

Cover story

Leprosy lives ! Stop Leprosy and tuberculosis.

Leprosy lives ! It is essential to make this plain because, when confronted with the subject of leprosy, many people ask in astonishment, „Leprosy, is that still around?“ And according to the definition of the World Health Organisation (WHO) leprosy has been „eliminated“ almost everywhere. However, the limit below which leprosy is deemed to have been „eliminated“ is one patient per 10,000 people. So what does that mean for a city like Berlin? On that basis there could be more than 300 leprosy patients in Berlin and the disease would still be regarded as „eliminated“.

The consequences on patients are drastic since leprosy is ignored, it is not diagnosed promptly. The results are, at the very least, serious damage to the limbs as shown on the cover. This hand is to remind us not to stop in our efforts to enable people affected by leprosy to live a normal life, without the disease and its consequences such as stigmatisation, exclusion or even discrimination.

Tuberculosis is also hardly at the forefront of public consciousness in Germany. Many people think of „consumption“ and X-ray buses which were part of everyday life in Germany in the first two decades after the Second World War. Tuberculosis? That’s something from the past. It’s been beaten! That is well wide of the mark. Every year almost 10 million people catch tuberculosis around the world and around 1.5 million people die from it each year.

Like leprosy, TB is a disease of poverty and it causes a silent death well away from the news headlines. The hand held out in a stop signal on the back cover is a call to people in developed countries not to forget the people suffering from diseases of poverty.



Photo: Bernd Hartung

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Legal notice

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IBAN: DE35 7905 0000 0000 0096 96,
BIC/SWIFT: BYLADEM1SWU

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Closing date for articles: 15th May 2015

Editorial

DAHW *Deutsche Lepra- und Tuberkulosehilfe e.V.* relocated to new premises in 2014, a friendly, open office building of our own, which allows people to interact easily, work together closely and act effectively. We would once again like to express our gratitude to a Würzburg-based businessman whose donation and support ultimately led to our creating this new working environment, but also to our salaried staff who completed the relocation and furnished the new building alongside their everyday work.

In addition to all these changes, we were also aiming internally to try new approaches and build on them during 2014. The Board of Directors and Supervisory Board can look back at their first year of collaboration during which they found a whole host of new ways to make improvements.

A good mixture of objective, critical assessment of the various management and control functions has certainly taken place. The new division of labour between our two bodies is an attempt to act commensurately with the size of our organisation, the trust placed in us by our many donors and above all the expectations of the people suffering, whilst also meeting the requirements of the DZI.

The 40 and 50-year celebrations this year in Togo, Nigeria and Columbia serve to remind us of the massive responsibility of medical aid, integration and rehabilitation for thousands of people.

There were celebrations in Pakistan too, with friends and supporters of Dr Ruth Pfau, who has been working there as a leprosy doctor since 1960, gathering to honour the nun on her 85th birthday. We would like to take this opportunity to thank her and all her supporters in projects around the world on behalf of all the



From left: Jürgen Jakobs (Chairman of the Supervisory Board), Gudrun Baroness of Wiedersperg (President) and Burkard Kömm (Chief Executive Officer).

patients who have been healed physically and mentally.

To ensure that this important work can be secured in the future, the Board of Directors and management team have been working on a detailed strategic approach which will cover both criteria for awarding projects and other measures to acquire funds and will be sustainable for at least the next ten years.

One example of this is that we are a founding member of the initiative „My legacy will do good work. The apple tree principle“ Prominent people such as Egon Bahr, Günter Grass, Margot Kässmann, Dieter Mann, Ulf Merbold, Reinhold Messner, Anne-Sophie Mutter, Christiane Nüss-

lein-Volhard, Friede Springer, Richard von Weizsäcker and Wim Wenders tell us what can remain when we have to go.

This 2014 annual report is intended to give you an insight into our work last year. Visit us at www.dahw.de or arrange an appointment with our staff at our Würzburg headquarters. We are delighted by your interest and hope that we can find some supporters among you for our medical and social work around the world.

DAHW Board of Directors, Supervisory Board and management team



COUNTRY INFORMATION

Liberia Nigeria Senegal Sierra Leone Togo Egypt Ethiopia Yemen Sudan
South Sudan Tanzania Uganda Afghanistan India Nepal Pakistan Bolivia Brazil
Columbia Paraguay

WEST AFRICA LIBERIA

General information

Area: 111,370 km²
Population: 4.3 million
Average life expectancy: 60.6
Per capita income USD 454/year
Human Development Index (HDI): 0.412; rank 175/187
Leprosy cases 2012: 159
(Numbers for the hospital in Ganta)
2013: approx. 186
(Numbers for the hospital in Ganta)
TB cases 2013: 13,000
Deaths from TB: 21,650



A great many children are suffering from leprosy in Liberia - an indication that many persons affected by leprosy have not had any diagnosis or therapy services and therefore that the transmission of the disease is progressing very quickly.

Photo: Jochen Hövekenmeier / DAHW

DAHW activities since: 1974

Having always been limited by political instability and poor state structures, leprosy work came to a halt when the civil war broke out in 1990. Local services were only available in the leprosy and TB hospital in Ganta (near Gbanga) which is administered by Italian nuns with the support of DAHW. DAHW has been working with other ILEP partners to re-establish a national leprosy control programme since 2011. Until then, the programme run by the health ministry had been restricted in and around the capital Monrovia.

Current DAHW activities

The hospital in Ganta is the only reference hospital in the country for leprosy, and the only one outside the capital for the diagnosis and treatment of multi-drug tuberculosis. DAHW and its partners provide health services for people suffering from leprosy throughout the entire state of Nimba. It uses mobile teams to take diagnosis and therapy services to the people who, due to poor infrastructure, are unable to get to Ganta by undertaking a journey which would take them several days to complete. The biggest challenge will be to expand the national programme to fight tuberculosis and leprosy to the point where healthcare can be provided all over the country for people suffering from leprosy and TB. Liberia is therefore a real focus country for DAHW.

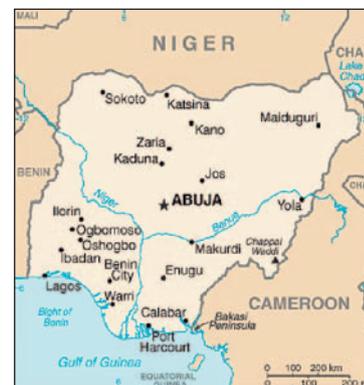
The Ebola epidemic since the start of 2014 brought the already very weak, unstable health system in Liberia to an almost complete standstill. There was hardly a single medical facility outside of the Ebola treatment centres which was still operational. The hospital in Ganta was one of these and restarted its mobile healthcare provision for persons affected by leprosy immediately after the end of the Ebola epidemic.

DAHW investment (2014): 166,486.31 euros

NIGERIA

General information

Area: 923,768 km²
 Population: 173.6 million
 Average life expectancy: 52.5
 Per capita income USD 2,230/year
 Human Development Index (HDI): 0.504; rank 152/187
 Leprosy cases 2012: 3,805
 2013: 3,385
 TB cases 2013: 590,000



DAHW activities since: 1964

Initially DAHW supported persons affected by leprosy on an isolated basis at many missionary hospitals, providing them with access to diagnosis and therapy services. Since 1991 these structures have been used to establish a national leprosy control programme which is now a combined leprosy and TB programme.

Current DAHW activities

DAHW is currently working with its partners on behalf of people suffering from leprosy or TB in around one-third of the country with the remaining parts of the country covered by DAHW's ILEP partners or inaccessible due to political and religious tension (Boko Haram). This unstable political situation is also the biggest challenge facing DAHW's work - the aim is to help people on site without putting the staff themselves in danger. Corruption is another hindrance to the work because DAHW has repeatedly had to provide the logistic services that should actually be organised by the health ministry.

Providing medical care for people who cannot earn their own living due to disabilities which are typical effects of leprosy. The high rate of HIV infections among TB patients is a massive challenge. This co-infection requires very difficult, long term and costly treatment. Nigerian Dr Joseph Chukwu has been working for DAHW for more than 20 years and coordinates its collaboration with the national programme.

Many major sponsors such as Global Fund support DAHW's work in Nigeria for people suffering from TB and HIV.. This is proof of the confidence these organisations have in the work carried out by DAHW in a country which is otherwise riddled with corruption. This also includes work for people suffering from Buruli ulcer.

DAHW investment (2014): 2,996,278.87 euros



Tuberculosis patient in a hospital supported by DAHW in Abatkaliki, Nigeria.

