

DAHW Deutsche Lepra- und Tuberkulosehilfe e.V.

Annual report

Information on current work and financial report 2015



Stoppt
Lepra und
Tuberkulose



The focus is
always on people



Bündnis
Entwicklung Hilft



ILEP

Internationale Vereinigung
der Leprahilfswerke



Cover story

Poverty. Sickness. Stigma.

The title is the programme: the DAHW presents an exhibition of more than 50 photos of people whose lives are shaped by poverty caused by sicknesses. With its impressive pictures, the exhibition had its première in Würzburg in 2015.

In 2015, two photos from the exhibition made it into the final round of the PR Image Award competition, run every year by dpa subsidiary ‚news aktuell‘: the title image of this annual report „I will make it“ by Fabian Fiechter achieved fourth position in the NGO photo category, whilst „The Entertainer“ by Rolf Bauerdick (above) took home the top prize in the Portrait category.

All the photos in the exhibition were taken during aid projects run by DAHW and offer a real impression of how people really do suffer from the sicknesses of poverty - although with a little help these people still manage to live out their daily lives and maintain their dignity.

This is typified as much by the woman in the DAHW Sivananda project in the Indian city of Hyderabad seen putting on her sari, even though she is blind, and her hands are barely recognisable let alone usable as such due to the leprosy that she has suffered for decades, as it is by the man who has lived in the Indian Leprosy Hospital in Pullambadi for more than 40 years. Also blind, this man entertains other patients and the hospital staff with his singing, giving back a little something for the support he himself has received.

Other images in the exhibition were taken by Enric Boixadós and Bernd Hartung.

Content

Editorial	3
■ The work of DAHW in West Africa	4
Buruli Ulcer spreads across West Africa	5
BR – on the road to inclusion	5
■ The work of DAHW in East Africa and the Middle East	10
Working under fatal conditions	11
Civil war - making work harder	14
■ The work of DAHW in Latin America	16
Old problems and new challenges	20
■ The work of DAHW in Asia	22
The difficulties of working in the Hindu Kush	23
More knowledge, more understanding	28
Engaging with the partners of DAHW	30
On the road to the future	32
Don't give corruption a chance	32
Accounting and inspections worldwide	33
Monitoring and evaluation	33
Important work being co-financed by large donors	34
DAHW organisational diagram	35
Report from the CFO	36
Balance sheet as at 31/12/2015	37

Editorial

Attacks carried out by the terrorist organisation Islamic State (IS), civil wars in Syria, but also in Yemen, South Sudan and other countries not present in the media, and the huge exodus of people fleeing to Europe. The news in 2015 has had a great effect on DAHW *Deutsche Lepra- und Tuberkulosehilfe* e.V. as an actor in the area of development cooperation.

Where to start and where to stop? This is a question often posed by the management of aid organisations. The answers can be found in the nearly 60 years of experience that DAHW boasts. Our priority must always be working for people who are suffering from the sicknesses of poverty. And DAHW provides emergency aid in places where it already has access to the structures it needs.

Take the example of the Ebola epidemic in Sierra Leone and Liberia, or the civil war in Yemen. It was no longer possible for DAHW to continue its supra-regional leprosy monitoring work - a focus for the organisation in all three of these countries. The employees therefore took on other tasks, such as working to explain Ebola to local people, or supplying people with water and food.

The tried-and-tested structures of DAHW in its project countries are also a great

advantage when it comes to increased future commitment to patients suffering from neglected tropical diseases (NTDs). According to the WHO, leprosy is now a part of this group, which for DAHW means changing, but also using synergies: the aim to keep on fighting leprosy and the challenge of taking on new tasks go hand in hand.

DAHW already has experience with Chagas' disease, leishmaniasis and elephantiasis, but other areas of competence need to be added to this or expanded on. Since 1957, DAHW has been providing a variety of aid to the poorest of the poor, to the outcasts and neglected members of society. By taking on such tasks, we are staying true to the tradition and charter of the organisation, challenging these again and again.

The Board of Directors and the management have been working on a detailed strategic concept that takes into account both ethical criteria for selecting projects, as well as measures for acquiring funds since Spring 2014. This concept will help DAHW to do justice to the ever increasing challenges in future too.

Board of Directors, Supervisory Board and Management at DAHW

From left to right: Jürgen Jakobs (Chairman of the Supervisory Board), Gudrun Freifrau von Wiedersperg (President) and Burkard Kömm (Chief Executive Officer)



Impressum

Publisher:

DAHW *Deutsche Lepra- und Tuberkulosehilfe* e.V.
Raiffeisenstraße 3
97080 Würzburg
Phone: +49 (0) 9 31 79 48-0
fax: +49 (0) 9 31 79 48-160
Email: info@dahw.de
Internet: www.dahw.de

Münster office

Grevenener Straße 102
48159 Münster
Phone: +49 (0) 251 136 53-0
fax: +49 (0) 251 136 53-25
Email: muenster@dahw.de

Donation account

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

Editors:

Sabine Ludwig, Jochen Hövekenmeier

Support work:

Sonja Becker, Jürgen Belker-van den Heuvel, Ute Dilg-Saßmannshausen, Beate Gemballa, Dr. Christa Kasang, Burkard Kömm, Harald Meyer-Porzky, Patrick Miesen, Renate Reichelt, Michael Röhm, Franz Toennes

Finance report:

Peter Hofmann, Nicole Hohmann, Bernd Körber

Front page photograph:

Fabian Fiechter

Sources of all numbers and statistics:

WHO, HDI, ILEP, DAHW (own investigations).

Design:

Hubertus Wittmers, Münster

Responsible under Press Law:

Burkard Kömm

Closing date for articles:

15th May 2016



The work of DAHW in West Africa



	2015		2016*	
	Projects	Funding amount	Projects	Funding amount
Liberia	2	€288,885.92	2	€265,000
Nigeria	16	€3,253,225.14	11	€1,249,960**
Senegal	1	€215,985.98	1	€170,000
Sierra Leone	2	€327,560.72	3	€338,520
Togo	5	€460,842.97	4	€689,979
Total	26	€4,546,500.73	21	€2,713,459

* As at: 1 May 2016

** The new agreements with the Global Fund had not yet been signed at the time of going to print. Upon signing of these agreements, this amount will increase by approx. €3,880,000.

Buruli Ulcer spreads across West Africa

Buruli Ulcer, one of the most neglected tropical diseases, is a particularly bad condition, and not just because of the large abscesses and open wounds it causes: most patients are children under 14 years of age. It is still not known why this is the case or how the disease is spread exactly, because it has not been researched.

The Buruli Ulcer is caused by the mycobacterium *ulcerans* - a close relative of the pathogens associated with leprosy and tuberculosis. Experts believe that the disease is spread by mosquitoes or biting houseflies. Evidence for this is the fact that it exhibits a high prevalence near areas of stagnant water. Once in the body, the bacteria destroy the skin's tissue and at the same time release a neurotoxin, meaning that the injuries are not initially painful.

Ten years ago DAHW, thanks to the support of the Würzburg newspaper group Mainpost, set up a diagnosis and treatment centre for Buruli in Togo. Additionally, employees working in state health services are trained in the hospital of

Tsevié so that they can recognise the disease early.

A precise diagnosis can only be made using a complicated genetic engineering method known as a PCR investigation of the affected tissue. Together with the Ludwig-Maximilians University of Munich (LMU), the Bernhard-Nocht Institute in Hamburg (BNI) and the European Buruli-Vac research project, DAHW has set up a laboratory in Togo that is suitably equipped to perform such investigations. Now it just takes a few days for staff to get a reliable result.

The bacterial infection can be treated relatively easily with two courses of antibiotics over several weeks. The destroyed tissue must often be treated surgically. In most cases this is a lengthy and painful procedure. Children being treated at the Tsevié hospital also receive schooling during their long stay.

In 2012, DAHW participated in a pilot project in Nigeria: employees of health services and laboratories in three states of Nigeria where Buruli has been identified

are receiving training, whilst patients are being given social care during the long treatment process.

In 2015, a huge number of cases of Buruli were reported in Liberia. Starting this year, DAHW will provide expertise for diagnoses and therapy here as well, and will help set up a supra-regional national programme to fight Buruli Ulcer.

The Fondation Follereau Luxembourg (FFL) supports the work of DAHW here both financially and in the form of technical advice.



i

➔ The Fondation Follereau Luxembourg (FFL) has donated a total of € 1 million (including € 595,000 since 2011 alone) to DAHW to help with its aid measures for the victims of poverty-associated diseases in Togo. (Last updated 2015)

CBR – on the road to inclusion

CBR (community based rehabilitation) is an important approach to support people with disabilities. The term “inclusion”, introduced in Germany, is not sufficient to describe CBR work aptly.

Main item of CBR work is to enable people with disabilities to participate in social life. This includes fighting against discrimination as well as the commitment to a decent work for affected people concern-



Photo: Sabine Ludwig

To earn money for livelihood, people with disabilities for example produce products for everyday needs.

ing they are able to provide themselves for their livelihood.

This is often fundamental work, as people with disabilities are still far from being able having equal rights in many countries or claiming their limited rights.

WEST AFRICA

LIBERIA

General information

Area: 111,370 km²
Population: 4.4 million
Average life expectancy: 60.9
Per capita income: US \$457 per year
Human Development Index (HDI): rank 177/188
Leprosy cases 2013: 186*
2014: 355*
TB cases 2013: 13,000
2014: 14,000



Difficult road conditions making project trips difficult.
Photo: Jochen Hövekenmeier

DAHW activities since 1974

Working with leprosy and those affected by it has always been made difficult by political instability and weak state structures, and work here was completely disrupted in 1990 when civil war broke out. There was only one local treatment facility, kept running by Italian nuns with the help of DAHW, located in the Leprosy and TB Hospital in Ganta (near Gbanga). Since 2011, DAHW has been attempting to re-establish a national leprosy monitoring programme with the help of further ILEP partners. In the meantime, the existing programme run by the Ministry of Health was restricted to the area around the capital of Monrovia.

Current DAHW activities

The Ganta hospital is the only referral hospital for leprosy in the entire country, and the only one outside of the capital city capable of diagnosing and treating resistant strains of tuberculosis. From this base, DAHW and its partners provide care to people affected by leprosy (PAL) or those suffering from TB across the entire state of Nimba.

