numerous project applications are soon received from Africa, Asia and Latin America.

1961: The relief organisation begins with the support of the nun, leprosy doctor and later DAHW honorary ambassador Dr Ruth Pfau.

1974: National leprosy control programmes are set up in several countries. Support continues for leprosy research work.

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

1987: The number of new leprosy cases worldwide is significantly reduced and tuberculosis (TB) gains importance in the work of DAHW.

1990: DAHW hosts the General Meeting of the International Association of Leprosy Relief Organisations (ILEP) in Würzburg.

2003: In order to reflect the expanded field of activity, the Deutsche Aussätzigen-Hilfswerk (DAHW) is renamed DAHW *Deutsche Lepra- und Tuberkulosehilfe* e.V.

2007: Neglected tropical diseases (NTDs) are confirmed as a sub-mandate, and disability is included as a new priority in DAHW’s mission.

2010: In its rehabilitation activities, DAHW no longer distinguishes whether a disability has arisen from leprosy or not.

2016: As DAHW is increasingly providing emergency relief in war and crisis regions, DAHW becomes a full member of Alliance Development helps (BEH).

2020/2021: The ongoing Corona pandemic and its economic, social and medical consequences for DAHW’s particularly marginalised and vulnerable target groups represent a major challenge for project work, which DAHW addresses with a special budget of one million euros.



Photo: DAHW archive

Research: DAHW is involved in the development of an effective treatment for leprosy.



Photo: Bernd Hartung

Inclusion: The goal is full participation for people with (leprosy)-related disabilities.



Photo: Sonja Chikwendu

Humanitarian aid: DAHW provides emergency aid in the course of the COVID-19 pandemic

Organisation chart



Photo: Manuel Koch

General Meeting

On 31.12.2021, the Association had 89 full members

Honorary Board of Directors

Patrick Georg (President)
 Maria Hammerschmidt (Vice President)
 Wolfgang J. Schmitt (Chief Financial Officer)
 Dr Dietmar Klement (Deputy Chief Financial Officer)
 Dr Reinhardt Mayer (Volunteer Coordinator)

Supervisory Board

Jürgen Jakobs (Chairman, Grünstadt)
 Dr Christof Potschka (Deputy Chairman, Würzburg)
 Prof. Dr Sibylle Wollenschläger (Würzburg)
 Dr Ralf Klötzer (Münster)
 Hans-Dieter Greulich (Würzburg)

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

DAHW Management

Burkard Kömm, Matthias Schröter (Deputy)
 Jürgen Ehrmann (until 30.06.2021)

Internal Audit

Birgit Markfelder

Assistance

Elke Herbst-Tilgner

Head of Medical and Social Projects

Laure Almairac

Head of Public Relations and Fundraising

Manuel Koch

Head of Administration, Information Technology, Human Resources

Nicole Hohmann, Matthias Schröter

Assistance

Heike Himmelsbach

Department of Third-Party Funding Acquisition

Thomas Collein
 Julianne Breitenfeld (until 30.04.2021)

Department of Planning, Monitoring and Evaluation

Juliane Meißner, Asia Regional Team Leader
 Carolin Gunesch

Project Management Department

Theresia Düring
 Susanne Knoch
 Chantal Menjivar-White
 Sabine Schöll
 Ramona Höfer (from 01.03.2021)

Department of Humanitarian Aid

Susan Höfner

Department of Medicine

Dr Saskia Kreibich, East Africa Regional Team Leader and Deputy Head of Department
 Anil Fastenau (from 01.12.2021)
 Sebastian Dietrich (until 30.09.2021)

Department of Research

Dr Christa Kasang

Department of Social Affairs

Sahayarani Antony, East Africa Regional Team Leader
 Susan Höfner

Head of Regional Offices

Asia: Dr Vivek Srivastava
 Latin America: Alberto Rivera
 East Africa: Ahmed Mohammed
 West Africa: Roméo Essou

Other Programme and Project Offices

DAHW maintains additional offices for the implementation of programmes or projects, as needed.