Photo: Jochen Hövekenmeier / DAHW

SENEGAL

General information

Area: 196,190 km²
 Population: 13,635,927
 Average life expectancy: 63.5
 Per capita income USD 1,084/year
 Human Development Index (HDI): 0.485; rank 163/187
 Leprosy cases 2012: 224
 2013: 247
 TB cases 2013: 19,000
 Deaths from TB: 3,320



DAHW activities since: 1965

After initiating various aid measures in leprosy villages, DAHW has been working with the then newly founded national leprosy control programme since 1973, with the aim of provi-

WEST AFRICA



People with disabilities and former leprosy patients make children's toys by hand.

Photo: Jochen Hövekenmeier / DAHW

ding free access to diagnosis and therapy services for everybody suffering from leprosy. The success of this joint venture has been low numbers of new leprosy cases for many years. The purely medical work was taken over by French ILEP partner organisation Fondation Raoul Follereau (FRF) in 2014 but with financial support from DAHW.

Current DAHW activities

DAHW's work in Senegal is dominated by people with disabilities. Although initially these were people who had been leprosy patients, CBR work is now the main focus. Organised into self-help groups with support from DAHW, people with all types of disabilities are now helping themselves and each other to overcome the challenges of everyday life. One major hurdle in Senegal is the continuing stigmatisation of people who have been affected by leprosy. Previously they were forced to live in leprosy villages and the fact that the names of these villages are shown in their passports means that the children of former leprosy patients are unable to find work because they are still linked to the disease and all the prejudice which goes hand in hand with it.

DAHW investment (2014): 384,833.73 euros

SIERRA LEONE

General information

Area: 71,740 km²

Population: 6.1 million

Average life expectancy: 45.6

Per capita income USD 756/year

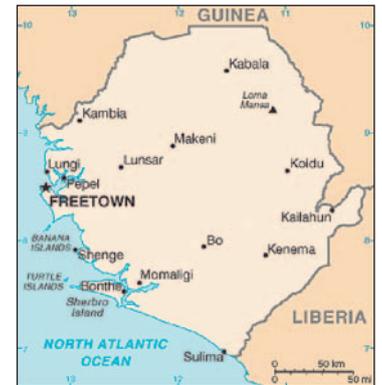
Human Development Index (HDI): 0.374; rank 183/187

Leprosy cases 2012: 236

2013: 292

TB cases 2013: 19,000

Deaths from TB: 3,210



DAHW activities since: 1966

In addition to „normal“ leprosy work, DAHW started to provide persons affected by leprosy with special orthopaedic footwear in 1974. Initially these special shoes were not imported from Europe but produced locally in Makeni and generally are custom-made. The civil war, which has been spreading since 1985, has put an end to much of this work. After 1991 the teams from DAHW and its partners were only able to provide care for people near to the large cities. It was only since 2000 that nationwide leprosy work is been made possible.

Current DAHW activities

There has never been a properly functional health system in Sierra Leone. The medical personnel in the few health facilities and hospitals have received basic and advanced training from DAHW to ensure that leprosy and TB sufferers there can be given the correct diagnosis followed by the correct therapy. People with disabilities receive support from DAHW by means of vocational basic and advanced training as well as social programmes which enable them to live self-determined lives without barriers.

The rampant Ebola epidemic in 2014 brought all this work to an almost complete standstill and has also made it difficult to re-establish nationwide leprosy and TB control work. Moreover, poor infrastructure is making it even more difficult to reach out to people in rural areas.

DAHW investment (2014): 295,574.91 euros



The village of Masanga is on the infamous „Diamond Road“ and was almost completely cut from the outside world during the civil war. There is a particularly large number of people here with disabilities caused by leprosy. Undertaking vocational training, for example as a tailor, provides them with an opportunity to provide both for themselves and their families.

Photo: Jochen Hövekenmeier / DAHW

home villages. The town of Bisidimo which came about as a result of this, has a population of over 10,000 people now. Bisidimo has a general hospital which provides medical services for the entire region whilst also continuing to be a reference hospital for leprosy. Since 1996 DAHW has extended the work to include persons affected with Tuberculosis..

Current DAHW activities

Almost 50,000 people suffering from the long term effects of leprosy have been helped by DAHW and its partners. DAHW also supports almost 20,000 people with disabilities who have organised themselves into self-help groups.

An important partner in this cause is the national Leprosy and TB control programme DAHW together with this national programme provide basic and advanced training for medical personnel at the health stations. One of the main aims of this work is the early detection of leprosy and TB since late diagnosis normally has serious consequences for the victims themselves and also the possibility of other people becoming infected, normally within the same families.

DAHW supports the All Africa Leprosy Tuberculosis and Rehabilitation Training Centre (ALERT) in Addis Ababa with its ILEP partners. Personnel from many different countries receive training there for leprosy and TB work.

DAHW investment (2014): 798,441.42 euros



DAHW healthcare assistants in Arsi, Ethiopia.
Photo: Enric Boixadós / DAHW

YEMEN

General information

Area: 527,970 km²

Population: 24.4 million

Average life expectancy: 63.1

Per capita income USD 2,466/year

Human Development Index (HDI): 0.500; rank 154/187

Leprosy cases 2012: 392

2013: 383

TB cases 2013: 12,000

Deaths from TB: 1,008



DAHW activities since: 1989

DAHW supported various activities for persons affected by leprosy from its base in Taiz between 1965 and 1976. Since 1989 it has been working closely with the national leprosy control programme which coordinated the leprosy work in the country. DAHW provided major support in Taiz for the construction of a dermatology hospital. Since then Dr Yasin Al-Qubati has been coordinating work for people affected by leprosy from the hospital.

Current DAHW activities

The central tasks of DAHW in Yemen are to provide care for around 400 people suffering the long term effects of leprosy and to train medical personnel from health facilities all over the countries. As a result of the fact that state infrastructure in the country is still rather weak, Dr Al-Qubati and his staff have to travel throughout the country for this purpose and DAHW has also had to take charge of all the logistics services for providing diagnosis and therapy services to leprosy patients. The very unstable political situation is another of the major challenges to the work. The DAHW office and Dr Al-Qubati himself have been the victims of several attacks. DAHW is the only organisation in the country with expertise in fighting leprosy. DAHW conducts information campaigns to highlight the first signs of leprosy so that the disease can be detected at the earliest possible time, and thus disability is prevented.

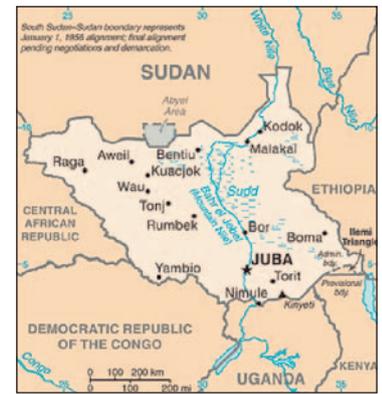


Information work on diseases such as leprosy and tuberculosis. Photo: DAHW

SOUTH SUDAN

General information

Area: 619,745 km²
 Population: 11.3 million
 Average life expectancy: 55.3
 Per capita income USD 1,221/year
 Human Development Index (HDI): ---
 Leprosy cases 2012: 1,801
 2013: 576*
 TB cases 2013: 17,000
 Deaths from TB: 4,500



DAHW activities since: 1973

After the first civil war for independence (which lasted until 1972) DAHW was one of the first aid agencies to go into what was then the south of Sudan. At that time the region was a focal point of leprosy work, a situation that remains today, it has a very high number of new patients caused by the fact that there is hardly any basic medical care as a result of years of civil war. Initially based in the hospital at Wau and since 2007 in Juba, DAHW has been coordinating leprosy work in the regions where it is still possible to work. The war of independence from 1983 to 2005 caused setbacks to this work time and again but DAHW nevertheless strives to provide support to those affected by leprosy throughout the entire period.

Current DAHW activities

Since peace was declared in 2005 and independence in 2011 DAHW has been able to provide support to people affected by leprosy throughout the country. Basic and advanced training for the few medical personnel has been the main focus since there is need for diagnosis and therapy services. The treatment of the long term effects of leprosy, particularly the disabilities caused by late diagnosis, is at the centre of the work. Together with partners such as Caritas or the Knight Hospitallers, DAHW provides support to hospitals and social facilities in which the affected people can obtain aid.