The Ebola epidemic of 2014 brought the already weak and unstable healthcare system of Liberia almost to its knees. In the midst of this crisis, the DAHW sent Dr Anand Krishnan, a doctor with plenty of experience in treating leprosy, to Liberia as a consultant for the new national monitoring programme that is being set up. His daughter, Dr Sri Nandini Krishnan, has been working in Ganta as a leprosy physician since the start of 2015.

DAHW investments

Spent in 2015: € 288,885.92 | Planned for 2016: € 265,000

*) Figures for 2013 were only available for the Leprosy Hospital in Ganta. Figures for other regions for the year 2014 were only available because of the work of Dr Krishnan. However, it has not yet been possible to provide wide-coverage healthcare with reliable figures

NIGERIA

General information

Area:	923,768 km ²
Population:	178.5 million
Average life expectancy:	52.8
Per capita income:	US \$3,203 per year
Human Development Index (HDI):	rank 152/188
Leprosy cases	2013: 3,385 2014: 2,983
TB cases	2013: 590,000 2014: 570,000

**DAHW activities since 1964**

At the start, DAHW helped PALs selectively in the many missionary hospitals in the region, providing these people with access to diagnoses and treatment. In 1991, these structures were used to set up a national leprosy monitoring programme that today forms a combined Leprosy and TB Programme.

Current DAHW activities

In approximately one third of the country, DAHW and its partners work for people affected by leprosy or TB, whilst the other regions of the country are either covered by DAHW's ILEP partners or are not accessible because of political and religious tensions (Boko Haram). DAHW and its partners also care for people who cannot earn a living for themselves because of disabilities typically associated with leprosy.

The high prevalence of HIV infections poses a great danger to TB patients. This co-infection can only be treated with difficulty, and is a time-consuming and costly process. The Nigerian physician Dr Joseph Chukwu has been working for DAHW and coordinating the cooperation with the national programme for more than 20 years.

Many large donors, such as the Global Fund, support the work of DAHW in Nigeria through co-financing measures. This is proof of the trust placed in DAHW for its ability to work in a country otherwise suffering from corruption. In 2016, the Global Fund will be negotiating more than €2 million in co-financing, hence this figure is not yet included in the planned budget for 2016.

DAHW investments

Spent in 2015: € 3,253,225.14 | Planned for 2016: € 1,249,960*



Dr Joseph Chukwu examining a patient.
Photo: Jochen Hövekenmeier

* The new agreements with the Global Fund had not yet been signed at the time of going to print. Upon signing of these agreements, this amount will increase to approx. € 3,880,000.

SENEGAL

General information

Area:	196,190 km ²
Population:	14.5 million
Average life expectancy:	66.5
Per capita income:	US \$1,067 per year
Human Development Index (HDI):	rank 170/187
Leprosy cases	2013: 247 2014: 233
TB cases	2013: 19,000 2014: 20,000

**DAHW activities since 1965**

DAHW has been cooperating with the national Leprosy Monitoring Programme since 1973, with the aim of providing all PALs with free access to diagnoses and treatment. As a result of this cooperation, the number of new cases has been very low for many years now. The

WEST AFRICA



In the leprosy town of Peycouck, a self-help group has set up its own little bank with the help of DAHW. As a result, the residents of leprosy towns can now also get favourable micro-loans to help them start a business. Photo: Jochen Hövekenmeier.

purely medical side of the work was taken over in 2014 by the French ILEP partner organisation Fondation Raoul Follereau (FRF), albeit with financial support from DAHW.

Current DAHW activities

The focus of DAHW's work in Senegal is people with disabilities. Whilst the focus at the start of the work was on PALs, today attention is predominantly given to CBR work. Organised as self-help groups and supported by DAHW, people with all manner of disabilities help one another to overcome the hurdles they face daily. A key challenge in Senegal is combating the ever persistent stigmatisation of PALs. It used to be standard practice to accommodate PALs in so-called 'leprosy towns', and the fact that these towns are stated in passports has meant that even today children of former leprosy patients cannot find work because they are associated with the disease and all the disadvantages it brings with it.

DAHW investments

Spent in 2015: €2,015,985.98 | Planned for 2016: €170,000

SIERRA LEONE

General information

Area: 71,740 km²
 Population: 6.2 million
 Average life expectancy: 50.9
 Per capita income: US \$765 per year
 Human Development Index (HDI): rank 181/188
 Leprosy cases 2013: 202
 2014: 145
 TB cases 2013: 19,000
 2014: 20,000



The town of Masanga is located on the infamous "Diamond Road", and was almost completely cut off from the outside world during the civil war. A particularly high number of people suffer from disabilities here as a result of leprosy. But thanks to professional training, as tailors for example, they once again have a chance to provide for themselves and their families.

Photo: Jochen Hövekenmeier / DAHW

DAHW activities since 1966

In 1974, DAHW began to provide PALs with special orthopaedic footwear. For the first time, these special shoes were not imported from Europe, but locally made to measure in Make-ni. However, the civil war raging throughout the country since 1985 has made much of this work impossible. From 1991 onwards, the teams of DAHW and its partners have only been able to care for people living near the larger towns and cities. However, in 2000 it once again became possible to carry out leprosy work across the country.

Current DAHW activities

Sierra Leone has never had a properly functioning healthcare system. DAHW trained and educated the medical staff in the few healthcare facilities and hospitals so that PALs or people suffering from TB can now get the right diagnosis, and therefore the right treatment, at these facilities. DAHW supports people with disabilities by providing professional training and education, and social programmes that allow them to live their life as they want, without restrictions.

The Ebola epidemic of 2014 brought the work almost completely to its knees. It was only possible to once more work across a large area from March 2015.

At the end of 2015, former deputy Cyril Johnson took over responsibility for managing the DAHW office from Yvonne Harding. His most important task, besides re-establishing the Leprosy and TB Monitoring Programme, will be the coordination of a new CBR project co-financed by the German Federal Ministry for Economic Cooperation and Development (BMZ).

DAHW investments

Spent in 2015: €327,560.72 | Planned for 2016: €338,520



TOGO

General information

Area: 56,785 km²
 Population: 7.0 million
 Average life expectancy: 59.7
 Per capita income: US \$635 per year
 Human Development Index (HDI): rank 162/188
 Leprosy cases 2013: approx. 100
 (estimated by DAHW)
 2014: 97
 TB cases 2013: 5,000
 2014: 4,100



Young Buruli patient undergoing physiotherapy in the Tsévié hospital in Togo.

Photo: Michael Röhm / DAHW

DAHW activities since 1964

Together with the Ministry of Health, DAHW has set up a leprosy monitoring programme in DAHW. This supra-regional programme later gave rise to the combined monitoring programme for leprosy and Buruli Ulcer, as well as the national TB Monitoring Programme.

Current DAHW activities

The focus of DAHW's work has shifted from leprosy to TB and Buruli Ulcer. It is mostly children under 15 years of age who are affected by Buruli Ulcer. The reason for this is as unknown as it is unresearched, and the way in which this rare disease is transmitted also remains a mystery. DAHW works to help patients together with the Ludwig-Maximilians University, the Bernhard-Nocht Institute for Tropical Medicine Hamburg, and the ILEP partner Fondation Follereau Luxembourg (FFL). The partners have worked together with the Ministry of Health to equip a laboratory in the capital city of Lomé with the proper, high-quality materials needed for a more effective diagnosis.

With regards to tuberculosis, work focuses on a more effective diagnosis in basic health care, and TB patients in prison. Here, DAHW ensures that people suffering from TB both receive and take their medication regularly until the end of their course of treatment. This is the only way to prevent dangerous resistant strains of the disease from arising.

DAHW Franz Wiedemann has lived in Togo for many years, and has also been the Regional Representative of DAHW for the whole of West Africa since 2015.

DAHW investments

Spent in 2015: €460,842.97 | Planned for 2016: €689,979



The work of DAHW in East Africa and Arabia



	2015		2016*	
	Projects	Funding amount	Projects	Funding amount
Egypt	3	€89,256.22	3	€85,000
Ethiopia	10	€889,684.85	10	€670,000
Yemen	2	€182,981.45	3	€127,000
Mozambique	1	€10,000.00	–	–
Sudan	3	€93,710.27	3	€95,000
South Sudan	7	€292,541.96	7	€330,675
Tanzania	10	€546,380.96	7	€500,000
Uganda	16	€459,784.23	9	€519,325
Total	51	€2,564,339.94	42	€2,327,000

* As at: 1 May 2016



The number of PALs is rising due to the on-going civil war.

South Sudan Civil war – making work harder

As well as his role as head of the field office for DAHW Uganda, Olaf Hirschmann has also been responsible for South Sudan since the start of 2015. That was until he decided to move his entire family to Tanzania to work for the DAHW partner, Aussätzigen-Hilfswerk Österreich. In Barbara Batesaki from Uganda, DAHW found a competent successor who took up her position in April 2016.



Not leaving the sick in the lurch – that is what DAHW still stands for.

DAHW supports leprosy work in various parts of South Sudan. Civil wars and a fragile state system make the work of our employees very difficult time and again. The infrastructure is deplorable, and the distribution of medication and security of medical services is anything but guaranteed. Evacuations are a daily occurrence, and it is often only possible to reach project areas by air. “In many respects, the situation is comparable to the break-up of the Former Yugoslavia or the civil war in Iraq,” says Hirschmann.

Hirschmann has been in the capital city of Juba at least once a month. The rest of the time, he coordinates the work from the Uganda field office in Kampala. This is because it is impossible to lead a normal life in South Sudan, and because the security situation in the country makes it impossible to stay for any longer period of time.

“The situation in terms of supplies is very limited, and almost all goods have to be imported.” The civil war is isolating more and more areas, making the work of social workers and healthcare staff on the ground very difficult. It goes without saying that the number of PALs is increasing under such circumstances.

Hirschmann and his employees have continued to work because they don’t want to leave those suffering in the lurch. And this is exactly how Barbara Batesaki will work.



The healthcare workers are working in those areas cut off by the civil war. They can often only reach these areas on mopeds.

Yemen

Yemen Working under fatal conditions

By Sabine Ludwig



The hospital in Taiz was destroyed but its staff are not giving up.

