



Annual Report 2022

DAHW *German Leprosy and Tuberculosis Relief Association*

Information about our work



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Internationale Vereinigung der Lepra-Hilfswerke



DEUTSCHES NETZWERK gegen vernachlässigte Tropenkrankheiten (DNTDs)

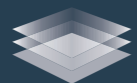


Bündnis Entwicklung Hilft
Gemeinsam für Menschen in Not.

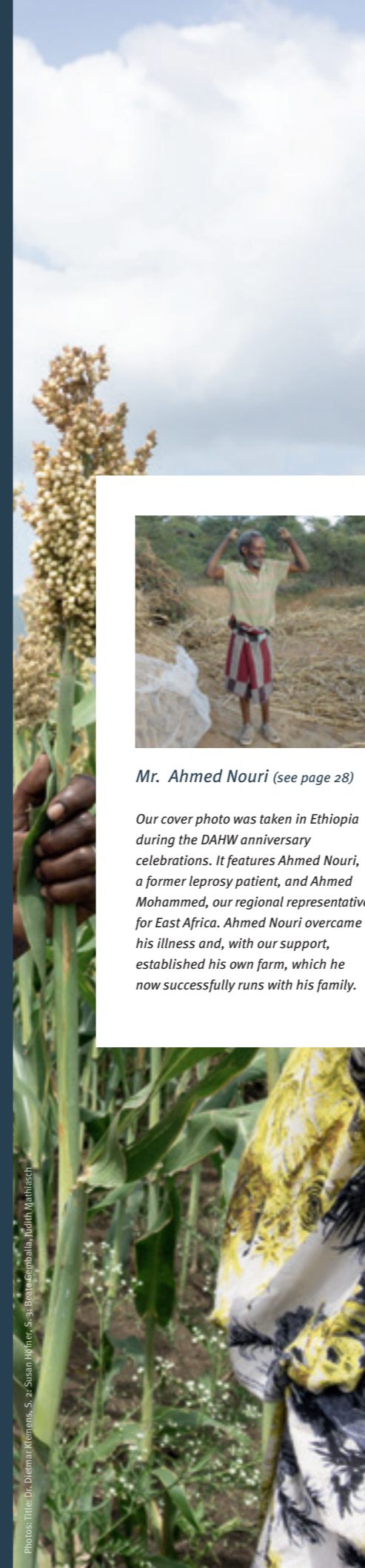


Das Deutsche Zentralinstitut für soziale Fragen (DZI) bescheinigt Ihre Spende kommt an!

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



Initiative Transparente Zivilgesellschaft



Mr. Ahmed Nouri (see page 28)

Our cover photo was taken in Ethiopia during the DAHW anniversary celebrations. It features Ahmed Nouri, a former leprosy patient, and Ahmed Mohammed, our regional representative for East Africa. Ahmed Nouri overcame his illness and, with our support, established his own farm, which he now successfully runs with his family.

Dear readers!

For the first time since the beginning of the Corona pandemic, a sense of normalcy returned to everyday life in 2022, with many events and personal encounters possible - a development that has given many people a sense of relaxation (back). Almost at the same time, the shock of the outbreak of war in Ukraine raised fears that a new era of insecurity had begun.

Both result in an ambivalence that is not always easy to endure.

DAHW decided to make a noticeable advance during this period. No: We do not compromise on our core mandates of leprosy and tuberculosis aid, our commitment to serving vulnerable and marginalised people, or our vision of experiencing a world where no one suffers from diseases of poverty and their consequences. But: Fundamental reforms were required to continue meeting these goals, affecting our organisation's internal structure as well as its external focus.

Our association, aware of tradition, has consciously promoted the effectiveness and impact of our work through a change in the statutes (read more about this restructuring on page 30). Furthermore, in the future, our project combination will be even more demand-oriented in order to sharpen the focus and avoid the all-round distribution principle (read more on page 6).

We did not make these decisions lightly, but rather after careful consideration and on the basis of solid analyses – always keeping in mind the trust that you, our supporters, have placed in us. We owe it to the responsibility that comes with it to review our work for reasonableness, impact, and sustainability.

We are confident that the management structure and project work reforms will help to ensure that the people involved in our projects receive the best possible support.