Since 2013, the resurgence of civil war is the biggest challenge. Many regions are virtually impossible to access and many of the medical facilities which had only just been opened have now been closed again. Although the health ministry, which is an important partner of DAHW, is operating a national leprosy control programme, it is only able to reach people in one part of the country. DAHW staff and its partners must always decide spontaneously whether they should drive to the people there or not. The nationwide work which has already been established has therefore become somewhat sporadic and isolated but is still being carried out and is extremely important to the people affected by leprosy.

DAHW investment (2014): 452,470.70 euros



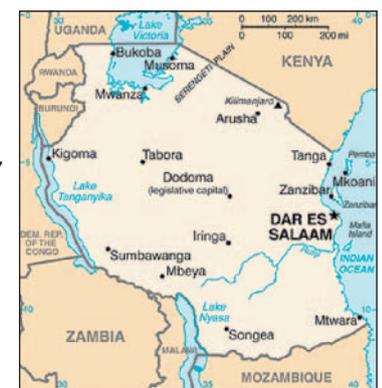
Nursing station in the Luri Rokwe leper colony in South Sudan. Photo: Enric Boixadós / DAHW

*) The number only relates to some regions of the country. A figure of approx. 2,000 new cases in South Sudan in 2013 is likely to be more accurate.

TANZANIA

General information

Area: 945,203 km²
 Population: 49.3 million
 Average life expectancy: 61.5
 Per capita income USD 709/year
 Human Development Index (HDI): 0.488; rank 159/187
 Leprosy cases 2012: 2,528
 2013: 2,005
 TB cases 2013: 81,000
 Deaths from TB: 12,100





Information campaign: A play draws the attention of the slum population to the dangers of leprosy and tuberculosis.

Photo: Jochen Manz / DAHW

DAHW activities since: 1958

Leprosy patients are treated in various hospitals and medical stations. Rehabilitation of people with disabilities is increasingly being added to the available services as is their care using products from the orthopaedic footwear factory supported by DAHW since 1991. DAHW started to provide support to help patients suffering from tuberculosis in Tanzania.

Current DAHW activities

The number of new leprosy patients exceed 2,000 each year. However, this number is relatively stable which thanks to the good collaboration with the national control programme for leprosy and tuberculosis. DAHW particularly supports the basic and advanced training of personnel in more than 2,000 medical facilities in the country which provide access to people in Tanzania for diagnosis and therapy services. One of the main focal points of the work is the prevention of disabilities caused by leprosy and the provision of support for people with disabilities.

DAHW investment (2014): 610,518.99 euros

UGANDA

General information

Area: 236,040 km²

Population: 37.6 million

Average life expectancy: 59.2

Per capita income USD 702.63/year

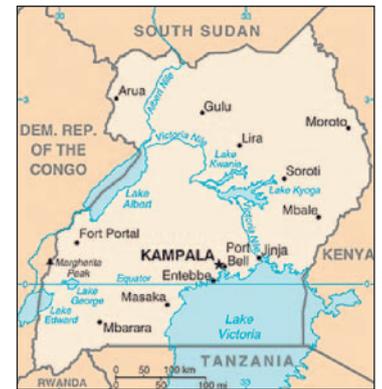
Human Development Index (HDI): 0.484; rank 164/187

Leprosy cases 2012: 264

2013: 246

TB cases 2013: 62,000

Deaths from TB: 11,300



DAHW activities since: 1963

DAHW began the establishment of leprosy control programmes in some parts of the country from the very outset of its work there, providing the basis for the national leprosy and TB control programme which has been running since 1996. The Buluba Hospital near Entebbe is the reference centre for leprosy and TB work in the south-east of the country and is also a training centre for medical personnel for the whole of Uganda. Successful leprosy control work which has been going on almost without interruption for many years has seen the number of new patients drastically decreasing than those of neighbouring country for some time now.

Current DAHW activities

Despite the comparatively low number of new patients today, DAHW provides support to more than 3,200 people with disabilities resulting from leprosy or other long term effects of the disease. Since 2009 DAHW has been investing in local rehabilitation facilities (CBR). One major approach is the provision of support for self-help groups formed by people with a very wide range of disabilities to give them a better chance to fight against discrimination and open up opportunities for themselves. Leprosy doctor Joseph Kawuma has been working for DAHW in his home country since 1990 and is regarded as one of the world's leading leprosy expert.

DAHW investment (2014): 669,639.22 euros



Self-help groups of former leprosy patients, such as the „Maliba“ group shown here in Kasese, are part of the strategy of local rehabilitation. They implement joint measures to earn income and campaign for the improved social acceptance of people with disabilities. Photo: Enric Boixadós / DAHW

ASIA

AFGHANISTAN

General information

Area: 652,225 km²
 Population: 30.6 million
 Average life expectancy: 60.9
 Per capita income USD 570/year
 Human Development Index (HDI): rank 169/187

Leprosy cases	2012: not known
	2013: 39*
TB cases	2013: 58,000
Deaths from TB:	13,082



DAHW activities since: 1971

DAHW has been supporting the hospitals run by the Christsträger Brotherhood for many years. As a result of the current political situation, only one of the original three hospitals still exists. In 1984 Dr Ruth Pfau founded the LEPCO Organisation from Pakistan to establish a national leprosy and later leprosy and TB control programme in Afghanistan, which is working with DAHW. But even this could never really be brought to a successful conclusion due to international conflicts and civil wars,, and thus it produced no reduction to the suffering of the victims of leprosy and TB.

Current DAHW activities

Outside the capital Kabul, DAHW's partner LEPCO is now only active in Hazarajat (in central Afghanistan) and in Mazar-i-Sharif in northern Afghanistan. Those suffering from leprosy or TB outside these small areas can expect almost no medical care. Together with its partners Caritas and Misereor, DAHW continues to support this work. However, the challenge for the future is quite clear - as soon as it becomes possible to DAHW personnel and their partners will reachout to those areas where people with leprosy and TB have not got any support for ages before.

DAHW investment (2014): 479,166.72 euros



A young girl is delighted to see a doctor. The fact that she is suffering from leprosy does not reduce her joy at all because she knows that she will get better again.
 Photo: DAHW

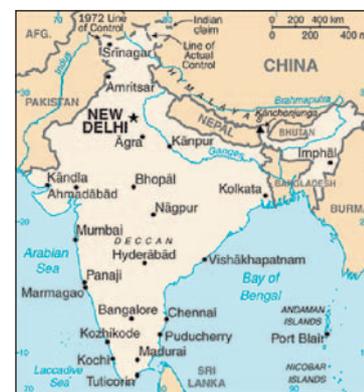
* The number only refers to Kabul, Hazarajat and Mazar-i-Sharif.

INDIA

General information

Area: 3,287,590 km²
 Population: 1,252.1 million
 Average life expectancy: 66.4
 Per capita income USD 3,218/year
 Human Development Index (HDI): rank 135/187

Leprosy cases	2012: 134,752
	2013: 126,913
TB cases	2013: 2,100,000
Deaths from TB:	278,000



DAHW activities since: 1957

India has always been the country with the most leprosy patients in the world and was therefore the main focal point for DAHW from its earliest beginnings. In 1973 DAHW founded its own organisation there - GLRA India (German Leprosy Relief Association India). The background to this was a law that only permitted domestic NGOs to provide support services for people with leprosy and to cooperate with the leprosy control



A nurse bandages the foot wounds of a leprosy patient in Pullambadi Leprosy Hospital.
 Photo: Rolf Bauerdick / DAHW

programmes in the various states. Since 1996 DAHW has also been supporting work for people suffering from TB.

Current DAHW activities

More than 12,000 people with disabilities resulting from leprosy are receiving support from DAHW. Most of them are old people or people with such severe disabilities that they are reliant on aid in their everyday lives. The actual leprosy control work has now been integrated into the state health service but DAHW still has to take care of people who have no access to it as a result of their origin or disabilities. One focal point is still the provision of support people affected by leprosy in their fight against stigmatisation and discrimination. Around 3,000 children from families affected by leprosy were able to go to school only because of the aid provided by DAHW.

There are similar challenges in the work for people suffering from TB. The state services for TB patients seldom reach those poor and vulnerable people living in huge slums. DAHW trains health assistants to work as „street workers“, generally in their own neighbourhoods to ensure that medication is taken on a regular basis and to ensure that increased resistance does not occur due to too many breaks in therapy.