Dr Yasin Al Qubati, medical advisor to DAHW in Yemen, has survived. That is the most important thing. His office was fired at, and he himself was badly injured in a knife attack. He underwent emergency surgery in Yemen and then received additional treatment in Germany. After this he returned home before being kidnapped and then released. And yet he never even considered giving up.

He is still working tirelessly for DAHW. He was forced to leave his hometown of Taiz because it was no longer possible to work normally. The hospital where his office is located has ended up on the front line of the civil war. Leaving his family to hide in the mountains, he fled to the port of Aden in order to continue his work there. As a doctor, as a human being, as a saviour.

In fact, the work of DAHW in this war-torn country is continuing. The number of leprosy patients is increasing because it is very difficult to treat those affected in far-flung areas. People are fleeing from bombarded cities, and end up left with nothing. Dr Al Qubati knows all about this.

As well as supporting the National Leprosy Programme, he is also involved in providing emergency help through distributing water and food. With support from Bündnis Entwicklung Hilft (BEH) and DAHW, he is organising the transport of water to far-outlying areas where it is stored in cisterns. To do this, (he) needs lorries that are capable of moving huge water tanks.

Not an easy undertaking in a country torn apart by civil war.

But the doctor is not one to shy away from toil or danger. His aim is to make life that little bit easier for displaced people, most of whom are women and children. He often risks his own life to achieve this aim. Despite the war, the Leprosy Monitoring Programme has been maintained and continued thanks to his engagement and that of the programme's national coordinator. The programme is of course very restricted, but the doctor is using it to send out positive signals.

The sixty-something man cannot currently return to Taiz, to his family, or to his hospital. His efforts to coordinate the humanitarian work from Aden are even stronger.



Dr Yasin Al Qubati, medical advisor to DAHW in Yemen

Children and leprosy

Children are massively affected by leprosy, and not just by the infection itself. It can also be difficult for them if their parents permanently fall victim to the disease or have to live on the bare minimum as a result of leprosy. In such cases, it is the children that have to ensure that there is food on the table and who have to take on all the responsibilities of the parents, even if these are anything but child-friendly.

Add to that the ostracism. The parents' illness often acts like a curse on the children. Shunned by classmates and often even teachers, these children don't dare



It is often the children who suffer greatly from the leprosy of their parents.

to return to school. It is then all too easy to slip into poverty and despair.

EGYPT

General information

Area: 1,001,450 km²
 Population: 83.4 million
 Average life expectancy: 71.1 years
 Per capita income: US \$3.365 per year
 Human Development Index (HDI): rank 108/188

New cases of leprosy	2013: 529
	2014: 564
New cases of TB	2013: 13,000
	2014: 13,000



Employees of the Citadel Hospital Cairo
 Photo: Caritas Egypt

DAHW activities since 1957

We started with the building of hospitals and leprosy centres, supplying medication and setting up footwear workshops. We then began funding housing projects for PALs with disabilities, as well as other social facilities. The partners of DAHW have built eight new dermatological clinics since 1984.

Current DAHW activities

DAHW currently supports around 2,600 people who have previously suffered from leprosy and who can no longer support themselves and must rely on the help of others in their day to day lives due to their age or disabilities suffered as a result of the disease. More than 350 children, young people, and young adults from families affected by leprosy, have been given support in their school education or professional training. Moreover, we are always running information campaigns and campaigns to combat the discrimination of PALs, all in cooperation with the national Leprosy Monitoring Programme.

Around 450 employees from 44 medical facilities have been trained and educated in the diagnosing and treating of leprosy.

DAHW's partner for its leprosy work is Caritas Egypt.

DAHW investments

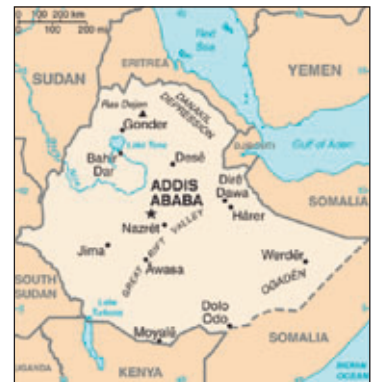
Spent in 2015: €89,256.22 | Planned for 2016: €85,000

ETHIOPIA

General information

Area: 1,127,127 km²
 Population: 96.5 million
 Average life expectancy: 64.1 years
 Per capita income: US \$573 per year
 Human Development Index (HDI): rank 174/188

Leprosy cases	2013: 4,374
	2014: 3,758
TB cases	2013: 210,000
	2014: 200,000



DAHW activities since 1957

Bisidimo was DAHW's first aid project. The aid agency began building a leprosy hospital here for people in the West of the country in 1957. The new hospital on the Bisidimo River was a focal point of our leprosy work from the very beginning and was visited by PALs from across the country. Many of these people settled here after their treatment because they had been cast out from their own towns and villages. This gave rise to the town of Bisidimo that today boasts more than 10,000 inhabitants. Bisidimo has since become a general



Drinking water is a valuable commodity in Ethiopia. Photo: Thomas Einberger

hospital that provides medical care to the entire region and continues to act as a referral hospital for leprosy. DAHW has also conducted more work with people affected by TB since 1996.

Current DAHW activities

DAHW and its partners help around 50,000 people deal with the consequences of leprosy. Furthermore, nearly 20,000 people with disabilities have set up self-help groups where they also receive support.

An important partner here is the National Monitoring Programme for Leprosy and TB. DAHW uses this programme to support the education and training of medical staff in healthcare positions. A particular aim is to improve the early recognition of leprosy and TB because if diagnosed too late, the sufferers themselves have to deal with serious impairments and often infect lots of other people, mostly within the family.

Together with other ILEP partners, DAHW supports the All Africa Leprosy Tuberculosis and Rehabilitation Training Centre (ALERT) in Addis Ababa. Employees from several countries are trained in leprosy and TB work at this centre. Ato Ahmed Mohammed, head of the DAHW office in Addis Ababa, is also the Regional Representative of DAHW for East Africa and the Middle East.

DAHW investments

Spent in 2015: €889,684.85 | Planned for 2016: €670,000

YEMEN

General information

Area: 527,970 km²
 Population: 25.0 million
 Average life expectancy: 63.8
 Per capita income: US \$1.408 per year
 Human Development Index (HDI): rank 160/188

Leprosy cases	2013: 383
	2014: 413
TB cases	2013: 12,000
	2014: 13,000



DAHW activities since 1989

From its base in Taiz, DAHW supported individual activities for PALs very early on, between 1965 and 1976. A close cooperation with the national leprosy monitoring programme, that organises the leprosy work across the entire country, has existed since 1989. In Taiz, DAHW provided crucial aid in the setting up of a dermatological hospital. Dr Yasin Al-Qubati has been coordinating work for PALs from this hospital ever since.

Current DAHW activities

The core tasks of DAHW in Yemen revolve around supplying medication to some 400 people suffering from the consequences of leprosy, and training medical staff from healthcare facilities across the entire country. Due to the weak state structures, Dr Yasin Al-Qubati and his employees have to travel all across the country in order to carry out their work, and DAHW has to take responsibility for the entire logistics chain regarding the diagnosing and treating of leprosy patients. The very unstable political situation is also one of the greatest challenges posed to the work here. The DAHW office and Dr Al-Qubati himself have fallen victim to attacks on several occasions. DAHW is the only organisation in the entire country that can boast expertise in the area of leprosy.



DAHW teams handing out food. Photo: DAHW

Current situation, as of May 2015

The war between the Huthi rebels, supported by Iran, and the Yemen Army, supported by Saudi Arabia, has brought all programmes and projects to a complete standstill. The hospital in Taiz is being stretched beyond its capabilities, trying to care for the countless wounded, whilst a hospital currently under construction was heavily damaged by a missile strike and does not look set to be completed any time soon.

The leprosy monitoring programme and the DAHW office have been closed due to the chaos caused by the war. Dr Al-Qubati was able to secure materials and vehicles in time, and to send employees back home unless they wished to volunteer to help him provide medical care to the victims of the war or to deliver food to villages whose supply lines have been cut off by the war.

At the start of 2016, Dr Al-Qubati set up a sea water desalination system on an island, with which the people residing here once more have access to clean drinking water for the first time in months. The system was dispatched by the Yemen Foreign Office but disappeared in the fog of war before Dr Al-Qubati discovered it in the Port of Aden whilst carrying out his aid work.

DAHW investments

Spent in 2015: €182,981.45 | Planned for 2016: €127,000

SUDAN**General information**

Area: 1,886,068 km²

Population: 38.8 million

Average life expectancy: 63.5

Per capita income: US \$1.875 per year

Human Development Index (HDI): rank 167/188

Leprosy cases 2013: 677

2014: 684

TB cases 2013: 41,000

2014: 37,000



Working to recognise leprosy early includes keeping an eye on the families of those affected. Photo: DAHW

DAHW activities since 1963

In 1979 DAHW established an education and demonstration centre for leprosy work in Agok, Wau in South Sudan which, with the support of the Federal Ministry for Economic Cooperation and Development (BMZ) and other partners, has been in operation throughout the entire civil war. However, the activities have been restricted to the hospital and those areas neighbouring Wau for many years as a result of the war. Since South Sudan declared independence, this hospital has no longer been able to provide care to leprosy patients in Sudan.

Current DAHW activities:

DAHW cooperates closely with the state-run leprosy monitoring programme in order to allow PALs to be diagnosed and treated early. Investments are primarily being made in the training of various medical staff in order to continue this work on recognising leprosy early. In light of an almost complete lack of state structures, the challenges here lie in the demand for effective provision of care in this large country and the maintaining of specialist knowledge on leprosy. Ignoring the selective support provided to some of those suffering from disabilities, there is a lack of any systematic umbrella approach. Individual training courses can still currently be offered across the for what little medical staff remains.