The full charter of DAHW German Leprosy and Tuberculosis Relief Association can be viewed at www.dahw.de/satzung

Assistant to the Head of Department

Sabine Slany

Collaboration Würzburg Office

Birgit Seubert

Volunteering

Sonja Chikwendu
 Beate Gemballa
 Michael Schnitzler (from 01.01.2022)
 Lilija Tenhagen (Münster Office)

Training

Judith Aßländer (until 31.12.2021)
 Sonja Chikwendu, Maria Hisch

Fundraising

Priscila Franco,
 Team Leader and Deputy Head of Department
 Sylvia Deppisch
 Sandra Dittrich
 Corinna Holzheimer
 Florian Hundhammer
 Friedrich Klußmann
 Stefanie Radtke
 Matthias Schwarz

Communication

Larissa Brodziak, Jenifer Gabel (until 31.12.2021)
 Judith Mathiasch, Nina Hottinger (until 14.09.2021)

Payroll Accounting

Birgit Ott (until 31.12.2021)

Donation Accounting

Elke Sengfelder
 Simone Ehrenfels
 Manuela Tobaben (until 12.05.2021)

Financial Accounting

Klaus Czech
 Christiane Wiesen (from 01.12.2021)

Bequests and Asset Management

Nicole Hohmann

Procurement/property management

Michael Welter
 Tobias Willmroth

IT

Christoph Appel
 Christian Beyer

HR Administration

Alexandra Brückner (from 15.01.2022)
 Maria Döhlen

Salary Structure 2021

Employees are paid based on the Collective Agreement for the public sector (TVöD-VKA), depending on the requirements and training profile and the degree of responsibility up to Group 14.

Due to the basic consideration of professional experience or length of service, the gross amount increases in stages over the years within the same group until it finally reaches the highest possible amount within the group. With changes and increasing responsibility within the old area of activity, higher groupings may also occur.

Gross salaries full-time¹

	From	To	Employees
Assistants:	2,636 €	3,524 €	6
Clerks:	2,636 €	4,664 €	12
Instructors:	3,124 €	5,367 €	21
Medical specialist staff,			
Heads of Department:	3,686 €	6,444 €	8

11 employees work part-time, 5 employees work in partial retirement models. The remuneration of the managing director is not governed by collective agreements. In 2021, he received a gross annual salary of EUR 107,855.69. Members of the Supervisory Board and the Management Board work on a voluntary basis. They do not receive any expense allowances, but are reimbursed for actual costs incurred upon application.

Organisation chart as of July 2022

¹ Reporting date 31.12.2021

Hermann Kober Foundation



A reliable mainstay for DAHW's project work in Ethiopia

The foundation, named after the co-founder and – until his death in 1998 – DAHW President Hermann Kober, is intended to commemorate this extraordinary person. It serves to secure our work in Ethiopia, where DAHW's project work began in 1957.



Photo: KNA

Unfortunately, there was a delay in completing the house construction programme because of difficulties caused by material shortages and the effects of the pandemic. The residents are infinitely grateful for our support.

In 2021, the Kober Foundation once again provided EUR 20,000 for people in Ethiopia. Due to the situation in the country, this money has not yet been effective. It is planned to use the money for emergency relief measures as well as for educational materials, school uniforms and scholarships, as well as for the distribution of seeds. The funds of EUR 25,000 from 2020 have now been fully invested in the projects agreed at the time in the 2021 calendar year. The house construction programme was thus successfully completed.

Contact the Hermann Kober Foundation

c/o DAHW Deutsche Lepra- und Tuberkulosehilfe e.V.
Raiffeisenstraße 3 | 97080 Würzburg
Tel.: +49 931 7948-0 | Fax: +49 931 7948-160
E-mail: info@dahw.de | www.dahw.de
Bank details: LIGA-Bank Würzburg
IBAN: DE27 7509 0300 0003 0114 88 | BIC: GENODEF1M05
For endowments we recommend contacting us in advance.
You can find more detailed information about Hermann Kober and the foundation at www.dahw.de/stiftungen



Photo: GLBA-Ethiopia

With the great support by the Rotary Club Würzburg and the contribution of EUR 2,000 from the Kober-Stiftung, the power generator at the hospital in Bisidimo was brought into operation in 2021 after long months of preparation.

A total of EUR 20,000 was used for this in 2020 and 2021. EUR 2,000 from the 2020 distribution were used for the electricity generator for the hospital in Bisidimo, the procurement of which was largely thanks to the Rotary Club Würzburg. A further 3,000 euros were used for medicines, food and urgent needs due to the pandemic.