DAHW investment (2014): 851,104.96 euros

NEPAL

General information

Area: 147,181 km²
 Population: 27.8 million
 Average life expectancy: 68.4
 Per capita income USD 1,371/year
 Human Development Index (HDI): 0.540; rank 145/187
 Leprosy cases 2012: 3,492
 2013: 3,225
 TB cases 2013: 43,000
 Deaths from TB: 4,920



DAHW supports people with disabilities, for example by means of initiatives to help them earn an income. Photo: DAHW

DAHW activities since: 1972

DAHW has been working with reliable local partners since the start of its work in Nepal (INF, NELRA and Sewakendra). These are organisations which look after patients suffering from leprosy or from the long term effects of the disease. There is no functional, nationwide health system in Nepal into which a leprosy control programme could be integrated.

Current DAHW activities

People suffering from leprosy can gain access to diagnosis and therapy at several reference hospitals run by DAHW's partner organization INF. Personnel from other medical facilities are also trained there to enable them to diagnose leprosy as early as possible.

DAHW and its partners started to provide support to people with disabilities from the early stages in Nepal. The hilly terrains and difficult-to-search areas makes "free mobility" a challenge, even for those without disabilities. The CBR concept is practised here almost everywhere with the support of self-help groups formed by the patients themselves.

Another major challenge is the exclusion of people suffering from leprosy and their families - a practice that is deeply entrenched in Nepal. For those affected it is almost impossible to



Employees of AIFO, the DAHW partner organisation, take care of a survivor. His house got completely destroyed. Many houses of the poor had been damaged due to their unsecure construction.

Photo: AIFO

find work or a school for their children. Information and social programmes enables those affected to obtain support from DAHW and its partners.

DAHW investment (2014): 207,855.21 euros

Current situation May 2015

Two serious earthquakes with magnitudes of 7.8 and 7.2 at the end of April and the beginning of May almost completely destroyed the existing poor infrastructure between Kathmandu and Pokhara. The local projects run by DAHW's partners were also affected by the earthquakes but fortunately suffered no serious damage to life.

DAHW has provided an additional initial sum of 130,000 euros for emergency aid to its project partners, including a new partner organisation which provides care for traumatised women and girls and a hospital in India right on the border with Nepal. Part of Nepal had already received medical assistance from there before the earthquakes struck.

As with many other natural disasters, DAHW is working closely with the Bündnis Entwicklung hilft (BEH). As an associate member of BEH, DAHW is also making its infrastructure in the project countries available to the group.

PAKISTAN

General information

Area: 796,095 km²

Population: 182.1 million

Average life expectancy: 66.6

Per capita income USD 2,215/year

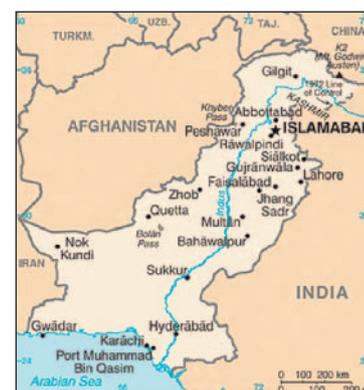
Human Development Index (HDI): 0.515; rank 146/187

Leprosy cases 2012: 377

2013: 431

TB cases 2013: 500,000

Deaths from TB: 49,970



DAHW activities since: 1961

DAHW has been providing support for decades for two extremely successful, long term and reliable project partners in Pakistan, the Marie Adelaide Leprosy Centre (MALC, Dr Ruth Pfau) in Karachi and the Organisation Aid to Leprosy Patients (ALP, Dr Chris Schmotzer) in Rawalpindi. Both organisations were founded in the country itself and are deeply entrenched there. Dr Ruth Pfau enjoys a fantastic reputation in the country and was even leader of the national leprosy control programme with the rank of state secretary for many years.

Both DAHW partners performed heroic work after the natural disasters in recent years (earthquake and flooding) both in acute emergency aid and also in the reconstruction of the affected areas.

Current DAHW activities

In addition to their successful leprosy work, both organisations are now concentrating on supporting people with disabilities and people suffering from tuberculosis. Dr Chris Schmotzer has an excellent reputation in the treatment of resistant TB and her hospital in Rawalpindi is the only place in northern Pakistan where patients with this particularly dangerous disease can receive treatment. The particular challenge is working in a country which features strict Islamic law. Although DAHW is a non-religious organisation, both ALP and MALC are Christian organisations. However, their work for the poorest people in the country, particularly after the serious natural disasters, has won both DAHW partners the



Children are often infected with tuberculosis by adult family members. Photo: DAHW

trust of the people. Only women are allowed to carry out examinations and treatment of women and girls - no male doctor may go into houses in which women are present and where, without prompt treatment a woman suffering from TB would infect her entire family.

DAHW investment 2014: 1,510,867.90 euros

LATIN AMERICA

BOLIVIA

General information

Area: 1,098,580 km²
 Population: 10.7 million
 Average life expectancy: 67.3
 Per capita income USD 3,470/year
 Human Development Index (HDI): 0.675; rank 113/187
 Leprosy cases 2012: 104*
 2013: 100*
 TB cases 2013: 13,000,
 of which HIV positive: 390
 Deaths from TB: 550, of which HIV positive: 120



People in rural Bolivia.
 Photo: August Stich / DAHW

*) The figures only refer to the facilities directly supported by DAHW.

DAHW activities since: 1965

Bolivia's national leprosy programme consists of two people and a budget which is absolutely tiny. Official leprosy figures are not reported to the WHO as required. In addition DAHW is the only non-state institution carrying out leprosy work in Bolivia. The main problems involve the sheer size of the country and the fact that the roads are often barely passable.

Current DAHW activities

DAHW supports four institutions to enable people affected by Leprosy to have access to diagnosis and therapy services. Without this support there would be no leprosy work in the country. The hospital in Monteagudo, which was mainly built by DAHW, has at least managed to provide care for persons affected by leprosy in this part of the country, particularly those with disabilities resulting from leprosy or who have suffered reactions to leprosy treatment. The biggest challenges are to install nationwide leprosy controls and overcoming the lack of clarity about the leprosy situation in inaccessible regions and the lack of state structures.

DAHW investment 2014: 123,783 euros

BRASILIEN

General information

Area: 8,515,767 km²
 Population: 200.4 million
 Average life expectancy: 73.9
 Per capita income USD 10,981/year
 Human Development Index (HDI): 0.744; rank 79/187
 Leprosy cases 2012: 33,303
 2013: 31,044
 TB cases 2013: 93,000
 Deaths from TB: 6,500





Foday B from near Freetown in Sierra Leone was treated incorrectly for 18 months and almost died from TB. Research into better or easier diagnosis will save many lives in these countries.

New methods of studying old disease

By Dr. Christa Kasang

DAHW decided in 2014 to commit more funds to research and provide funding for new research projects which had good prospects of being successful. The resources for this come from the Leprosy Research Initiative founded jointly with other leprosy aid organisations from the Netherlands (NLR), America (ALM) and Canada (TLMC).

The initiative has put out a tender for the support of research projects for which 50 working groups from various countries have submitted an application. As a founding member, DAHW has a seat on the committee which assesses the submitted proposals. Of the 50 applications, 16 were evaluated to be worthy of funding and will be receiving financial support of the next three years.

DAHW also funds small research projects on leprosy, tuberculosis and neglected tropical diseases such as Buruli ulcer, and also social research projects whose objective is to improve living conditions for the people affected by these diseases.

In the medical world there is a great deal of emphasis being placed on early detection, protection from infection, the identification of highly epidemic areas using mapping studies, the development of inoculations and early identification by means of newly developed test methods.

The diagnosis of resistant TB pathogens is particularly important in the tuberculosis field. In this context DAHW is supporting studies at the use of new technology for diagnosis purposes. In addition the topic of treating TB in children using medication is still very much under discussion.

DAHW is research partner to the Novartis Foundation and together we are developing a prophylactic against leprosy. This research project is being conducted in six countries. DAHW will act as project manager in Tanzania and technical supporter in India for this study.

As part of this study the effects of a one-off administration of the antibiotic Rifampicin are being investigated to protect against infecting family members and

contacts of patients infected with leprosy. In addition to the effect of the intervention on the number of new infections, the three-year study will also look into the practicability and feasibility of this treatment. The study areas in Tanzania are three highly epidemic leprosy areas in Ifakara, Lindi and Mtwara. This study is being conducted with the close cooperation of the national leprosy control programme which DAHW has been supporting for many years.

In 2014 DAHW also provided supported for several research projects into CBR. This support not only included funding but also scientific supervision to study the social aspects of leprosy.