DAHW investments

Spent in 2015: €93,710.27 | Planned for 2016: €95,000

SOUTH SUDAN

General information

Area: 619,745 km²
 Population: 11.7 million
 Average life expectancy: 55.7
 Per capita income: US \$1.115 per year
 Human Development Index (HDI): rank 169/188

Leprosy cases	2013: 576*
	2014: 691*
TB cases	2013: 17,000*
	2014: 17,000*



Sister Isabella cares for leprosy patients in remote villages. Photo: Sabine Ludwig

DAHW activities since 1973

As one of the very first aid agencies, DAHW worked in the South of the former Sudan after the first War of Independence (ended 1972). The region was and still is a focal point of work on leprosy with a very high number of new cases, a result of the scarcity of basic medical care due to the many years of civil wars. DAHW coordinates leprosy work in those areas where this is still possible, initially from the hospital in Wau, and from Juba since 2007. The War of Independence from 1983 to 2005 has set this work back time and again. Nevertheless, DAHW provided support for PALs during the entire period of war.

Current DAHW activities

The temporary peace of 2005 and the independence of 2011 brought with them a slight increase in medical care: DAHW was able to help PALs across the entire country for the first time. First on the list was the training and educating of medical staff, since sufferers urgently needed access to diagnoses and treatment. The treatment of subsequent consequences of leprosy, particularly disabilities which very often arise as a result of late diagnoses, is a core focus of the work here. Together with partners such as Caritas and Malteser, DAHW supports those hospitals or social institutions where these people receive help. The largest challenge has been posed by the renewed civil war, starting in 2013. Many regions are very hard to reach, and many medical facilities that had only just been opened were closed. The Ministry of Health is an important partner of DAHW and runs a leprosy monitoring programme, although it can only reach people in one part of the country. The employees of DAHW and their partners must often decide on the spot whether or not they can drive to people. The work that had finally achieved wide-reaching coverage has once again become selective, though it still remains important work for PALs.

* These figures relate only to certain regions of the country. It is likely that around 2,000 people suffer from leprosy every year, and more than 20,000 from tuberculosis.

DAHW investments

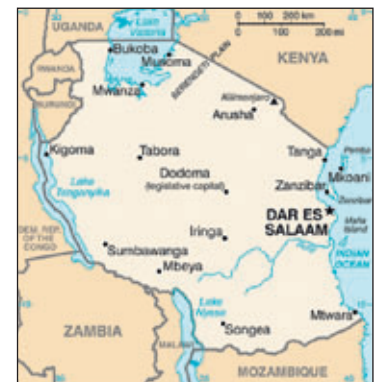
Spent in 2015: €292,541.96 | Planned for 2016: €330,000

TANZANIA

General information

Population: 50.8 million
 Average life expectancy: 65.0
 Per capita income: US \$955 per year
 Human Development Index (HDI): rank 151/188

Leprosy cases	2013: 2,005
	2014: 1,947
TB cases	2013: 81,000
	2014: 170,000





People with serious disabilities need special support.
Photo: DAHW

DAHW activities since 1958

DAHW began to establish the foundations for a national leprosy monitoring programme early on. Patients were treated in various hospitals and healthcare facilities, before this offer was expanded to include rehabilitating people with disabilities. In 1999, DAHW began supporting work for people suffering from tuberculosis in Tanzania.

Current DAHW activities

The training and education of staff in more than 2,000 medical facilities around the country is a clear focus of our work. As well as early diagnoses, what is important for PALs is avoiding the disabilities that often come with the disease, and supporting those who already live with these disabilities. In the South-East of Tanzania, DAHW is currently conducting a research project to test a possible prophylaxis which could help to reduce the likelihood of infection.

The aim for people suffering from TB is to examine as many people as possible for HIV. Now, 80 per cent of all TB patients are tested for HIV, a significantly high percentage. The co-infection of TB/HIV is the largest challenge facing the work of DAHW in Tanzania. In 2016, DAHW will begin a project in the North on Lake Victoria in the Mwanza region to research and control the dangerous worm disease schistosomiasis.

DAHW investments

Spent in 2015: €546,380.98 | Planned for 2016: €500,000

UGANDA

General information

Area: 236,040 km²
 Population: 38.8 million
 Average life expectancy: 58.5
 Per capita income: US \$714 per year
 Human Development Index (HDI): rank 163/188
 Leprosy cases 2013: 246
 2014: 275
 TB cases 2013: 62,000
 2014: 61,000



DAHW activities since 1963

In 1966, DAHW began to expand regional leprosy monitoring programmes, the foundation for the National Leprosy and TB Monitoring Programme in place since 1996. The Buluba hospital, near Entebbe, is the referral centre for our leprosy and TB work in the South-East of the country, and at the same time a training centre for medical staff from all across Uganda. Thanks to the many years of successful and almost completely uninterrupted leprosy monitoring work, the number of new cases has been significantly lower here than in neighbouring countries for several years.

Current DAHW activities

More than 3,200 people suffering from disabilities associated with leprosy or other consequences of the disease are dependent on support. The local community rehabilitation centre (CBR) is an important part of DAHW's support programme. Leprosy physician Dr Joseph Kawuma has been working for DAHW in his home country since 1990 and is one of the world's leading experts in leprosy.

In Uganda, DAHW will cooperate in future with UNICEF in its work with people suffering from TB. This work will focus in particular on children who suffer from TB.

The former representative Olaf Hirschmann passed on his duties as head of the DAHW Uganda office to Barbara Batesaki at the end of March 2016.

DAHW investments

Spent in 2015: €459,784.23 | Planned for 2016: €519,325



Specially produced shoes for leprosy patients.
Photo: Sabine Ludwig

The work of DAHW in Latin America



	2015		2016*	
	Projects	Funding amount	Projects	Funding amount
Bolivia	4	€100,872.00	5	€125,000
Brazil	7	€347,615.09	7	€392,000
Colombia	5	€217,006.32	5	€230,000
Paraguay	3	€96,577.69	3	€110,000
Total	19	€762,071.10	20	€857,000

*As at: 1 May 2016

Photo: Jochen Hövkenmeier

Bolivia

Old Problems and new Challenges

By Jochen Hövekenmeier

In 2015, DAHW began outsourcing its activities in Bolivia. The focus here is not just on the hospital in Monteagudo, predominantly established by DAHW, but also on the new “Plan 3000” hospital in the provincial capital of Santa Cruz. This is currently the region with the highest number of PALs. The nearby Jorochito leprosy hospital acts as a referral centre. The staff trained here work, amongst others, in the fast-growing slums of Santa Cruz.

This is not just a matter of providing qualified medical care, of providing medical and social rehabilitation to former leprosy patients, or socio-economic work, it is also about passing on expertise in leprosy and tuberculosis to local healthcare staff. This is the only way to avoid incorrect diagnoses and a failure to provide appropriate care, which may cause those affected to suffer for their entire lives and which increase the risk of the disease spreading.

Providing advice to the national programme on leprosy and tuberculosis is just as important an aspect of DAHW’s work as the trips made by DAHW doctors to far-flung regions to confirm suspected cases of leprosy, or to train and educate medical staff.

In the middle of the 1960s, the former pastor from Monteagudo, a town in a mountainous region of Bolivia, set up a small leprosy hospital. DAHW supported this endeavour from the very beginning - an endeavour that has developed into a leprosy centre for the entire country over the years.

Cases of leprosy have decreased dramatically as a result of the successful work carried out here. Many other tropical, and in some cases neglected, diseases such as Chagas’ disease, leishmaniasis and



Photos: DAHW

Many patients wait for doctors on the street.

tuberculosis can also be treated in these hospitals. Also offered are consultation hours with paediatricians, infant and prenatal care, operations, and general medical consultations.

Experts assume that there are many hidden cases of leprosy in the slums of Santa Cruz. This is exactly why the involvement of DAHW on the ground is an important foundation for this work.



A big challenge: the new hospital in Santa Cruz ...



... directly bordering the slum where many leprosy patients live.

LATIN AMERICA

BOLIVA

General information

Area: 1,098,580 km²
Population: 10.8 million
Average life expectancy: 68.3
Per capita income: US \$3.124 per year
Human Development Index (HDI): rank 119/188
Leprosy cases 2013: 100*
2014: 75*
TB cases 2013: 13,000
2014: 13,000



Team meeting in Monteagudo. Photo: DAHW

DAHW activities since 1965

The national leprosy programme of Bolivia consists of two employees and a very limited budget. Officially, Bolivia has declared to the WHO that no-one in the country is suffering from leprosy. DAHW is the only NGO that conducts leprosy work in Bolivia. Problems arise not only from a lack of state support, but also in particular from the size of the country and the often almost impassable roads.

Current activities

In 2015, DAHW began outsourcing its activities in Bolivia. The focus here is not just on the hospital in Monteagudo, predominantly established by DAHW, but also on the new „Plan 3000“ hospital in the provincial capital of Santa Cruz. This is currently the region where the highest number of PALs have been identified. The nearby Jorochito leprosy hospital acts as a referral centre where staff who look for previously unidentified cases of leprosy amongst the inhabitants of the fast-growing slums of Santa Cruz are also trained.

* These figures relate only to facilities supported directly by DAHW.

DAHW investments

Spent in 2015: €100.872,00 | Planned for 2016: €125,000

BRAZIL

General information

Area: 8,515,767 km²
Population: 202.0 million
Average life expectancy: 74.5
Per capita income: US \$11.726 per year
Human Development Index (HDI): rank 75/188
Leprosy cases 2013: 31,044
2014: 31,064
TB cases 2013: 93,000
2014: 90,000



A self-help group in Sao Luis. Photo: Jochen Hövekenmeier

DAHW activities since 1958

With more than 30,000 new cases every year, Brazil is the country with the second-most leprosy patients after India. The state of Mato Grosso has one of the highest rates of leprosy worldwide with almost 90 new cases per 100,000 people. A large challenge for DAHW is locating and combating the causes for this leprosy hotspot. Spreading knowledge about leprosy as a disease is also of the utmost importance for the work, since this is scarcely taught during medical training despite its high prevalence. As a result, many PALs often receive a false diagnosis from basic healthcare facilities.



Old leper colony in Manaus
Photo: Jochen Hövekenmeier

Current activities

DAHW is currently active in Amazonas, Maranhão, Mato Grosso and Mato Grosso do Sul. DAHW doctors initiate campaigns to actively search for cases and to carry out „on the job“ training. They also implement measures to prevent disabilities and to support CBR projects, mostly in the form of self-help groups formed of people with disabilities.