At the time of its establishment, the foundation's basic assets amounted to around 1 million euros, which totalled EUR 1,386,250 as of 31.12.2021, due to endowments, among other things. Since it was established, the foundation has distributed a total of EUR 367,000 for projects run by DAHW and its partner organisations (as of 31.12. 2021).

Irene Kober – widow of Hermann Kober, member of the Board of the Kober Foundation and the sole surviving DAHW founding member – is also pleased and enthusiastic about our commitment in Ethiopia. In an interview conducted in March 2022, she was moved by the fact that the funds are used to focus on support, that needs-based help can be provided quickly in emergency situations, and that the aid continues to centre on Ethiopia.

Ruth Pfau Foundation



A foundation follows faithfully in the footsteps of its name giver

In 1996, the namesake of the foundation, the leprosy doctor and nun Dr Ruth Pfau, who had built up a nationwide aid programme in Pakistan since the early 1960s, and passed away in 2017, expressed the wish and concern that her work should be secured after her death.



Photo: MALC

Mervyn Lobo, member of the Ruth Pfau Foundation Board, and Harald Meyer-Porzky, Chairman of the Foundation Board, at a meeting in Sindh.



Photo: Harald Meyer-Porzky

In 2021, the Ruth Pfau Foundation supported the mother-child programme in the MALC outstation in Sindh, among other things.

The Ruth Pfau Foundation was established in 1996 by DAHW *Deutsche Lepra- und Tuberkulosehilfe e.V. (German Leprosy and Tuberculosis Relief Association)*. The basic assets at that time amounted to 500,000 Deutschmarks (EUR 255,645.94). As of 31.12.2021, the Ruth Pfau Foundation had approximately EUR 8.2 million at its disposal as a result of continual endowments over the years. In addition to the actual basic assets, this includes conditional endowment funds, reserves, other foundation assets and provisions. This wonderful development once again reflects the great trust of its donors.

With EUR 280,822.66, the Ruth Pfau Foundation provided considerable support in 2021 for the work of the Marie Adelaide Leprosy Centre (MALC) in Karachi / Pakistan and other aid organisations as far away as Afghanistan.

The aid provided by these organisations include leprosy and tuberculosis work as well as the prevention of blindness. It is also a case of preventing disabilities and promoting an inclusive environment for people with disabilities. Local teams provide basic health care for mothers and children and treat

a variety of neglected tropical diseases (NTDs) to break the cycle of disease and poverty. “Ruth Pfau was not only a remarkable Christian and doctor, but also a great teacher and a rhetorically astute speaker with clear visions and positions. She was able to move people,” recalls Harald Meyer-Porzky, Chairman of the Ruth Pfau Foundation. “As honorary members of the Foundation, we feel deeply indebted towards Dr. Ruth Pfau, and support her programme as she exemplified it.”

Contact the Ruth Pfau Foundation

c/o DAHW Deutsche Lepra- und Tuberkulosehilfe e.V.
Raiffeisenstraße 3 | 97080 Würzburg
Tel.: +49 931 7948-116 (Manuel Koch, Board Member)
Fax: +49 931 7948-160
E-mail: ruth-pfau-stiftung@dahw.de
www.ruth-pfau-stiftung.de
Bank details: Commerzbank Würzburg
IBAN: DE98 7908 0052 0307 9697 00 | BIC: DRESDEFF790
For endowments we recommend contacting us in advance.



Stability provides security

Report of the Chief Financial Officer



The primary goal of financial and asset management – as in all previous years – is to ensure sufficient funding for DAHW projects in the countries. Despite the ongoing restrictions caused by the COVID-19 pandemic, project expenditure could be kept almost stable.

DAHW made approximately 9.3 million euros available to its project countries in 2021. As in 2020, the additional funds from the Corona Special Fund contributed to this. It was particularly pleasing that the inflow of funds from legacies and bequests in 2021 reached a record level of almost EUR 3 million. This reflects the great trust of our donors, who continue to support “their” DAHW even after their death. This more than compensated for the slight fall in donations. The positive annual result of approximately EUR 1.2 million is almost exclusively attributable to this increase in bequests.

The strategy adopted several years ago of increasing income from third party donors and from co-financing is also bearing fruit. These inflows of funds from public and church donors, foundations and foreign aid organisations more than compensated for the reduction in Global Fund monies in our project countries. The amount of receivables from our third-party donors remains at a high level. In order to counteract the downturn in donations, the Executive Board and the Supervisory Board provided additional funds to attract new donors. Despite these additional costs, advertising and administration expenses only rose by around EUR 140,000. Without these expenses, this cost ratio would have been lower than in previous years.