In deep gratitude to our donors and supporters,

—
With kind regards, Patrick Georg
DAHW Executive board



We go where the roads end, as we did 66 years ago.



Being present where no one else goes has been a part of DAHW's self-image since it was founded. But a lot has changed in the last seven decades, and our approach to supporting people who are difficult to reach has evolved to meet the new challenges.



Photo: Lubomir Hajas

It all started with a jeep: In 1957, the all-terrain vehicle was desperately needed to provide medical care to people suffering from leprosy in Bisidimo, an area of Ethiopia that was virtually cut off from the outside world. The initiative was identity-building for our organisation. We still follow our founding principle, „We go where the roads end.“

Bisidimo now has excellent connections and attracts patients from all over Ethiopia. However, there are still areas around the world where no medical personnel can go – and the limit is not always geographical: Restrictions based on gender, social status, or political situation also deny people access to medical care. We will not let these victims down.

To this day, not every mountain and valley has carefully paved roads. Employees in our projects experience this in their daily work, for example when providing basic care with mobile teams in remote areas. Such actions, for example, can only be done in the Afghan mountains after the snow has melted in the summer. In the Niger Delta, however, it is not snow that makes the roads to many villages dangerous, but rather forest, water, and armed militias who use the region as a retreat. Even in areas with better infrastructure, a trip to the nearest town can often take days. However, there are entire countries that are „difficult to access,“ such as Yemen, which has been destroyed by civil war for years. Nevertheless, thanks to our partners, we were able to support projects there. We intend to be actively involved in fragile countries as a matter of course. As a result, our projects also take place in Liberia and Sudan.

Last but not least, we want to help people who live in developed areas but are still „difficult to reach“ for a variety of reasons. This concerns prisoners in Ethiopia who can hardly hope for basic medical care. In Pakistan, women and girls with tuberculosis are frequently hidden behind house walls. And refugees, such as those in Uganda, who face sexual violence, food insecurity, and poor hygiene conditions in addition to health problems.

Everything got started with a jeep. He not only brought a doctor to Bisidimo but also drew the attention of the international community and, with it, enough financial resources to make a real difference. In a metaphorical sense, we continue to send out such a jeep every day. In remote valleys and rugged mountains. In regions marked by war and crises. In prisons and slums – and far beyond. With your help.

Unreachable? Not for our employees.

Dr. Christa Kasang,
Research Coordinator, in Tanzania:

„I've been on a lot of bad roads, but driving into the Morogoro Mountains was especially difficult. We arrived after five hours and provided medical care to the people who were present. We also informed pregnant women about the importance of clean water, sanitary facilities, and hygiene measures for health, and we advised them to relocate temporarily to the lowlands before the start of the third trimester. Because there is no way to transport the woman to a clinic in the event of complications – and the maternal mortality rate is correspondingly high.“



Photo: Dr. Christa Kasang / DAHW

Susan Höfner,
Humanitarian Aid Advisor, in Bangladesh:

„The number of people with disabilities is very high in our Satkhira project region. We support those who are subjected to discrimination and exclusion. It is especially difficult for them to move freely because the conditions are difficult even for people who do not have disabilities: The area is crisscrossed by rivers and mangrove forests, and the infrastructure in many places is poor. Some villages can only be reached through narrow footbridges, making access nearly impossible for people with disabilities. Even after crossing the footbridge, the nearest major city is still a four-hour drive away.“



Photo: Susan Höfner / DAHW

Dr. Saskia Kreibich,
Global Health Adviser, in Sudan:

„I visited the Nuba Mountains for the first time in 2022. This is a mountain world in the south of the country that is completely cut off from infrastructure, with no running water, roads, or telephone connections. Our Sudanese partner and I had to start from scratch. All we knew was that there is only one hospital that treats leprosy. We quickly realised, however, that there is a dedicated team working there who is open to new knowledge, current guidelines, and the basics of leprosy work. However, no one has trained, supported, or updated this staff over the last few decades. We're catching up now, and we've already held a training course. The next one should follow as soon as possible.“



Photo: Dr. Saskia Kreibich / DAHW

Focusing instead of all-round distribution: for more effectiveness



In recent years, the complexity of our work has increased significantly. We are facing many new challenges and, at the same time, decreasing donation revenues. This situation has necessitated decisions that we made in 2022.