An important partner in this respect is the National Leprosy Monitoring Programme that is supported by the local Ministries for Health and the health services of local communities. DAHW also supports research projects in cooperation with the international reference and education centres: Institut Lauro de Sozua Lima in Bauru/Sao Paulo and Fundação Alfredo da Matta in Manaus/Amazonas. Fundhans has been a partner of DAHW for many years, with whom we intend to cooperate even more intensively in future. The former DAHW representative Manfred Göbel will retire in 2016 to be succeeded as head of the DAHW Brazil office by Dr Reinaldo Bechler who will organise the work from Manaus.

DAHW investments

Spent in 2015: €347,615.09 | Planned for 2016: €392,000

COLUMBIA

General information

Area: 1,141,748 km²
 Population: 48.9 million
 Average life expectancy: 74.0
 Per capita income: US \$7.903 per year
 Human Development Index (HDI): rank 97/188
 Leprosy cases 2013: 430
 2014: 423
 TB cases 2013: 16,000
 2014: 16,000



DAHW activities since 1960

It is not just the number of new cases of leprosy that make the work of DAHW a necessity in Colombia, but also the poor infrastructure and the frequent lack of awareness of the disease within the state healthcare system. Stigmatisation and discrimination of people with disabilities caused by leprosy are also commonplace, meaning that the work of DAHW has to go well beyond the purely medical aspects. The unstable political situation in the country and the frequent armed conflicts also make work difficult because this makes access to diagnoses and treatment impossible for many patients.

Current activities

In Colombia, DAHW is cooperating with several partners including the National Leprosy Monitoring Programme, the Ministries for Health and Social Care, and several universities. Improving the level of training of medical staff should increase certainty when diagnosing leprosy.

For sufferers, access to diagnoses and treatment is important, particularly with regards to preventing disabilities. PALs are actively supported by DAHW in their professional training and education so that they stand a chance on the job market, despite the stigma surrounding the disease, and so that they can become independent in their own careers.

Alberto Rivera, previously the head of the DAHW office in Colombia, became DAHW Representative for South America in 2015.

DAHW investments

Spent in 2015: €217,006.32 | Planned for 2016: €230,000



Mit Physiotherapie können lepratyrische Behinderungen oft vermieden werden. Photo: DAHW

General information

Area: 406,752 km²
 Population: 6.9 million
 Average life expectancy: 72.9
 Per capita income: US \$4.712 per year
 Human Development Index (HDI): rank 112/188

Leprosy cases	2013: 407
	2014: 378
TB cases	2013: 3,000
	2014: 2,800



Examining a leprosy patient and training medical staff at the km81 hospital.
 Photo: Eva-Maria Schwenhorst

DAHW activities since 1958

In one of the poorest countries in Latin America, leprosy and tuberculosis are far from priorities for the state's healthcare agenda. At first glance, the number of PALs seems low, but measured against the total population this is far from the truth and has been a relatively constant problem for years. In the remote Chaco region, with a predominantly indigenous population, tuberculosis is a big problem. The greatest challenge in this sparsely populated country is to make leprosy and TB monitoring work possible across as wide an area as possible.

Current DAHW activities

DAHW's partner in the country is the km81 hospital located west of the capital city of Asunción and run by the local Mennonite community. Here, PALs and people suffering from TB receive free diagnoses and treatment. These patients and their relatives are also educated on the diseases so as to avoid later consequences arising from leprosy and to avoid further people becoming infected with TB. Medical staff from the surrounding area are trained and educated on diagnosing and treating leprosy and TB here.

The cooperation with the government has been built up over many years and is currently in a very good condition, in the form of the National Monitoring Programme for Leprosy and Tuberculosis. In 2015, DAHW ran workshops to provide information on the possibilities of CBR work, with further education measures to follow.

DAHW investments

Spent in 2015: €96.577,69 | Planned for 2016: €110,000

The work of DAHW in Asia



	2015		2016*	
	Projects	Funding amount	Projects	Funding amount
Afghanistan	2	€714,553.85	2	€700,000
India	48	€831,255.41	49	€1,172,766
Nepal	3	€296,092.10	4	€292,000
Pakistan	14	€1,035,068.99	12	€795,000
Total	67	€2,876,970.35	67	€2,959,766

* As at: 1 May 2016

The difficulties of working in the Hindu Kush

Panjau. A small village in the central mountain range of Afghanistan. This is where Zahra I lives. She was sick, very sick. The family could not afford to travel to Kabul. The 36-year old spent months hoping for an improvement. In vain. Only when she completely broke down and could no longer take care of the home, did her husband bring her to the small healthcare facility in Panjau. This is where the healthcare staff of the LEPCO organisation (“Leprosy Control”) works, supported by DAHW.

Since she first fell ill, Zahra’s face, hands and feet have swelled greatly and become red. A year ago, she gave birth to her sixth child. “It brought me the illness,” she says, pointing to her disfigured face. Healthcare assistant Tahir A. knows the symptoms. He doesn’t want to voice his suspicion, at least not in front of her husband.

Tahir A. carries out skin tests. Hours later, he informs Zahra it is what he had feared: leprosy. He does not tell the family any of this. “Your wife is suffering from a skin disease and has to stay here for now,” he later tells Zahra’s husband. Stigmatisa-



Zahra I. in hospital from Panjau with her two children.

tion is still very commonplace in the villages.

Now, after two and a half months in the Panjau hospital, the woman is doing better. Her two youngest are with her. Her children, who give her hope and confidence, are the most important thing to her. “She will still have to stay on the ward for at least two months,” says Tahir.

Zahra was lucky. She will return to her mountain village fully healed and happy, at least with a feeling that she interprets as happy. She will be received back into the family with all her duties. No-one will say another word about her skin disease.



Jawad Ahmadi CEO of LEPCO

“Women in Afghanistan are not allowed to travel on their own. The husband, father or brother has to accompany them. They can only undergo medical treatment with the consent of the family patriarch, and even then they can only be examined by female healthcare staff.

If there are no female members of staff on site, getting into an ambulance is generally rejected. The health of female members of the family is therefore often accordingly poor. Malnutrition, infec-



tions and complications from pregnancies are all part of daily life.”

LEPCO

For more than 30 years, DAHW *Deutsche Lepra- und Tuberkulosehilfe* e.V. has cooperated with this Afghani NGO. LEPCO, short for “Leprosy Control”, was founded in the 1980s by leprosy physician Dr Ruth Pfau. Today, she is supported by a consortium that also includes DAHW, Caritas international, Caritas Luxembourg and MIS-EREOR/Katholische Zentralstelle für Entwicklungshilfe (KZE).



Reconstructive surgery on hands damaged by leprosy at the Sivananda hospital (Hyderabad).
Photo: Fabian Fiechter

Relief Association India). This was founded in light of a law that stated that only domestic NGOs were allowed to support PALs and cooperate with the federal state's leprosy monitoring programme. Since 1996, DAHW has also supported work for people suffering from TB.

Current DAHW activities

DAHW's projects support more than 12,000 people with disabilities caused by leprosy. These are mostly either old people or people with such severe disabilities that they require assistance to cope with their daily lives. A further area of focus is the fight against the stigmatisation and discrimination of PALs. Around 3,000 children from families affected by leprosy are only able to get an education with the help of DAHW.

Similar challenges are faced by the work with people suffering from TB: many TB patients either cannot be reached by state services or can only be reached with great difficulty, particularly in the huge slums around the larger cities. DAHW trains healthcare workers to be social workers or mentors who mostly ensure that those in their immediate vicinity are taking their medication regularly.

In 2015, GLRA India was commissioned by the Global Fund to conduct TB projects for the second time already. These projects involve measures with a total value of €1.1 million over a period of three years.

DAHW investments

Spent in 2015: €831.255,41 | Planned for 2016: €1,172,766

NEPAL

General information

Area: 147,181 km²
 Population: 28.1 million
 Average life expectancy: 69.6
 Per capita income: US \$701 per year
 Human Development Index (HDI): rank 145/188
 Leprosy cases 2013: 3,225
 2014: 3,046
 TB cases 2013: 43,000
 2014: 44,000



People with disabilities are actively supported in Nepal. Photo: DAHW

DAHW activities since 1972

DAHW has been cooperating with reliable local partners (INF, NELRA and Sewakendra) since the start of its work in Nepal. These organisations take care of PALs or people suffering from the consequences of leprosy. Nepal does not have a functioning national healthcare system which a leprosy monitoring programme could be integrated into.

Current DAHW activities

PALs can get access to diagnoses and treatment at several referral hospitals run by DAHW partner INF. Staff here are also trained and educated by other medical facilities so as to be able to recognise a case of leprosy as early as possible.

DAHW and its partners began actively supporting people with disabilities very early on in Nepal. The CBR concept, with the support of self-help groups made up of sufferers, is practised almost everywhere here.

The ostracism of PALs in Nepal is a deeply rooted issue. It is almost impossible for sufferers to find work or a school for their children. The DAHW partners are attempting here to reduce stigmatisation and discrimination through the use of information and social programmes.

The devastating earthquakes of 2015 have had a negative impact not only on the work of the DAHW partners, but also the entire healthcare system, that was hardly in a good condition before. DAHW provided €130,000 in emergency aid in 2015. Together with five projects to rebuild the country, a total of €300,000 will be donated by 2017.

DAHW investments

Spent in 2015: €296.092,10 | Planned for 2016: €292,000

PAKISTAN

General information

Area: 796,095 km²

Population: 185.1 million

Average life expectancy: 66.2

Per capita income: US \$1.316 per year

Human Development Index (HDI): rank 147/188

Leprosy cases 2013: 431

2014: 501

TB cases 2013: 500,000

2014: 500,000



Dr Ruth Pfau during a visit. Photo: Sabine Ludwig



Dr Chris Schmotzer in the Rawalpindi hospital. Photo: Sabine Ludwig

DAHW activities since 1961

DAHW has been supporting two largely successful and reliable project partners in Pakistan for many years: 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 have firmly established themselves here. Dr Ruth Pfau enjoys an excellent reputation in the country itself - she was the head of the national leprosy monitoring programme, with the rank of State Secretary, for many years. Both DAHW partners have done outstanding work during the catastrophes of recent years (earthquakes and flooding) both in terms of acute emergency aid, but also in rebuilding the affected areas.