Unfortunately, the environment on the financial markets did not improve in 2021. Generating a reasonable return is becoming increasingly difficult, also in view of global crises.

The result from asset management therefore declined. These times show once again how valuable DAHW’s reserves are in securing the long-term performance of our organisation.

The introduction of new accounting software led to a further improvement in reporting. This has made it even easier to minimise risks in a timely manner. The scheduled rotation of auditor took place during the voluntary audit of the 2021 annual financial statements. In this context, the bank portfolios in our regional and country offices, which had previously only been reported for information purposes, were included in the balance sheet, in order to further enhance informative value and transparency. This called for a one-time adjustment to project expenses, without which these would have been posted at approximately the same level as in the previous year. In 2021, as in many previous years, DAHW was again awarded the DZI Donation Seal by the German Central Institute for Social Issues (DZI).



Photos: Daniel Schwarz (left), Judith Mathiasch

From left: Wolfgang J. Schmitt, Honorary Chief Financial Officer, and Dr Dietmar Klement, Honorary Deputy Chief Financial Officer



Das Deutsche Zentralinstitut für soziale Fragen (DZI) bescheinigt: **Ihre Spende kommt an!**



Photo: CDD

Balance sheet as of 31 December, 2021

Assets	2021		2020	
	€	€	€	€
A. Fixed assets				
I. Intangible fixed assets		74,874.00		82,025.00
II. Property, plant and equipment				
1. Land, leasehold rights and buildings	15,118,794.26		15,367,327.26	
2. Other equipment, factory and office equipment	137,637.00		209,309.00	
		15,256,431.26		15,576,636.26
III. Financial assets				
1. Securities held as fixed assets	11,581,643.56		9,371,723.49	
2. Other loans	17,896.22		17,896.22	
		11,599,539.78		9,389,619.71
B. Current assets				
I. Stocks		673.24		344.12
II. Receivables and other assets				
1. Trade receivables	0.00		4,849,281.76	
2. Other assets	5,712,725.43		1,013,306.61	
		5,712,725.43		5,862,588.37
III. Cash on hand, credit balances at banks		8,495,814.27		8,744,463.55
C. Prepaid expenses		741.36		2,523.69
D. Difference amounts from asset offsetting carried on the assets side		786.67		1,945.32
Total assets		41,141,586.01		39,660,146.02

* Compared to the previous year, the presentation of the trade receivables item has changed and is now reported under other assets



Photo: GLBA Ethiopia

Liabilities

	2021		2020	
	€	€	€	€
A. Equity capital				
I. Reserves for statutory purposes	29,678,775.06		28,869,859.62	
II. Profit carried forward / Loss carried forward	0.00		0.00	
III. Annual net profit / Annual net loss	1,249,441.39		-229,183.82	
Total equity		30,928,216.45		28,640,675.80
B. Special item from donations and grants				
I. Long-term fixed assets		415,000.00		415,000.00
II. Unused donations, grants				
Donations not yet used (as of 31.12)				
› Programmes and projects financed with third-party funds	1,056,046.95		1,535,225.20	
› Programme and project funds / Bündnis Entwicklung Hilft (BEH)	700,783.57		572,684.93	
› Programmes and projects financed with own funds	41,031.43		34,341.04	
		1,797,861.95		2,142,251.17
C. Contingent donation fund		208,555.26		223,962.02
D. Provisions				
1. Pension provisions	1,656,134.00		1,586,655.00	
2. Other provisions	1,302,217.20		1,534,399.48	
		2,958,351.20		3,121,054.48
E. Liabilities				
1. Trade liabilities	174,607.57		577,296.77	
2. Other liabilities	4,653,445.77		4,536,934.97	
		4,828,053.34		5,114,231.74
F. Accruals and deferrals				
1. Accrued expenses	5,547.81		2,970.81	
		5,547.81		2,970.81
Total liabilities		41,141,586.01		39,660,146.02