Dr. Christa Kasang
DAHW Research
Coordinator

Bundling experience – and doing more together

Networks and foundations in DAHW work

It is an important, strategic decision by DAHW *Deutsche Lepra- und Tuberkulosehilfe* to enter into close partnerships with other organisations and foundations. This makes it possible to bundle experience and develop excellent services to help people in emergency situations.

In addition to several foundations for which DAHW effectively acts as trustee, DAHW has also founded two major foundations of its own. Almost 20 years ago it was the Ruth Pfau Foundation, whose objective was to continue the work of world renowned doctor and nun, Dr Ruth Pfau and her team in Pakistan. And almost 10 years ago, the Hermann Kober Foundation was created as a memorial to the co-founder of DAHW. Both foundations are based at DAHW's head office.

The example of the Ruth Pfau Foundation shows that the idea of providing long term aid through a foundation does actually work. The mixture of revenues from the earnings of the foundation assets which have been invested for the long term and have now grown to a value of 3.5 million euros, donations and revenues from rental and leasing contracts on donated or inherited residential and commercial properties enables the foundation to pay a large proportion of the salaries of its personnel who are active in Pakistan. And there has also been a realisation that people prefer to donate large amounts for long term aid.

If you have worked all your life to earn money, you will generally prefer a situation in which that money continues to „work“. The same applies to the Hermann

Kober Foundation. This organisation appeals to people who want to do the same as the DAHW founder, in other words to help make his dream of a leprosy-free world come true.

DAHW's work is an incredible success story. It has managed to get leprosy, a disease which has been the scourge of the human race for a millennium under control. At the latest after the introduction of a new medication combination during the eighties which was actually able to heal leprosy, there was a major opportunity to eradicate leprosy forever. However, „Leprosy lives“ still. With almost 230,000 new cases every year, each of them linked to dramatic stories, the work must go on.

But the objective now is to overcome new challenges. For example, there are many other diseases of poverty. Diseases which are described as neglected. DAHW has been actively fighting these too for decades.

DAHW is partly responsible for the development of the Memento Prize to help direct attention to the problems of these NTDs (neglected tropical diseases). Together with BUKO Pharma campaign, Ärzte ohne Grenzen e.V. and, since 2015, Bread for the World, the group awards the Memento Prize in various categories once annually. The award ceremony has always been and continues to be held in the ruined lecture hall of the former Rudolf Virchow Lecture Hall at the Berlin Medical History Museum on the Charité site.

In 2014 the prize was awarded both for research into the field of neglected diseases and for political commitment. The Memento Research Prize 2014 was awarded



The jury and prize winners of the Memento Prize 2014.

ded to Prof. Dr med. Gisela Bretzel and Dr. med. Marcus Beissner from the LMU Munich for their research into leprosy and Buruli ulcer. Their research project made an innovative contribution to the fight against neglected mycobacterial diseases in West Africa.

Karin Roth and Anette Hübinger were awarded the Memento Prize in the „Political Will“ category. The jury described the inter-party commitment of these two politicians. Together they have campaigned for neglected diseases to be given a higher priority in the funding available from the German Federal Ministry for Education and Research (BMBF).

In the nineties DAHW decided to include the treatment of tuberculosis as a further focal point in its objectives. Over the years the global number of combined leprosy and tuberculosis programmes has grown. Here too, there is no doubt that together we are stronger. In addition to a global group of all actors in the TB field, the „Stop TB Partnership“, DAHW has also created the Stop TB Forum with other organisations, which campaigns specifically in Germany for the development of



The Stop TB Forum demanded more political commitment on World Tuberculosis Day.

work against tuberculosis. DAHW is represented on both the steering committee and the executive committee of this group.

These examples of the foundation and network work carried out by DAHW show that it is worthwhile creating and using synergies if we want to provide effective

long term aid for the victims of diseases of poverty.



Harald Meyer-Porzky
Assistant Chief
Executive Officer
Director of PR Work
and Fundraising

Photo: Katrin Heyer

Contact the Hermann Kober Foundation

c/o DAHW Deutsche Lepra- und Tuberkulosehilfe e.V.

Raiffeisenstrasse 3 | 97080 Würzburg

Phone: +49 931-79 48 -0

E-Mail: info@dahw.de

www.dahw.de

Bankverbindung

LIGA-Bank Würzburg, account No. 3011488

Sort code: 75090300

IBAN: DE27 7509 0300 0003 0114 88

BIC: GENODEF1M05

We recommend that you contact us before making a donation.

Hermann Kober Foundation

The Foundation was founded in 2007.

In 2014 the Foundation decided to pay dividends of 11,000 euros to DAHW.



For more information about Hermann Kober and the Foundation, go to www.dahw.de/themenseiten.

Contact the Ruth Pfau Foundation

c/o DAHW, Harald Meyer-Porzky

Raiffeisenstrasse 3 | 97080 Würzburg

Phone: +49 931-79 48-135

Fax: +49 931-79 48-160

E-Mail: Ruth-Pfau-Stiftung@dahw.de

www.ruth-pfau-stiftung.de

Bankverbindung

Commerzbank Würzburg, account No. 307969700

Sort code: 790 80052

IBAN: DE98 7908 0052 0307 9697 00

BIC: DRESDEFF790

We recommend that you contact us before making a donation.

Ruth-Pfau-Stiftung

The Foundation was founded in 1996.

In 2014 the Foundation paid dividends totalling 90,000 euros to DAHW.



For more information about the Foundation and Dr Ruth Pfau go to www.ruth-pfau-stiftung.de.

Against diseases of poverty

DAHW is a founding member of the German Network Against Neglected Tropical Diseases



„The group is also backing the initiative by the World Health Organisation which is aimed at bringing at least ten of the total of 17 neglected tropical diseases under control by the end of this decade“, says DAHW Chief Executive Officer Burkard Kömm. The list includes leprosy and Buruli ulcer. DNTDs and its partners wish to provide more information to the general public about the subject and attract greater interest in neglected tropical diseases. The network also regards itself as a forum for its members to find project partners based in Germany.

DNTDs was founded on 27 August 2014 in Berlin. At the ceremony were DAHW Chief Executive Officer Burkard Kömm (second from left) and Dr Christa Kasang, DAHW's Research Coordinator.

DAHW *Deutsche Lepra- und Tuberkulosehilfe* e.V. has been engaged in the fight against neglected tropical diseases of poverty for decades. This is why DAHW welcomes the additional attention given to these diseases by the World Health Organisation (WHO) and the major global actors involved in development cooperation. The German Network Against Neglected Tropical Diseases (DNTDs) founded in 2014 is another major step to creating greater attention and understanding among German politicians and the general public for the suffering of billions of people who are affected by these horrendous diseases. „DAHW will monitor the Network critically“, said its Chief Executive Officer Burkard Kömm.

„The members are united by the wish to eliminate diseases such as Bilharziasis and African sleeping sickness which primarily occur in tropical countries and generally go hand-in-hand with poverty.“ explained Prof. Dr Jürgen May from the Bernhard Nocht Institute for Tropical Medicine in Hamburg, who has been elected to the position of Spokesman for the Network. The recent Ebola epidemic in West Africa shows just how important it is to increase efforts in fighting diseases of poverty. DNTDs intends to campaign for programmes to be expanded to put an end to a whole range of tropical diseases of poverty in the foreseeable future.

DAHW has many years of experience in networking. Using the slogan „Together we are stronger“, it is a member of the Stop TB Forum, a network of German non-government organisations whose objective is the global fight against tuberculosis (TB) and which also awards the Memento Prize Against Neglected Tropical Diseases once a year in Berlin. It is also a member of the VENRO, the umbrella organisation of development non-governmental organisations, a voluntary group comprising around 120 German NGOs.