Current DAHW activities

The focus of our work today is on people with disabilities and people suffering from tuberculosis. Dr Chris Schmotzer enjoys an outstanding reputation in the treatment of resistant strains of TB - her ALP hospital in Rawalpindi is the only place in the North of Pakistan where patients with this particularly dangerous illness can be treated. Working in a strictly Islamic country is a particular challenge. DAHW itself is of course a non-denomination organisation, but both ALP and MALC are Christian organisations. Yet the work they do for the poorest people in this impoverished country, particularly after devastating natural disasters, has led people to trust in both DAHW partners. Only women are allowed to examine or treat other women and girls, no male physician would even be allowed into the houses where these women are living - where a woman suffering from TB and not receiving prompt treatment could infect her entire family.

DAHW investments

Spent in 2015: €1.035.068,99 | Planned for 2016: €795,000



Photo: DAHW

Research

More knowledge, more understanding

In 2015, DAHW continued to engage in the international Leprosy Research Initiative (LRI). As a founding member of this initiative, DAHW is represented on the steering committee and has a key say in all decisions.

For example, the LRI has begun negotiations so that a larger research funding amount will be granted together with the European Union's EDCTP Programme for the year 2017 especially for the issue of neglected tropical diseases, and therefore the further researching of leprosy. The EU would also supplement the research fund of the initiative. Such negotiations are only possible thanks to the international nature of the initiative, and its expertise and renown.

At a project level, a total of 71 applications were submitted in 2015. After intensive appraisal, the LRI awarded funding to eleven applications. These will receive

financial support in the next three years. Alongside this, DAHW itself has funded smaller research projects conducted by project partners on topics such as leprosy, Buruli Ulcer and tuberculosis. Six social projects (CBR) and seven medical projects were submitted here. Of these, DAHW approved four social projects and two medical projects.

An international study supported by Novartis Stiftung began in 2015. This study is researching whether a one-time administering of the antibiotic rifampicin can reduce the risk of infection - DAHW is supporting this study in Tanzania. A total of 895 contact persons from the group of leprosy patients were examined here, and 18 new leprosy patients were identified in the process.

This alarmingly high figure is evidence of the high risk of infection if a person comes into direct contact with leprosy.

The other, previously uninfected contact persons, have been given the prophylaxis with rifampicin. In the coming months and years, it will be necessary to evaluate whether the rate of infection can be reduced in this way or not.

There has already been some success, as it has been clearly proven that the examination of contact persons is an important task in leprosy monitoring work. As a result, many previously unidentified PALs can be diagnosed in good time and therefore protected against negative after-effects.



Dr. Christa Kasang
DAHW Research
Coordinator

Photo: Jochen Hövekenmeier

Engaging with the partners of DAHW

Good networking has always been an indispensable success factor for anyone who wants to achieve something. DAHW recognised this from the very beginning. That is why it was heavily involved in the setting up of the ILEP, the international association of leprosy aid organisations, as early as the 1960s. And DAHW is still represented here on the board of directors in the form of CEO Burkard Kömm.

DAHW has relied on its networks whenever dealing with those medical issues surrounding leprosy that are still to be resolved. It was a co-founder of the Leprosy Research Initiative (LRI) together with Netherlands Leprosy Relief (NLR), American Leprosy Missions (ALM), effect:hope (The Leprosy Mission Canada) and The Leprosy Mission International (TLMI), England. www.leprosyresearch.org

The effect that these networks can unleash was proven by the speeches of the prize givers at the Berliner Charité on the occasion of the third Memento Prize Ceremony on Research into Neglected Diseases, a prize also co-founded by DAHW. The involved organisations have managed to achieve maximum awareness in



Prize winner, speaker and association partner at Memento Prize 2016.

Photo: Stephanie Pillick

just a few years, and have also tackled a topic that simply had to be dealt with.

DAHW is also one of the co-founding members of the German Network for Neglected Tropical Diseases (Deutsches Netzwerk gegen vernachlässigte Tropenkrankheiten). The idea to create this joint platform arose after a workshop run by experts on global health and by representatives of pharmaceutical companies

in 2012, after the creation of the London Declaration on Neglected Tropical Diseases. The network is concerned with improving the cooperation of actors in the field and strengthening the involvement of the private sector in combating neglected tropical diseases (NTD).

The Stop TB Forum acts in a similar way. DAHW has indeed been a member of the international

“Stop TB Partnership” for many years, yet there is still a lack of any connection to interests in Germany. These gaps were closed up many years ago by the Stop TB Forum. Today, this Forum is the lobby platform for German stakeholders for combating TB worldwide.

The forum is joined by networks on a whole host of specialist topics such as VENRO, the umbrella association for development-political and humanitarian NGOs founded in Germany in 1995, in which DAHW is represented in several specialist committees and working groups.

In short, the list is long and the benefit great. Of course, DAHW also has to ask itself time and again where to focus its efforts since its resources are not inexhaustible. Networking is the only way forward, as this often gives rise to a strength that DAHW could never hope to develop on its own. And the results are helping people who have fallen victim to poverty-related illnesses.

ILEP members at the general meeting in Würzburg in 2015.



Photo: DAHW

Our 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 donors

- 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, Wöhratal
- 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 Lepra-Hilfe, München
- Likvidace Lepry, Tschechien
- Nordrhein-Westfälische Stiftung zur Förderung der Lepra-Hilfe, 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





Photos: DAHW

Employees and partners from many countries are bring in their experiences for the DAHW strategy.

On the road to the future

By Burkard Kömm

Tackling ever changing challenges with a clear and sustainable strategy is the key to successful work in future. It is very important here to precisely examine upcoming changes and to plan corresponding measures to tackle these changes accordingly.

Whilst most organisations set up their strategies for a period of three to five years, DAHW was the first to try and plan ahead for upcoming changes for the coming ten years so that we can already put in motion appropriate measures suited to ensuring the sustainable work of the association.

The changes expected in the area of communication and use of media in Germany, and the resulting possible adjustments, have in particular led to heated discussions amongst participating employees. Looking back on the last ten years, it is clear that there has been a rapid move towards digitalisation of communication amongst the younger generation. The trend we can expect for the future will pose DAHW problems which are already being tackled in the new strategy.

The changing global situation of leprosy triggered by the integration into the new department for “Neglected Tropical Dis-

eases” (NTD) of the World Health Organisation (WHO) represents both a challenge and an opportunity for DAHW. Conditions such as Buruli Ulcer, Chagas’ disease, leishmaniasis or schistosomiasis are further examples of NTDs - and DAHW has a fair bit of expertise in these areas. The growing significance of NTDs worldwide was also taken into consideration in the new strategy.

Don't give corruption a chance

Wherever donations are used and lots of people work together, there always exists the danger that employees or partners will be exposed to or even entertain the phenomenon of corruption or bribery. DAHW has internationally applicable anti-corruption guidelines which all employees must absolutely abide by.

Should any breach of this obligation be witnessed, all employees are obliged to report this to their superiors immediately. In order to ensure that so-called whistleblowers do not have to fear repercussions within the organisation, DAHW set up an ombudsman in 2015. It was ensured that all employees or external partners can

approach the ombudsman anonymously to report suspicious incidents. Each incident is carefully documented by the ombudsman and regularly presented to the special supervisory body of DAHW for a final judgement.

Accounting and inspections worldwide

By Burkard Kömm

A well-functioning aid organisation must be able to prove how it is using its donations at all times. This is easier said than done if the project countries where funds are ultimately being used are thousands of miles away, and if project regions, as they so often are, are very remote and hard to reach.

The poorest of the poor often live in areas with limited infrastructure - these are also the areas where so-called poverty related diseases, such as leprosy, Buruli Ulcer, elephantiasis or tuberculosis, often strike. DAHW has been tackling this challenge with success for several decades already.

In focus countries such as Nigeria, India or Ethiopia, DAHW operates its own offices with medical consultants and even accountants. These employees meticulously write up records for every expense

taken from the approved budget, no matter how small. Every month, the accounting system, that has been in use in all DAHW offices for some two years now, transfers up-to-date accounts to the central processing system in Würzburg where plausibility and budget checks are again carried out. In case of follow-up queries, each record can be scanned electronically within a few minutes and then read in Würzburg.

Reports on the actual progress of planned measures are delivered twice a year by the medical consultants. Each of these reports is also sent to the central processing system in Würzburg and discussed with colleagues on the ground where necessary. Deviations from the agreed plan can therefore be identified as early as possible, and counter-measures can be introduced.

Original documents can only be inspected properly on site.



Monitoring and evaluation

Do the aid projects of DAHW reduce numbers of cases? Do they alleviate the progression of the diseases? Are these activities of good technical quality? Are the materials purchased in a good ratio to the aims achieved? When assessing our own work through continuous monitoring, regular evaluations, and informative reporting, the key question for DAHW is whether or not our projects are achieving the desired changes, or whether the projects themselves should be changed so as to achieve better results.

True to the motto "Anyone who stops improving has stopped being good!" (Robert Bosch), DAHW revised its aims, strategy and processes for combating leprosy, tuberculosis, and other diseases associated with poverty last year. An important update was the setting up of a project award commission which uses a transparent catalogue of criteria to assess whether the suggested project "suits" DAHW. Since 2015, it has also been possible to plan and commission multi-year projects.

On the one hand, this prevents, for example, social targets such as combating the discrimination of people with disabilities from being formulated in an overly ambitious and unrealistic manner. Thanks to its donors, however, DAHW can on the other hand ensure that projects are financed until such time as the living situation of affected people has been properly and sustainably improved. Multi-year projects with a beginning and end help to avoid the sometimes routine annual project extensions, which often last for decades.

Important work being co-financed by large donors

By Roland Müller

In 2015, DAHW received 85 per cent financing for two projects in India and Pakistan, both of which pursue a uniform way of thinking. These projects are concerned with giving people with disabilities access to state services - such as specific facilities for travel or a disability

pension. Alternatively, these projects will work to help these people better represent their own interests by forming self-help groups or similar associations, thereby strengthening the feeling of self-worth for these people who have been ostracised their entire lives.

DAHW employees train these people to open up their own independent small business, thereby ensuring they have a basic income. This is mostly agricultural subsistence farming, but this is still significantly better than having to live off begging. It also allows these people

Strengthening self-worth together.



Photos:
DAHW



Participants in a micro-credit training course.



Nearly all recipients of micro-credit pay back their loans after the set-up phase.

to pay for their children to go to school or attend a vocational training course.