Würzburg, 08.03.2022

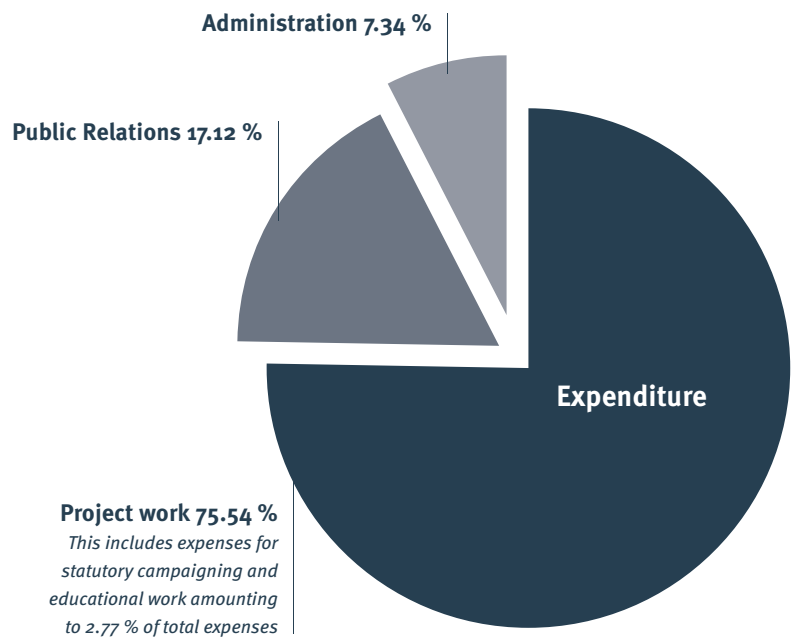
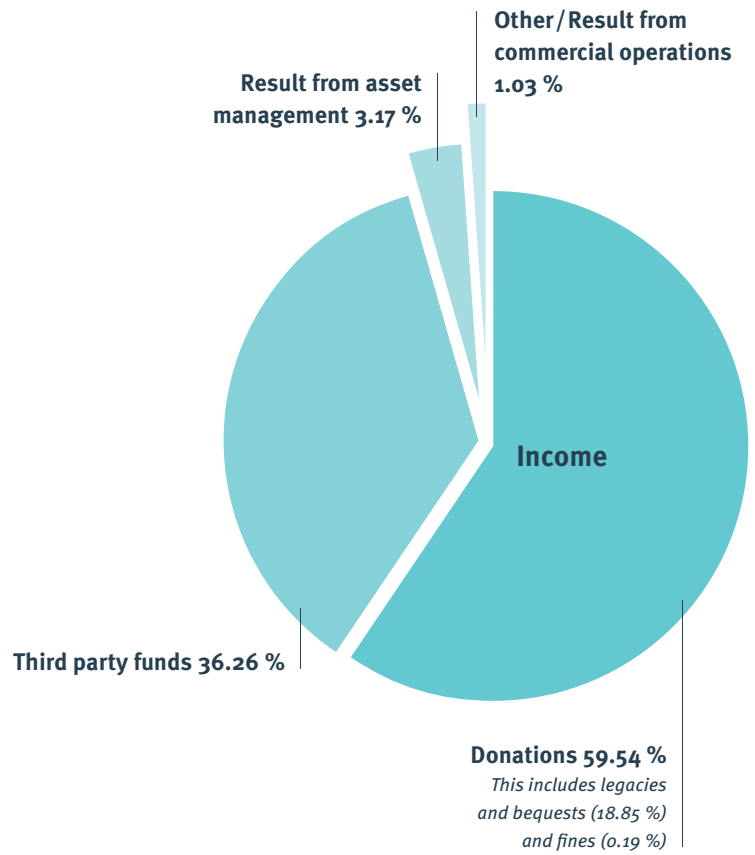
Income statement for the period from 1 January to 31 December, 2021