In recent years, the DAHW partner countries have taken very different directions. For example, while Latin American structures have solidified, some East African states are more fragile and vulnerable than ever. As a result, the so-called „all-round distribution principle“ had to be avoided, because if there is less and less water for more and more soil, the soil can only be moistened a little everywhere. In doubt, that is not sufficient for sustainable impact and returns.

Furthermore, our claim cannot be based on being present in countries that can adequately meet their own medical and social challenges. Promoting donor dependency serves neither our interests nor the interests of the affected locals.

One of our responsibilities is to constantly question whether our approach can be improved. As a result, our experts have focused on the situation in the project countries, the effectiveness and efficiency of the work there, and the potential for future projects. We drew conclusions in 2022 based on the results of this analysis and the discussions at the Future Conference 2021.

In Africa, DAHW work is still regarded as very important and relevant for the future. Many countries on this continent remain vulnerable and fragile, such as Liberia, Sierra Leone, Sudan, South Sudan, and Yemen. At the same time, Tanzania and Ethiopia, for example, remain essential partner countries in our organisation's structural and historical context. In addition to leprosy and tuberculosis, we consider Buruli ulcer to be an important mandatory disease, which is why project work in Togo, Liberia, and Nigeria should be continued. In Asia, our work will focus on Pakistan, Afghanistan, and India after the current project cycle expires, with an emphasis on tailoring leprosy work in India

to local needs. Support will continue to be provided in fragile countries, such as Afghanistan.

The examination of our work in Latin America revealed good opportunities to hand over DAHW projects to national and international partner organisations on the ground, as the structures, partnerships, and expertise that have developed over the years have solidified there. This allows us to continue our work on tuberculosis, leprosy, and other NTDs and inclusion can continue seamlessly. At the same time, DAHW's administrative and financial expenses are reduced.

After thorough analysis and reflection, it has been decided to terminate support for projects and partners in Latin America within the current project cycle. During the transition, medium-term support for strategic partners is planned, for example, on specific mandates such as Chagas or our core mandate leprosy.

This decision will help to improve the long-term effect of DAHW's work on the people affected in the mandate target groups. Then: Given the high global need, we intend to continue focusing on providing support where it is most needed.

More information

To read more about the current processes during the transition, please refer to pages 16, 19, and 20.

Findings through evaluations: Effectiveness control at DAHW



We conduct detailed investigations on a regular basis to check our work. We distinguish two different approaches: Country evaluations, which examine development activities at the national level, and project evaluations, which evaluate the outcomes of individual projects.

A country evaluation examines a country's political, social, and economic situation and places our portfolio within the context of the national development strategy and development goals. Sources such as surveys, statistics, and documents provide us with both qualitative and quantitative data. This enables us to evaluate the effectiveness and relevance of our project activities in a national context and make recommendations for future work. In 2022, we conducted three such evaluations: in Pakistan, Colombia, and Sierra Leone. A project evaluation, on the other hand, examines an individual project's goals and results for effectiveness, efficiency, sustainability, impact, coherence, and relevance in order to evaluate effectiveness and make recommendations for future activities. Last year, projects in Nepal, Brazil, and Uganda were evaluated, as well as a national project in Uganda, Brazil, Nigeria, and India.



Country Evaluation Pakistan

Given the declining numbers of leprosy cases in Pakistan, this trend should be reassessed. Furthermore, recommendations should be made to eliminate the disease. The evaluation of the partner organisations MALC and ALP was positive; both have competent staff and do a good job. Further contact screenings and a nationwide prophylaxis initiative were recommended. While basic dermatological care is rated as excellent, wound care and dealing with psychosocial problems are underdeveloped. A look at other DAHW projects may be useful here. Overall, Pakistan is on track to eliminate leprosy, but it may take many years to reach that goal.



Project Evaluation Audiopedia

Transnationally, the Audiopedia pilot project was introduced and evaluated in Brazil, India, Nigeria, and Uganda. The effect of digital content and apps that provide information about infectious diseases should be evaluated. The app was well received by health workers in Brazil. However, in relation to the larger population, it still has a lot of potential. Audio-visual content was preferred over audio-only content in India. The first successes were achieved within Nigerian communities. However, there was still a lack of infrastructure for distributing the content in health centres. The project was well received in Uganda, and the solar players used contributed significantly to raising awareness.