A further aspect is training people to work with micro-credit. It is always quite surprising how much one can achieve with so little (with a loan of just over €50 for example). And nearly all people pay back their loan after the tough set-up phase.

The Indian government described this project as exemplary. A similar project in Pakistan was also described as exemplary by its donor, the Federal Ministry for Economic Cooperation and Development (BMZ), due to its close relationship with those in need.

Setting up a co-financing radio project in the North of Uganda, however, was a rather different matter: this project was concerned with identifying new cases of leprosy without stigmatising them. A Catholic healthcare radio programme issued an invitation to several “Skin Camps” where doctors were waiting to treat all manner of skin conditions. Unlike leprosy, these conditions are not associated with fear or prejudice.

As a result, many people came with eczema, injuries, abscesses or even blotches on their skin. The doctors examined suspicious blotches more closely to see if this was a case of leprosy. Several diagnoses were made, includ-

ing many for leprosy. At the same time, question and answer panels were integrated into the radio programme where the stigmatisation of certain conditions was also often discussed.

None of these projects would have been possible for DAHW alone. There would be hundreds of people still waiting for their micro-credit in India, their wheelchair in Pakistan, or their diagnosis in Uganda. Projects as ambitious as these can only be carried out with the help of large donors such as the Federal Minis-

try for Economic Cooperation and Development, the EU, or the Global Fund. And of course with the help of the many donors who ensure that DAHW can also pay in its own share.



Roland Müller
Project Financial Resources



Education for all – for an independent and dignified life.

General meeting
(73 ordinary members)

Voluntary board of directors
Gudrun Freifrau von Wiedersperg (President)
Patrick Miesen (Vice President)
Peter Hofmann (CFO)
Jochen Schroeren (Deputy CFO)
Prof Dr August Stich (Medical consultant)

Voluntary supervisory board
Jürgen Jakobs (Chair)
Dr Christof T. Potschka (Deputy Chair)
Dr Reinhardt Mayer
Monika Huesmann
Hans-Dieter Greulich



Jürgen Ehrmann
Assistant Executive
Officer



Burkard Kömm
Chief Executive
Officer



Harald Meyer-Porzky
Assistant Executive
Officer

Elke Herbst-Tilgner
Assistant Chair and Chief Executive

Medical-social projects

Management

Jürgen Ehrmann

Assistant

Heike Himmelsbach

Project Support

Team leader Birgit Markfelder
(Deputy Head of Department)
Katja Braun, Anne Henrich,
Susanne Knoch, Lea Thiel,
Bettina Weber

Project Financial Resources

Laure Almairac, Roland Müller

Program Development & Research

Ernst Hisch,
Disability and rehabilitation
Dr. Christa Kasang,
External research advisor
Christine Porsch
Antony Sahayarani

Medical consultants:

Sandra Parisi
Dr. Karl Puchner
Dr. Eva-Maria Schwienhorst

Planning, monitoring and evaluation

N.N.

**Development of organisation
and staff**

Management

Matthias Schröter

Maria Döhlen, HR
David Gross, EDV
Jan Jaskowiak EDV
Georg Weißenberger, Purchasing/
property management
Michael Welter, Post room

**Asset management,
finances, controlling**

Management

Nicole Hohmann

**CControlling, financial
accounting and payroll**

Bernd Körber (Deputy Head of Department)
Birgit Ott

Donation management

Simone Ehrenfels
Elke Sengfelder

**Foundations, will and
asset management**

Nicole Hohmann
Peter Hofmann, CFO DAHW
(pursuant to articles of association)

**PR and fundraising
Management**

Harald Meyer-Porzky

Assistant
Sabine Slany

Press Office

Jochen Hövekenmeier
Sabine Ludwig

Volunteer and school team

Head of team Beate Gemballa
Maria Hisch
Ute Oertker (Münster office)
Renate Reichelt, Michael Röhm
Lilija Tenhagen (Münster office)
Franz Tönnies (Münster office)

Fundraising/communication team

Head of team Barbara Temminghoff
Sonja Becker
Larissa Brodziak
Jürgen Belker-van den Heuvel
Priscila Franco Aguilar
Corinna Holzheimer
Judith Mathiasch
Nadine Naoumi

Team Spenderkommunikation

Head of team Florian Hundhammer
(Deputy Head of Department)
Sylvia Deppisch
Sandra Dittrich
Stefanie Radtke
Diane Lovasz
Birgit Seubert

The three largest annual entitlements, distributed to the CEO as well as the heads of the PR and Medical-Social Projects departments, for the year 2015 totalled €248,883.99 gross. For reasons of data protection, DAHW does not list salaries individual, but rather only as a total.

The compensation of the CEO is governed outside of the agreed scale rate. All other employees are paid according to the Wage Agreement for Public Services (TVöD), depending on requirement and training profile, and according to level of responsibility from Group 5 to Group 14. Due to the basic consideration of professional experience or time spent in company, the gross amount will gradually grow in the next few years within the same group until it eventually reaches the next highest amount permitted within

the group. Changes and increasing responsibility within the old area of activity may also lead to higher classifications.

	Gross salaries for FTEs (cut-off date 31/12/2015)		
	from	to	
employees			
Basic assistance:	€2,145	€2,957	11
Administrators:	€2,427	€3,931	10
Course instructors:	€2,586	€4,728	25
Medical specialist staff,			
Department heads:	€3,129	€5,671	7

10 Employees working part-time, 1 Employee is part-time in partial retirement work, 1 employee is in partial retirement.

Members of the supervisory board and the board of directors work on a voluntary basis. They do not receive expense allowances, but rather are reimbursed for actual costs incurred upon request.



Photo: DAHW

TV presenter Shary Reeves collects voluntary donations for DAHW and knows that the money will indeed reach the people in need.

Report from the CFO

The sum of donations received in 2015 was almost the same level as in the previous year. Direct donations decreased by almost €200,000. However, in terms of contributions, DAHW received almost €20,000 more from foundations, €80,000 more from churches, and some €130,000 more from development-politics institutions. This highlights the great level of trust that DAHW continues to enjoy.

The trust of many donors is so great that they often leave DAHW something in their wills. In 2015 alone, donors left “their” aid organisation, DAHW, more than €1.6 million in inheritance. Over its almost 60 years of history, DAHW has managed to form reserve funds from earlier legacies. Their revenues from interest or rent in-

come are contributing to the current success of our work. In this reporting year, these revenues totalled almost €1.1 million.

Third-party funding from the largest institutional donors increased by nearly €600,000 to around €2.6 million in 2015. Institutions such as the Federal Ministry for Economic Cooperation and Development (BMZ), various German Bundesländer, the Development Loan Corporation (KfW), the European Union (EU), or the Global Fund put their trust in DAHW and the high quality of its work.

However, co-financing with third-party funding leads to certain imponderabilities: these funds are always associated with an own contribution, for example,

which DAHW must finance itself using donations. Whenever there is a commitment to a large co-financing endeavour, these funds must be made available quickly. And it is not always certain whether a project will continue to receive support once this financing runs out.

In the interests of prudent financial planning, therefore, these third-party funds are only taken into consideration in the budgeting for the coming years if written commitments already exist. This is what produces the large difference between the project funding cleared and attested for 2015 to the amount of €13.2 million and the project budget planned for 2016 of €11.6 million.



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



Peter Hofmann
Honorary Finance Director



Jochen Schroeren
Deputy Honorary Finance Director

Aktivseite

	2015	2014
A. Fixed assets		
I. Intangible assets	€10,927.00	€26,915.00
Software licences		
II. Property, plants and equipment		
1. Undeveloped land	€994,459.80	€1,891.00
2. Developed land	€3,971,502.75	€3,312,246.75
3. Factory and office equipment	€469,465.00	€504,447.00
4. Construction in progress and payments on property plant and equipment		€222,611.19
	€5,435,427.55	€4,041,195.94
III. Financial assets		
1. Securities	€27,510,469.78	€30,642,851.42
2. Shareholdings	€47,253.71	€47,253.71
3. Other financial investments	€205,318.44	€0.00
	€27,763,041.93	€30,690,105.13
	€33,209,396.48	€34,758,216.07
B. Current assets		
I. Inventories		
1. Goods in stock	€6,704.46	€0.00
II. Receivables and other assets		
1. Trade receivables	€792,419.95	€763,322.12
2. Other assets	€29,145.28	€61,667.10
	€828,269.69	€824,989.22
III. Cash on hand, bank balances	€4,409,247.14	€4,296,324.19
C. Accrued and deferred items	€33,625.07	€14,040.58
D. Active difference arising from asset offsetting	€409.87	€4,234.30
	€38,480,948.25	€39,897,804.36