For further information about the Network, go to www.dntds.de

DAHW partners

Germany

- Aktionsbündnis gegen AIDS
- Arbeitsgemeinschaft für Entwicklungshilfe (AGEH)
- Beratungsstelle für private Träger in der Entwicklungszusammenarbeit (BENGO), Bonn
- Bündnis Entwicklung Hilft (BEH)
- Deutsche Gesellschaft für Tropenmedizin und Internationale Gesundheit (DTG)
- Deutsches Institut für Ärztliche Mission (DIFÄM)
- Deutsches Zentralkomitee zur Bekämpfung der Tuberkulose (DZK)
- Eine-Welt-Netzwerk Bayern
- Eine-Welt-Netzwerk Nordrhein-Westfalen
- Memento-Preis
- Missionsärztliches Institut (MI), Würzburg
- Stop TB Forum
- Tropeninstitut der Universität München (LMU)
- Verband Entwicklungspolitik deutscher Nichtregierungsorganisationen e.V. (VENRO)
- Würzburger Partnerkaffee

International

- International Association for Integration, Dignity and Economic Advancement (IDEA), USA
- International Leprosy Association (ILA), USA
- International Leprosy Union (ILU), Indien
- Internationale Vereinigung der Lepra-Hilfswerke (ILEP), Genf
- Leprosy Research Initiative (LRI)
- Stop TB Partnership, Genf

Partners and supporters

- Arthur-Braun-Stiftung, Pforzheim
- Aussätzigen-Hilfswerk Österreich (AÖ), Bregenz
- BEGECA, Aachen
- Beratungsstelle für private Träger in der Entwicklungszusammenarbeit (BENGO), Bonn
- Berger-Seemüller-Leprastiftung, Österreich

- Bundesministerium für wirtschaftliche Entwicklung und Zusammenarbeit (BMZ), Bonn
- Caritas Luxembourg, Luxemburg
- Elisabeth-und-Karl-Heinz-Möller-Stiftung, Groß Grönau
- Europäische Union (EU), Brüssel
- Familie-Braun-Stiftung, Pforzheim
- Family Health International (FHI), Arlington, USA
- Fondation Follerau Luxembourg (FFL)
- Fontana-Stiftung, Baden-Baden
- Friedhelm Wilmes Stiftung, Wohratal
- Global Drug Facility (GDF), Genf
- Global Fund to Fight Against Tuberculosis, AIDS and Malaria (GFTAM), Genf
- Günther-Brau-Stiftung, Pforzheim
- Handicap International, Frankreich
- Helmut-und-Anneliese-Weirich-Stiftung, Hamburg
- Hermann-Kober-Stiftung, Würzburg
- Josef-Höing-Stiftung, Köln
- Koninklijke Nederlandse Centrale Vereniging tot bestrijding der Tuberculose (KNCV), Niederlande
- Kuratorium Tuberkulose in der Welt
- Landeskuratorium Bayern zur Förderung der Leprahilfe, München
- Likvidace Lepry, Tschechien
- Nordrhein-Westfälische Stiftung zur Förderung der Leprahilfe, Düsseldorf
- NOVARTIS Stiftung, Schweiz
- Osthessische Stiftung für Ausgestoßene, Hamburg
- Päpstliches Missionswerk, Aachen
- Paul-und-Susi-Hoffmann-Stiftung, Grettstadt
- Rosemarie-und-Bernhard-Arnolds-Stiftung
- Ruth-Pfau-Stiftung, Würzburg
- Rudolf-und-Marianne-Scheiner-Stiftung, Würzburg
- Stiftung der Eheleute Sabaß, Kiel
- Stiftung Tuberkulosehilfe Würzburg
- Viktor-Schroeder-Stiftung, Herrenberg
- World Health Organisation (WHO), Genf



„Increasing“ donations

DAHW lends more support to co-finance

Over the last few years DAHW has focussed more on various methods of co-finance. Inquiries for financial support from projects are rising proportionally faster than monies collected from loyal donors. At the same time, one of DAHW's duties is to increase money from donors by multiplying the donations in the form of additional funds from major sponsors or state bodies. This work generally starts in DAHW's national offices which create project proposals. In fragile countries,

DAHW's national offices often also receive letters direct from major sponsors. These often contain requests to complete planned projects. DAHW often enjoys more trust in these countries than the state bodies.

The basis for co-finance remains, however, the fact that this work is carried out on the basis of a mandate - leprosy, tuberculosis and other diseases of poverty and their effects, such as disabilities or

exclusion. And all co-finance projects, including those which come direct from the national offices, are initially subjected to a review by a committee in Würzburg before being approved.

Every single sponsor has its own demands for the proposal, the implementation and accounting of the project. Most sponsors, whether they are German or international foundations or institutional sponsors, provide funding for a clearly

Buruli ulcer particularly affects children. DAHW has managed to significantly improve diagnosis and therapy services for sick children in Togo thanks to co-finance and partnerships.



Photo: Michael Röhm

defined timeframe for a project and their funds are depending on DAHW funds. This means that every donation can be used to fund a whole range of activities. For example, a project in India aimed at providing people with disabilities with access to state aid, funded by the Federal Ministry for Economic Cooperation and Development (BMZ).

The content of this project was based on the mandate of DAHW and the sponsor, which often only funds certain parts of a project. For example, only children in a Buruli project in Nigeria.

The timeframe varies massively and generally depends on the maximum funding period of a sponsor, generally between six months and three years. The start and end of the projects must be defined since ongoing projects do not attract funding. Follow-up applications are rarely possible and generally a whole new project has to be prepared. For example, a project for preventive prophylaxis against leprosy in Tanzania, financed by Novartis.

Internal reporting and accounting methods are the standard case for the various sponsors. Nevertheless, it is possible to install a software package in all DAHW's national offices which covers 95 percent of all wishes and requirements.

Sometimes several partners are involved in a single project such as an aid project to fight poverty, leprosy and TB in Afghanistan in which Misereor, Caritas International, Caritas Luxembourg and DAHW are involved. An agreement is concluded with every partner since each one generally only wishes to support specific objectives and activities, yet it is a blessing for the local people that all of them have come together for this project to provide them with aid.

The European Union (EU) provides a special form of funding. It announces



Photos: Bernd Hartung

People with disabilities in India.

so-called calls at regular intervals which refer to specific projects in various countries. EU is clearly pursuing specific political ends with these calls. Health for the poorest people is a relative rarity in this respect. There is a two-stage application process for them and both stages have already been completed by DAHW in India, which means that it is now part of a large consortium which is something that EU always likes to see. The project's objective is to provide improved access to social services for people with disabilities (including those caused by the effects of leprosy) and it has a volume of almost one million euros over a period of five years.

However, co-financed projects also involve risks if the effect of the project fails to satisfy the requirements, the accounting is incorrect or the timeframe is exceeded. In cases of this type, DAHW is generally liable for a residual amount of money. Thanks to a careful approach, this has not happened to date, however.

Management of a co-financed project is much more complicated in administrative terms than projects based on donations which are run by DAHW's own trained teams in the various countries and in Würzburg. Often all the reports have to be translated or must be produced in specific formats which is not

always a matter of course for the national offices.

Nevertheless -and this is the challenge: The ability to multiply activities using donations (by using them as our contribution) and therefore also reach more people in need is a massive incentive for this work.



Roland Müller
TTeam Leader Project
Financial Resources

Alerted by radio, hundreds of people attend „skin camps“ in Uganda. All skin diseases are examined at these camps, including leprosy, funded by the North Rhine-Westphalia Leprosy Foundation.



Photo: DAHW



General meeting (73 ordinary members)

Honorary Board of Directors

Gudrun Freifrau von Wiedersperg (President)
Patrick Miesen (Vice President)
Peter Hofmann (Finance Director),
Jochen Schroeren (Assistant Finance Director)
Prof. Dr. med. August Stich (Medical Adviser)

Honorary Supervisory Board

Jürgen Jakobs (Chairman)
Dr. Christof T. Potschka (Deputy Chairman)
Dr. Reinhardt Mayer
Monika Huesmann
Hans-Dieter Greulich



Burkard Kömm
Chief Executive Officer



Harald Meyer-Porzky
Assistant Executive
Officer

Elke Herbst-Tilgner
Assistant Chair and Chief Executive

Medical and Social Projects

Manager

Jürgen Ehrmann

Assistant

Heike Himmelsbach

Project Support Team

Team Leader Birgit Markfelder
(Assistant Department Manager)
Sandra Dreher, Controlling
Anne Henrich, East Africa
Susanne Knoch, West Africa/Latin America
Lea Thiel

Project Financial Resources Team

Team Leader Roland Müller
Laure Almairac

Program Development & Research Team

Team Leader Ernst Hisch,
Disability and Rehabilitation
Dr. Dr. Oswald Bellinger,
Honorary Medical Adviser
Dr. Christa Kasang,
External Research Adviser
Christine Porsch
Dr. Karl Puchner, Medical Adviser
Antony Sahayarani
Dr. Eva-Maria Schwienerhorst,
Medical Adviser

Planning, Monitoring and Evaluation

Ludger Kaup

The three highest annual salaries which are divided between the Chief Executive Officer and the managers of the PR Work and Medical Social Projects Departments in 2014 amounted to a gross total of 242,096.38 euros. DAHW does not keep individual records of salaries for data protection reasons, and instead quotes them in total.