Our work in 2022

When you consider the current state of the world, you may get afraid. The consequences of the Covid-19 pandemic and climate change continue to affect people who live in structurally weak and risk-prone regions of our world. There are also wars, crises, and catastrophes.

We quickly realised that Russia's war against Ukraine would have a significant impact on our work. People affected by neglected tropical diseases and their consequences suffer even more as a result of the war-related food crisis in East and West Africa. We have done our best to respond by providing close support, special funds, and other measures.

We carried out evaluations in some countries and projects in 2022 to keep checking our approaches and effects. In the coming years, we will step up our quality assurance and impact measurement to ensure that our approach is always in line with needs and local conditions.

After the acute pandemic, volunteer groups in Germany were able to resume their activities. DAHW was also able to personally appear at events and alliances. We were able to reach both young and old people with lectures and educational offers on the topics of global learning and global justice. Furthermore, we have promoted presentations and fundraising campaigns, especially online, in order to attract people who are interested in DAHW's concerns.

Unfortunately, the consequences of the world's fragile situation, the energy crisis, and uncertainty about the development of inflation in Germany were also apparent in the donations received. We are all the more grateful for any support. It inspires us to continue on our mission to make the vision of a fairer world a reality



Dr. Saskia Kreibich
Interim management
medico-social projects



Manuel Koch
Head of Public Relations
and Fundraising

Latin America

DAHW total investments 2022:
692,169.30 Euro

Project countries and mandates 2022:

- Bolivia
- Brazil
- Colombia
- Paraguay

East Africa & Arabia

DAHW total investments 2022:
EUR 2,837,937.64

Project countries and mandates 2022:

- Ethiopia
- Yemen
- Sudan
- South Sudan
- Tanzania
- Uganda

West Africa

DAHW total investments 2022:
EUR 2,780,317.44

Project countries and mandates 2022:

- Liberia
- Nigeria
- Senegal
- Sierra Leone
- Togo

Asia

DAHW total investments 2022:
EUR 2,729,851.53

Project countries and mandates 2022:

- Afghanistan
- Bangladesh
- Bhutan
- India
- Nepal
- Pakistan

DAHW foreign structure 2022

We have established local structures and networks in our project countries over the past 65 years, allowing us access to hard-to-reach population groups and remote regions. In this way, we can implement measures quickly, even in acute crises, and respond flexibly to socio-political challenges.

Offices in the project countries

- DAHW regional office
- DAHW programme or project office
- Office of local strategic partner organisations

DAHW-mandates

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

East Africa

In 2022, East Africa experienced one of the worst droughts in recent history. Furthermore, violent conflicts claimed thousands of lives and forced many people to flee. The Russian war against Ukraine also had a negative impact on East Africa, as Russia and Ukraine are major suppliers of wheat and fertilisers.

These crises have had a significant effect on our work and the people involved in our projects. Nevertheless, we were able to reach thousands of people in this difficult situation and help them live a dignified life.

Innovative projects addressed the inclusion of people with disabilities through One Health measures. Others dealt with issues of mental health or the dangers of climate change. The humanitarian aid projects have been developed to meet the challenges and strengthen the resilience of our target groups. We've also been able to expand our leprosy work into previously neglected areas, such as hard-to-reach areas in Somalia and Sudan's Nuba Mountains, which are almost completely cut off from the rest of the country.

Despite the crises, 2022 was a year of celebration in East Africa for the DAHW region. We celebrated 65 years of regional cooperation in Bisidimo, Ethiopia, at the cradle of DAHW, knowing that crises will worsen rather than improve, and that marginalised and vulnerable populations will be particularly affected. As a result, we will cooperate with those affected, state structures, civil society initiatives, and local organisations to achieve our vision of „Leave no one behind“ and continue to provide people with access to appropriate medical care as well as life-saving inclusive and humanitarian services.



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



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



Foto: Lisa Gerwing

South Sudan

Project example



Project duration:
01.08.2021 – 31.03.2022

Project location:
South Sudan:
State of Central Equatoria

Project participants:
TB and leprosy patients and their families

Partner:
Diocese of Yei

Supported by:
Bündnis Entwicklung Hilft (BEH)

Investments in 2022:
EUR 22,657

Photo: Tabam Richard George



In South Sudan, tuberculosis is a major cause of death and morbidity. The disease finds ideal conditions in many places: Many people live below the poverty line, as a result in cramped housing conditions suffering from food insecurity; HIV is widespread, and awareness of the dangers of tuberculosis is low. There is also a high burden of neglected tropical diseases (NTDs), such as leprosy.