Income	2021		2020	
	€	%	€	%
Intangible sector and special purpose operation				
› Cash donations	6,400,701.19	41.82	6,462,198.09	46.57
› Donations in kind	1,843.31	0.01	185.60	0.00
› Estates (inheritances and legacies)	2,979,729.62	19.47	1,860,273.56	13.4
› Income from monetary penalties (fines)	29,293.50	0.19	58,578.00	0.42
› Government grants	2,208,049.90	14.43	863,206.02	6.22
› Donations from other organisations (foundations, church offices, foreign organisations)*	3,524,906.70	23.03	4,621,442.93	33.3
› Other income	160,044.83	1.05	12,916.27	0.09
Total income	15,304,569.05	100.00	13,878,800.47	100.00
Expenditure				
Programmes and projects				
› Africa	-4,743,463.82	32.59	-5,313,313.01	35.85
› Latin America	-466,164.91	3.20	-533,679.64	3.60
› Asia	-2,828,151.84	19.42	-2,289,199.45	15.44
› Research	-489,776.98	3.36	-744,643.57	5.02
› BEH programmes and projects	-268,546.61	1.84	-422,778.47	2.85
› Supraregional projects	-384,812.30	2.64	-23,001.16	0.16
› ILEP collaborations	-26,300.00	0.18	-32,694.00	0.22
› Quality assurance programmes and projects	-114,717.76	0.79	-260,265.26	1.76
› Personnel and material costs for programme and project support	-1,273,468.96	8.75	-1,257,612.41	8.49
› Statutory campaign and educational work	-403,083.28	2.77	-522,421.28	3.53
Total programme expenditure	-10,998,486.46	75.54	-11,399,608.25	76.92
Public relations				
› Funds for advertising and fundraising	-1,152,677.50	7.92	-898,959.57	6.07
› Personnel and material costs for public relations in general	-1,046,821.74	7.19	-909,423.35	6.14
› Personnel and material costs for third party funding	-293,098.00	2.01	-588,102.42	3.97
Total public relations expenditure	-2,492,597.24	17.12	-2,396,485.34	16.18
Administration				
› Personnel and material costs	-1,068,502.90	7.34	-1,023,392.73	6.90
› Taxes on income and earnings	0.00	0.00	0.00	0.00
Total administration	-1,068,502.90	7.34	-1,023,392.73	6.90
Total expenditure	-14,559,586.60	100.00	-14,819,486.32	100.00
Commercial business operations				
Income	4,400.79		5,640.97	
Expenditure	-1,064.24		-1,207.24	
Result of commercial business operations	3,336.55		4,433.73	
Assets management				
Income				
› Rental and lease income / proceeds from sales	737,925.35		812,644.24	
› Capital gains	268,308.98		464,893.80	
Total income	1,006,234.33		1,277,538.04	
Expenditure				
› Real estate expenses	-366,884.77		-317,025.35	
› Capital management expenses	-138,227.17		-253,444.39	
Total expenses	-505,111.94		-570,469.74	
Result of asset management	501,122.39		707,068.30	
Withdrawal from reserves	1,249,441.39		-229,183.82	

* This item includes the inflow of funds from BEH in the amount of EUR 419,800.83 (previous year: EUR 439,548.13).
The above income statement was prepared according to the specifications of the DZI.



Schematic Representation



Trust is based on transparency



Quality Management at DAHW

From the very beginning, DAHW has set high standards for transparency towards beneficiaries, donors, partners, members and employees. At the same time, we consider it a matter of course to minimise risks that can arise through fraud or corruption.



Photo: Siegfried Herrmann

At DAHW, compliance stands for the obligatory observance of general, binding rules, but also of standards that we have set ourselves and have been declared binding. Through prophylaxis, we aim to prevent breaches of duty and cases of damage and liability. In regular training courses, we internalise the DAHW Code of Conduct and our guidelines – among other things, to prevent corruption, acceptance of undue advantages and fraud. They form the working basis of our supervisory bodies, all employees, partners and service providers of DAHW worldwide. Furthermore, clear Safeguarding Standards serve to protect our employees, partners and beneficiaries in our projects from harmful influences, abuse and exploitation. In 2021, the DAHW guidelines for protection against sexual exploitation and sexual abuse in development cooperation and humanitarian aid as well as for partnerships with companies were drawn up, implemented and introduced in corresponding training courses.

At the end of 2020, there were mounting indications of irregularities in the area of financial administration in our DAHW office in Tanzania and its programme portfolio. This was identified through the existing compliance and safeguarding structures as well as with the help of vigilant colleagues at home and abroad.

After the programme manager of DAHW Tanzania resigned on 13 November, 2020, the regional representative Ato Ahmed Mohammed and the DAHW Managing Director Burkard Kömm took over his duties on an interim basis. As a result, numerous projects were specially assessed, donors informed accordingly and the systems and processes in the office were strengthened by means of external support and close supervision by the regional office and regional team.