The Chief Executive Officer's salary is not based on a collective wage-bargaining agreement. All other personnel are paid on the basis of the collective wage-bargaining agreement for Public Service dependent on their duties and education history and their level of responsibility, between Group 5 and Group 14. Depending on experience and length of service, the gross amount may increase in stages over the years

Organisation and Personnel Development

Manager

Matthias Schröter

Maria Döhlen, Personnel Administrator
David Gross, IT
Jan Jaskowiak IT
Georg Weißenberger, Procurement /
Building Management
Michael Welter, Mail Office
Deborah Merchant, Trainee

Asset Management, Finance, Controlling

Manager

Nicole Hohmann

Controlling, Finance and Salaries
Bernd Körber (Assistant Department
Manager)
Birgit Ott

Donation Administration

Simone Ehrenfels
Elke Sengfelder

Foundations, Legacy and Asset Administration

Nicole Hohmann
Peter Hofmann, DAHW Finance Director
(under the constitution)

Gross salaries (as at 31 December 2014)

	From	To	No. of personnel
Assistants:	2.679 €	2.898 €	13
Administrators:	2.627 €	3.820 €	10
Project Officers:	3.151 €	4.767 €	24
Medical personnel, department managers:	3.763 €	5.671 €	4

within the same group until eventually it reaches the maximum amount within the group. Changes and growing responsibility within their duties may also mean that they switch to a higher income group.

PR Work and Fundraising

Manager

Harald Meyer-Porzky

Assistant

Sabine Slany

Press Office

Jochen Hövekenmeier
Sabine Ludwig

Honorary Offices and School Team

Team Leader Michael Röhm
Beate Gemballa
Holger Hintz (Münster Office)
Maria Hisch
Ute Oertker (Münster Office)
Renate Reichelt
Lilija Tenhagen (Münster Office)
Franz Tönnies (Münster Office)

Fundraising/Communication Team

Team Leader Barbara Temminghoff
Sonja Becker, E-Fundraising/Internet
Jürgen Belker-van den Heuvel, Legate/
Major Donors (Münster Office)
Priscila Franco Aguilar, Key Account
Corinna Holzheimer
Judith Mathiasch, Media Design
Nadine Naoumi

Donor Communication Team

Team Leader Florian Hundhammer
(Assistant Department Manager)
Sylvia Deppisch
Sandra Dittrich, Fines
Stefanie Radtke, Donations for a
Specific Cause
Diane Lovasz, Major Donor Support
Birgit Seubert

Nine people work part-time, five are partially retired and work on a part-time basis, four of them in the passive phase.

The members of the Supervisory Board and the Executive Board work on a voluntary basis. They do not receive general expenses but instead receive payments for actual expenses on request.



Photo: DAHW

The new head office in Würzburg

Ready for the future

Donations rose by almost 400,000 euros in 2014 whilst funds from foundations increased by more than 40,000 euros and from foreign aid organisations by 45,000 euros. This annual report, shows, therefore, that DAHW continues to enjoy a great deal of trust.

The fact that income nevertheless fell by a total of 2.4 million euros is due to several factors which we cannot influence – revenues from legacies and inheritance as well as institutional donors and development institutions, churches or third part sponsors. These revenues are subject to large fluctuations. This is made particularly clear when less income is received from all these sources, which was the case in 2014.

Fortunately DAHW took precautions against this eventuality by forming reserves many years ago. The trust of many donors is so great that the often remember DAHW in their wills. The organisation has formed reserves from legacies and inheritances which will now ensure that its current work will not suffer if revenues are lower one year. In addition, the interest and capital revenues from these reserves also provide reliable income.

Ultimately the reserves also made it possible to build the organisation's new head office without taking a single euro from current donations for it. Werner Kantner, a Würzburg-based businessman donated a property to DAHW with the condition that it should build its new head office there. After a good deal of deliberation, the DAHW members decided to use 3 million euros from reserves to complete the building.

For several years interest income from reserves has been falling drastically. Secure investments produce very low returns, but DAHW is not in the business of making high risk investments. So capital investments with very low interest rates were dissolved and the funds used to build the new head office.

On 1 June 2015 DAHW moved into its new home which cost a total of 2,684,991 euros, around 315,000 less than originally planned. Simply by making savings on the rent which was previously payable, this investment produces a return of almost four percent - considerably more than would currently be possible with secure capital investments. And this does not take into account the savings on ener-

gy costs made by using modern heating and lighting equipment.

For DAHW personnel who have been producing excellent work for many years, a great deal of their work has now become much easier since the new building has been furnished to modern standards and to suit individual needs. All the friends and supporters of DAHW can rest assured that the work is being carried out by a highly qualified and highly motivated team in a very professional manner.

Best regards,

Peter Hofmann
Finance Director of DAHW



Peter Hofmann
Graduate Economist
Honorary Finance Director

Balance sheet as of 31 December 2014

Assets

	2014	2013
A. Assets		
I. Intangible assets	26,915.00 €	24,493.00 €
Software licences		
II. Tangible assets		
1. Properties without buildings	1,891.00 €	1,891.00 €
2. Properties with buildings	3,312,246.75 €	1,050,616.40 €
3. Business and office equipment	504,447.00 €	65,695.00 €
4. Assets under construction and deposit payments for tangible assets	222,611.19 €	698,213.26 €
	4,041,195.94 €	1,816,415.66 €
III. Financial assets		
1. Securities	30,642,851.42 €	32,997,331.49 €
2. Other financial assets	47,253.71 €	47,253.71 €
	30,690,105.13 €	33,044,585.20 €
	34,758,216.07 €	34,885,493.86 €
B. Current assets		
I. Accounts receivable and other assets		
1. Accounts receivable for goods and services	763,322.12 €	1,565,027.20 €
2. Other assets	61,667.10 €	121,981.23 €
	824,989.22 €	1,687,008.43 €
II. Cash on hand, balances with financial institutions	4,296,324.19 €	5,963,195.43 €
C. Accruals	14,040.58 €	105,087.56 €
D. Active difference resulting from asset offsetting	4,234.30 €	13,762.26 €
	39,897,804.36 €	42,654,547.54 €

Liabilities

	2014	2013
A. Equity		
I. Reserves from legacies	28,318,905.32 €	28,318,905.32 €
II. Other reserves		
As at 1 January	8,615,712.64 €	9,041,145.13 €
Withdrawals from reserves	-2,492,534.78 €	-425,432.49 €
Additions to reserves	0.00 €	
	6,123,177.86 €	8,615,712.64 €
	34,442,083.18 €	36,934,617.96 €
B. Special items from grants and subsidies		
I. Non-current tangible assets	415,000.00 €	415,000.00 €
II. Donations not yet spent		
As at 1 January	908,020.00 €	1,143,520.00 €
Withdrawals	-545,520.00 €	-850,000.00 €
Additions	369,527.00 €	614,500.00 €
Donations not yet spent by national offices	1,207,867.76 €	1,615,678.00 €
	1,939,894.76 €	2,523,698.00 €
C. Conditional donation funds	402,752.62 €	372,752.62 €
D. Reserves		
1. Reserves for pension provisions	985,965.00 €	969,044.00 €
2. Tax reserves	3,760.00 €	3,760.00 €
3. Other reserves	1,320,151.91 €	1,167,243.70 €
	2,309,876.91 €	2,140,047.70 €
E. Accounts payable		
1. Other accounts payable	353,591.45 €	239,530.41 €
2. – of which taxes €3,717.81 (previous year: €23.93)	34,605.44 €	28,900.85 €
	388,196.89 €	268,431.26 €
	39,897,804.36 €	42,654,547.54 €



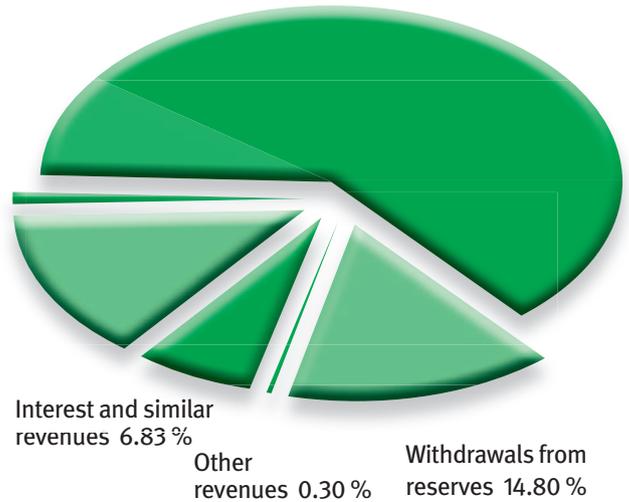
Photo: Bernd Hartung

Schematic diagram:

Revenues

Donations and grants 63.14 %
This includes legacies and inheritances (9.36% of total revenues), fines and funding from foundations, church and development institutions.