Most leprosy cases in the Yei, Morobo, and Lainya districts covered by this project remain undetected or untreated due to the stigma that unfortunately still accompanies the disease in many places, or poor access to the health care system.

The project aimed to meet the humanitarian and health needs of the affected people and support them in providing for their families and living a life of dignity. These goals were successfully achieved.

Within five months, around 200 new leprosy and tuberculosis patients were identified. The main reason for this

was that those affected were closely involved: Former leprosy patients served as ambassadors. They spread information to the communities about free treatment at a nearby health centre, identified suspected cases, and supported those affected in seeking medical treatment. Community leaders, church leaders, women's groups, and village committees all contributed significantly. They distributed information about leprosy and tuberculosis at church meetings and services. On-site training courses for health workers and the broadcast of radio talk shows also helped to raise public awareness.

During the eight-month project period, food rations and basic agricultural equipment were distributed. Some beneficiaries also received chickens and calves to start their own breeding. The elderly patients were housed in specially constructed housing to allow them to live in dignity.

Uganda

Project example



Project duration:
01.09.2021 – 28.02.2023

Project location:
Zombo District, West Nile, Uganda

Project participants:
People affected by NTDs; people with disabilities; health workers; community workers:

Supported by:
plan:g, Austrian Federal Ministry of Social Affairs, Health, Care, and Consumer Protection

Investments in 2022:
EUR 186,366



Photo: Lisa Gerwing

The district of Zombo in north-western Uganda is one of the poorest in the country. Health-care systems are deficient, particularly in rural areas. The situation is frequently difficult, especially for women and girls, but also for people of all genders who are disabled or suffer from neglected tropical diseases (NTDs). The project „Talking NTDs!“ aims to approach neglected tropical diseases in a gender-sensitive, equitable, and inclusive manner, providing optimal treatment and preventing resulting disabilities. It takes into account the physical, psychosocial, and economic challenges faced by the affected individuals.

For example, health and community workers were trained in dealing with people with disabilities, including psychosocial basics. In addition, two radio talk shows were broadcast to educate listeners about NTDs, the resulting disabilities, and the effects on those affected. In addition, nurses who care for women with disabilities were given additional training in the field of maternal health.

Furthermore, self-help groups have been formed to address issues such as the proper treatment of septic ulcers. It is precisely because of these visible wounds that sick people face stigma and discrimination. Persons affected have received hygiene kits to clean their ulcers.

Septic ulcers are frequently associated with poor water and sanitation conditions. As a result, two wells were sunk to improve the water supply.

In addition, community training sessions were held to raise awareness of the problem of gender-based violence and to educate people about reproductive health. With the distribution of educational materials, girls of school-age were encouraged to continue attending classes. Finally, women and girls with NTDs or disabilities were given the opportunity to learn about farming and entrepreneurship.



West Africa

West Africa is home to approximately 408 million people, according to UN estimates. The population is mostly concentrated along the coasts, with the inland countries being sparsely populated. As a result, available resources, services, and infrastructure are concentrated along coasts, leaving people living in inland or remote rural areas with limited or no access to health and social services. According to the African Development Bank’s classification of fragile states, our project country Liberia ranks first among the countries and economies most in need of support.

However, West Africa has a lot of potential: The region’s vast human potential and natural resources, as well as trade and investment opportunities, provide favourable conditions for inclusive economic growth. West Africa also has one of the world’s youngest populations, with 12% of the population under the age of 15, nearly half of whom are girls. Integrative change is possible with consistent political commitment and the right investments.

This is exactly what DAHW intends with its various projects: In Liberia and Togo, for example, capacity is being built in ministries, government institutions, networks, and associations for people affected by leprosy and people with disabilities. Households in vulnerable situations in Senegal and Sierra Leone are given alternative sources of income. Women and children with disabilities are supported in Togo and Nigeria. And these are just a few of our measurements.