Liabilities

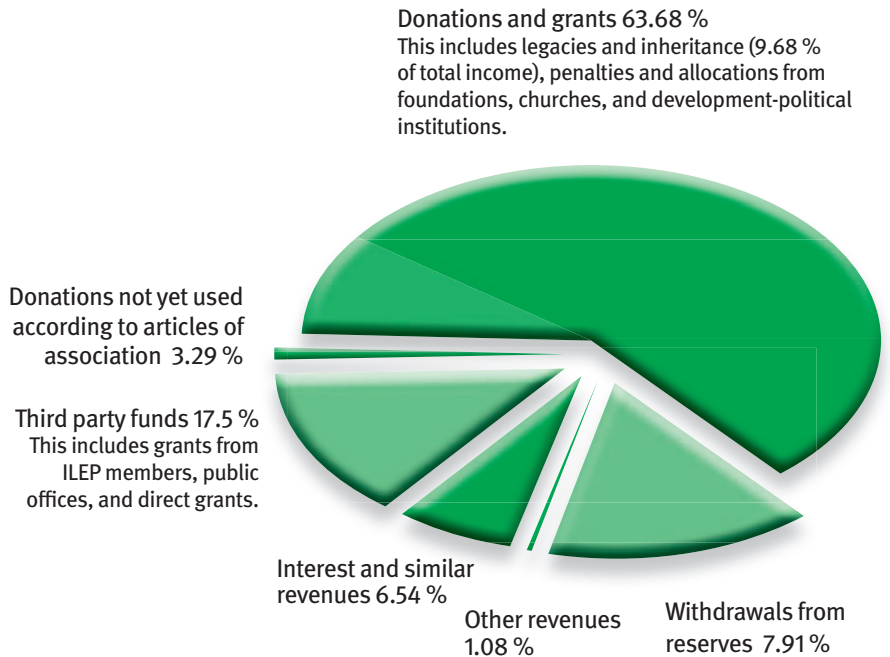
	2015	2014
A. Equity		
I. Reserve funds from legacies	€28,318,905.32	€28,318,905.32
II. Other reserves		
Last updated 1/1	€6,123,177.86	€8,615,712.64
Withdrawals from reserves	-€1,322,419.95	-€2,492,534.78
Amounts allocated to reserves	€0.00	€0.00
	€4,800,757.91	€6,123,177.86
Thereof: Project funds committed € 14,820,939.00	€33,119,663.23	€34,442,083.18
B. Special items from allocations and grants		
I. Capital tied up in the long term	€415,000.00	€415,000.00
II. Donations not yet used		
Last updated 1/1	€732,027.00	€908,020.00
Withdrawals	-€732,027.00	-€545,520.00
Allocations	€181,685.37	€369,527.00
Donations not yet used by regional offices	€1,535,810.89	€1,207,867.76
	€1,717,496.26	€1,939,894.76
C. Conditional donation fund	€435,196.16	€402,752.62
D. Provisions		
1. Provisions for pensions	€1,226,907.00	€985,965.00
2. Tax accruals	€1,200.00	€3,760.00
3. Other provisions	€1,397,958.12	€1,320,151.91
	€2,626,065.12	€2,309,876.91
E. Liabilities		
1. Trade payables	€130,819.19	€353,591.45
2. Other liabilities – of which taxes	€36,708.29 (€4,941.68)	€34,605.44 (€3,877.24)
	€167,527.48	€388,196.89
	€38,480,948.25	€39,897,804.36



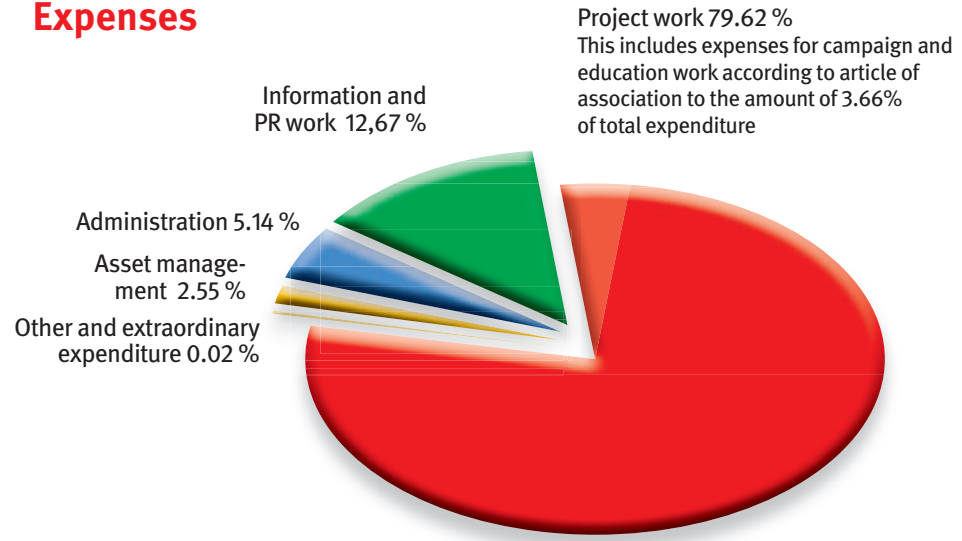
Photo: Bernd Hartung

Schematic illustration:

Revenues



Expenses



Revenues and expenses for the period 1/1 to 31/12/2015

Revenues	2015	2014
1. Donations and allocations		
– Donations	€7,253,339.99	€7,447,282.86
– Legacies and inheritance	€1,618,801.72	€1,575,599.87
– Penalties	€55,736.73	€49,893.32
– Foundations	€406,988.70	€389,590.13
– Church institutions	€843,993.47	€762,840.00
– Foreign aid agencies	€291,409.91	€360,000.00
– Other development-political institutions	€178,760.98	€45,278.42
Total income from donations	€10,649,031.50	€10,630,484.60
Donations not yet used according to articles of association	€550,341.63	€175,993.00
– Income from ILEP members	€337,327.62	€327,917.66
– Grants from German government (BMZ), German Bundesländer, Development Loan Corporation (KfW) and European Union (EU)	€166,271.51	€85,860.69
– Direct allocations of third-party funds	€2,423,097.45	€1,922,969.00
	€14,126,069.71	€13,143,224.95
2. Asset management		
– Rent and lease revenues	€140,376.83	€116,442.15
– Capital income incl. exchange profits	€953,271.05	€1,034,372.16
3. Other and extraordinary revenues	€180,315.53	€50,061.14
Withdrawals from reserves	€1,322,419.95	€2,492,534.78
Total revenues	€16,722,453.07	€16,836,635.18

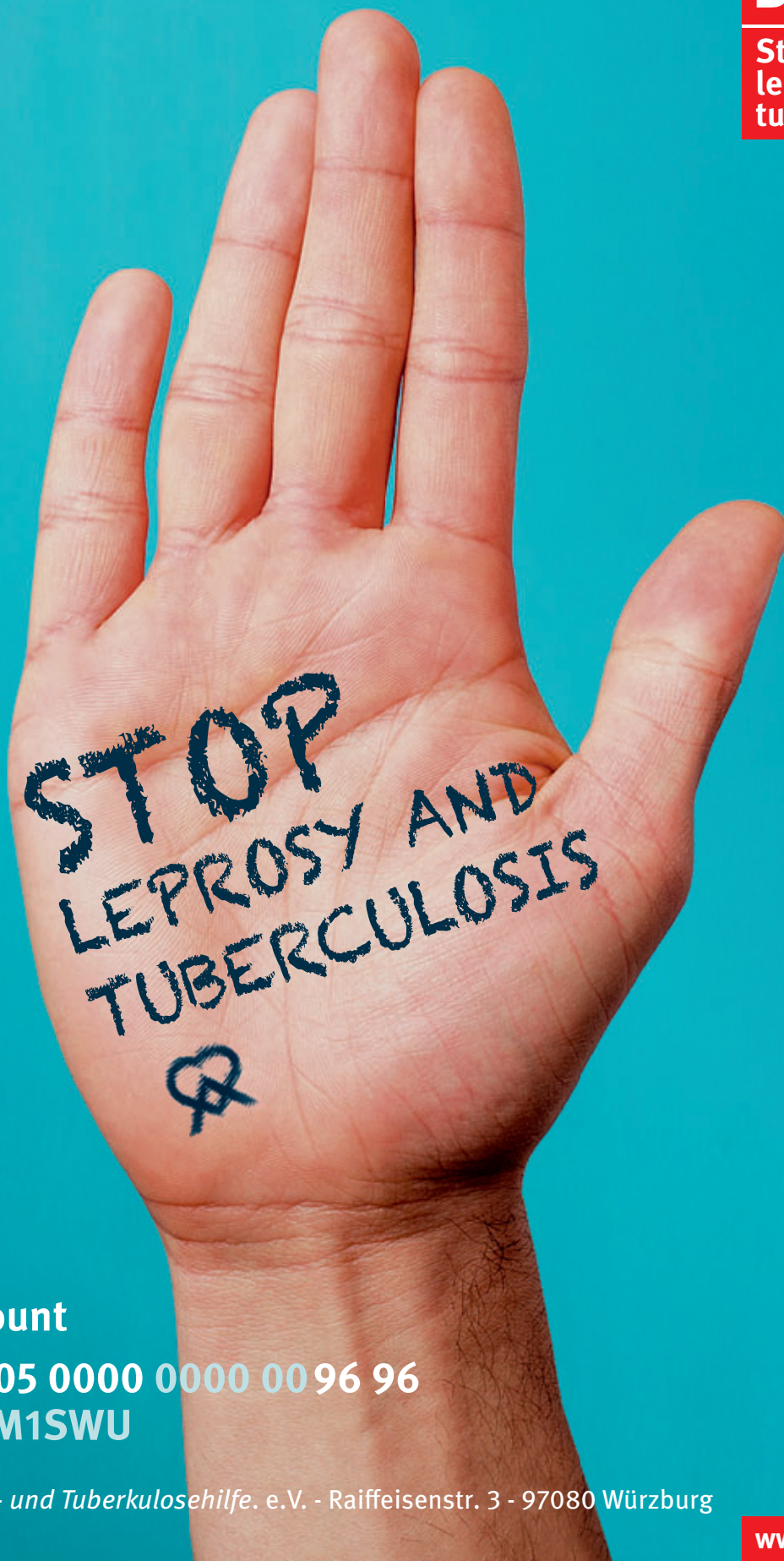
Expenses	2015	2014
1. Expenses for projects according to articles of association		
– Africa	€6,927,859.22	€7,074,026.97
– Latin America	€762,071.10	€863,558.80
– Asia	€3,059,951.80	€3,198,967.40
– Special projects (incl. research)	€734,266.97	€640,823.51
– Project funding	€371,977.62	€359,736.61
– Costs accompanying projects	€843,852.84	€726,457.35
– Campaign and education work according to articles of association	€612,133.95	€646,518.20
	€13,312,113.50	€13,510,088.84
2. Expenses for general information and PR work		
– PR campaign costs	€932,980.61	€1,171,064.49
– Personnel and material costs	€1,186,419.94	€987,928.54
	€2,119,400.55	€2,158,993.03
3. Expenditure for general administration	€859,175.81	€846,137.80
4. Expenditure for asset management		
– Property expenses and financial management	€427,042.35	€317,695.55
5. Other and extraordinary expenses	€3,430.86	€3,719.96
6. Taxes on income and revenue	€1,290.00	€0.00
Total expenditure	€16,722,453.07	€16,836,635.18

Your donation helps
to fight diseases
of poverty.



DAHW

Stop
leprosy and
tuberculosis



Donate
online here



Donation Account

IBAN DE35 7905 0000 0000 0096 96

BIC BYLADEM1SWU

DAHW Deutsche Lepra- und Tuberkulosehilfe. e.V. - Raiffeisenstr. 3 - 97080 Würzburg



www.dahw.de