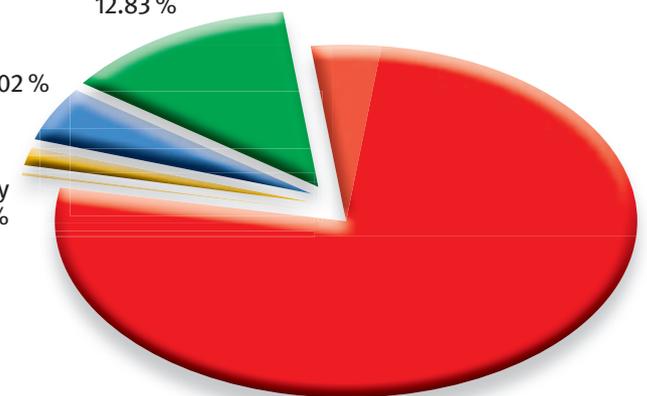
Donations not yet used under the constitution 1.05 %
Third party funds 13.88 %
This includes grants from ILEP members, public bodies and direct grants.



Expenditure

Project work 80.24 %
This includes costs for campaign and educational work under the constitution which accounted for 3.84% of the total expenditure.

Information and PR work 12.83 %
Administration 5.02 %
Asset management 1.89 %
Other and extraordinary expenditure 0.02 %



Revenues and expenditure for the period from 1 January to 31 December 2014

Revenues

	2014	2013
1. Donations and grants		
– Donations	7,447,282.86 €	7,078,473.62 €
– Legacies and inheritances	1,575,599.87 €	2,886,050.87 €
– Fines	49,893.32 €	80,732.95 €
– Foundations	389,590.13 €	348,533.96 €
– Church bodies	762,840.00 €	911,580.00 €
– Foreign aid organisations	360,000.00 €	315,000.00 €
– Other development institutions	45,278.42 €	408,919.77 €
Total donations revenues	10,630,484.60 €	12,029,291.17 €
Donations not yet used under the constitution	175,993.00 €	85,500.00 €
– Revenues from ILEP members	327,917.66 €	328,997.89 €
– Grants from Germany (BMZ), the states, the German Development Bank (KfW) and the European Union (EU)	85,860.69 €	383,261.67 €
– Direct grants from third parties	1,922,969.00 €	2,440,954.30 €
	13,143,224.95 €	15,268,005.03 €
2. Asset management		
– Rental and lease revenues	116,442.15 €	113,572.82 €
– Capital revenues including exchange rate profits	1,034,372.16 €	1,217,342.38 €
3. Other and extraordinary revenues	50,061.14 €	134,786.01 €
	14,344,100.40 €	16,733,706.24 €
Withdrawals from reserves	2,492,534.78 €	425,432.49 €
Total revenues	16,836,635.18 €	17,159,138.73 €

Expenditure

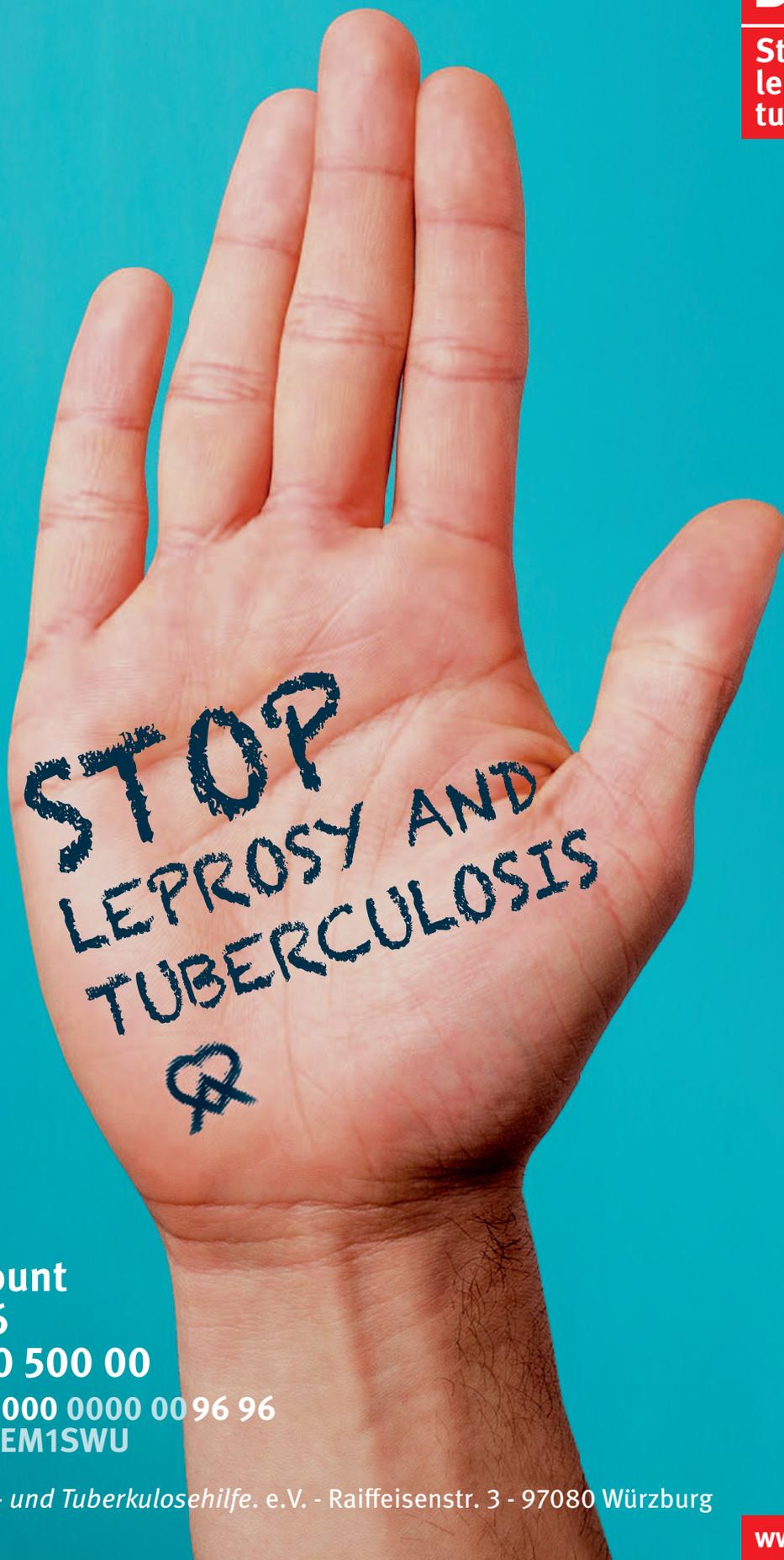
	2014	2013
1. Expenditure for projects under the constitution		
– Africa	7,074,026.97 €	7,897,359.99 €
– Latin America	863,558.80 €	872,390.36 €
– Asia	3,198,967.40 €	3,142,849.61 €
– Special projects (including research)	640,823.51 €	317,150.45 €
– Project funding	359,736.61 €	256,973.75 €
– Additional project costs	726,457.35 €	761,472.07 €
– Constitutional campaigns and education work	646,518.20 €	767,739.02 €
	13,510,088.84 €	14,015,935.25 €
2. Expenditure for general information and PR work		
– PR campaign costs	1,171,064.49 €	1,058,906.79 €
– Personnel and material costs	987,928.54 €	846,854.06 €
	2,158,993.03 €	1,905,760.85 €
3. Expenditure for general management	846,137.80 €	832,345.60 €
4. Expenditure for asset management		
– Real estate expenditure and financial management	317,695.55 €	386,920.27 €
5. Other and extraordinary expenditure	3,719.96 €	13,638.76 €
6. Taxes on revenues and profits	0.00 €	4,538.00 €
Total expenditure	16,836,635.18 €	17,159,138.73 €

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