Our aid projects and our beneficiaries, for whom, fortunately, hardly any disadvantages arose, are – as always – in the foreground in such an exceptional case and the corresponding reappraisal. All planned projects could be implemented and, with a few exceptions, implemented in full. Nevertheless, we very much regret, for example, that the educational work in the communities could not take place as planned due to the fact that training courses were not held or were shortened. We also have indications that sometimes footwear for the needy was not distributed in the quantity accounted for.

After we had temporarily almost completely ceased all financial, administrative and programmatic matters in Tanzania in the interests of damage limitation, things moved on in early summer 2021. The office in Tanzania has had a new programme manager since May, and suspended as well as newly developed projects concerning leprosy and inclusion have gained momentum – a very important step for the future of leprosy control and elimination in the country.

–
Quality Management: www.dahw.de/qualitaetsmanagement

Help us to help!

Please support the worldwide work of DAHW



For 65 years, DAHW has been improving the living and health situation of millions of people who suffer from poverty-related and neglected diseases and who would otherwise be forgotten. For this we need your help!



Photo: Lepro

EUR 30 is what we spend to provide a family in Afghanistan with food for a month in out-reach.



Photo: Temesgen Woyessa

EUR 180 is what it costs for three young goats (a male and two females) to start a breeding programme in Ethiopia.



Photo: Cumaridayti

EUR 660 is what we need to hold information sessions lasting several days about Chagas at three schools in Bolivia.

Support our work with a donation, get involved as a volunteer, use a birthday or an anniversary as an opportunity to start a fundraising campaign, or remember DAHW in your will. We would be happy to inform you about the numerous opportunities to become active (see reply card on the next page), and provide you with comprehensive and personal support.

The donation examples give an insight into our work and at the same time serve as an appeal to actively support us. You can see from these that even with small sums, we can improve the health and living situation of a great many people.

Please note: If more donations are received than are needed for the donation examples in this Annual Report, we will use the monies for other medical and social projects in our regions of operation.

Donate at: www.dahw.de/spenden or directly to our donation account easily, quickly and securely. Thank you very much!

Sparkasse Mainfranken Würzburg
IBAN: DE35 7905 0000 0000 0096 96
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Almost all of DAHW's programmes and projects have a three-year term. By regularly supporting our work with a permanent donation, you also contribute to long-term planning security – for DAHW, our partners, but above all, for our project beneficiaries.

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*All contact persons for communications about donations can be found at www.dahw.de/spendenservice
Everything you need to know about donating can be found at www.dahw.de/faq*

Always up to date

News from our work, printed on paper or digitally



For more information about **DAHW German Leprosy and Tuberculosis Relief Association**, simply fill in the reply card, cut it out and send it to us in an envelope by post. Or send us an e-mail to info@dahw.de.

Response card: Please send me (until further notice):

- | | | |
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Imprint

Editor:

DAHW Deutsche Lepra- und Tuberkulosehilfe e.V.
Raiffeisenstraße 3 · 97080 Würzburg · Germany
Tel.: + 49 931 7948-0
Fax: + 49 931 7948-160
E-mail: info@dahw.de
Internet: www.dahw.de

Münster Office:

Kinderhaus 15 · 48159 Münster · Germany
Tel.: + 49 251 13653-0
Fax: + 49 251 13653-25
E-mail: muenster@dahw.de

Donation account:

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

Project Management: Judith Mathiasch

Content conception and editing:

Priscila Franco, Manuel Koch, Kristina Popp

Collaboration: Laure Almairac, Sahayarani Antony, Larissa Brodziak, Klaus Czech, Maria Döhlen, Beate Gemballa, Carolin Gunesch, Maria Hisch, Nicole Hohmann, Susan Höfner, Dr. Christa Kasang, Manuel Koch, Burkard Koemm, Dr. Saskia Kreibich, Judith Mathiasch, Juliane Meißner-Matz, Patrick Georg, Wolfgang J. Schmitt, Matthias Schröter, Birgit Seubert, Sabine Slany

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Legend for heading symbols:



Project
planning



Mission/
Task



Vision/
Strategy



Structure



Quality
Management



Project
Region



Network



Donation



Information



Corona



DAHW Deutsche Lepra- und Tuberkulosehilfe e.V.

Raiffeisenstraße 3 · 97080 Würzburg · Germany
Telephone: +49 931 7948-0
E-mail: info@dahw.de

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BIC: BYLADEM1SWU
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