We still have a long way to go. With our ambitious goals and collegial approaches in bilateral and multilateral partnerships, we are on the right track.



Roméo Essou
Head of the West Africa
Regional Office in Dakar

Sahayarani Antony
Head of the West Africa
Regional Team in Würzburg

Sierra Leone

Project example



Project duration:
01.12.2020 – 30.11.2023

Project location:
Makeni, Sierra Leone

Project participants:
People with disabilities

Partner:
Caritas Makeni

Supported by:
BMZ

Investments in 2022:
EUR 94,969.45

The proportion of people with disabilities in Sierra Leone's population is high. This is due in part to the fact that civil war raged for years, and a cruel „trademark“ of various rebel groups was to amputate the limbs of their victims. It also has to do with the fact that the polio elimination process stopped during the war. In the Bombali district alone, there are approximately 9,000 people with disabilities.

As a result, the „From us, for everyone“ project has set the goal of improving the mobility and health of people with disabilities in the Bombali district. It contributes to the 2030 Agenda for Health for All and Leaving No One Behind, which is promoted within the framework of Sierra Leone's universal better health-care coverage, through improving access to orthopaedic and prosthetic services.

The Orthopaedic Technical Centre (OTC), a workshop founded in 1979 that was destroyed during the civil war and a fire accident, is at the heart of the project. The OTC is one of only three existing rehabilitation service providers serving the entire country.

The project's goal is to renovate the OTC and make it fully functional again. After all, accessible and high-quality orthopaedic and prosthetic services and aids can improve the quality of life for people with disabilities not only in Sierra Leone's northern province, but also in Liberia and Guinea.

The workshop technicians received their training at the Tanzania Training Centre for Orthopaedic Technologists (TATCOT). In 2021, raw materials (such as leather) and spare parts were imported from Germany, and 14 machines are now (again) operational. So the workshop is already repaired and operational; 270 people used its services last year.

Radio programmes and educational events were also held to help reduce the stigmatisation of people with disabilities. The goal is also to promote community integration of people with disabilities, especially those affected by leprosy.

Nigeria

Project example



Project duration:
01.01.2020 – 31.12.2023

Projektort:
Nigeria

Project participants:
Betroffene von Lepra oder Buruli Ulcer

Partner:
RedAid Nigeria

Supported by:
LRI (Leprosy Research Initiative)

Investments in 2022:
EUR 23,182

Leprosy and Buruli ulcer are examples of Neglected Tropical Diseases (NTDs) that can cause visible physical deformities. As a result, patients are often stigmatised and exposed to social exclusion and discrimination. This has a negative effect on the psychological well-being of those affected, and can lead to depression or anxiety in particular.

Mental health care services are fragmentary in many places in Nigeria, where these diseases are prevalent. It is estimated that there is one mental health professional for every hundreds of thousands of people. Given this disparity, long-term solutions must be developed to facilitate or even enable access to health care services that also treat mental health conditions.

The aim of our field work is thus to first evaluate the stress caused by mental disorders in people affected by leprosy and Buruli ulcer in the project region. It will also look into how a community-based, holistic approach can help reduce the burden of mental health impairments. The study will be

carried out in ten local governments in the south of the country that have the highest number of reported cases of leprosy or Buruli ulcer. The burden of psychological impairments in people with leprosy or Buruli ulcer is recorded before and after the intervention. At the same time, suitable interventions are being developed to reduce the psychological suffering of those affected. Training for community and health workers, lobbying, and the formation of self-help groups among patients should facilitate these efforts.

As part of the project, training teams have already been formed, health and community workers have received additional internal training, self-help groups have been established, and training courses for those affected have been held. Psychosocial counselling for people affected by leprosy and Buruli ulcer has also started. Patients, community workers, and healthcare workers have given positive feedback, indicating that the measures are well received.

Asia

In 2022, the situation in Afghanistan, in particular, caused concern in the project region Asia. The Taliban's takeover of power the previous year had far-reaching consequences, particularly for women in the country, which became apparent around Christmas 2022, when those in power prohibited Afghan employees from working in aid organisations. The DAHW projects were not affected directly because the employment ban does not apply to the medical field, so our team can continue to provide medical services on-site. However, our employees are extremely concerned about the situation. Our female staff is especially important to our work because Afghan women are not allowed to be examined or treated by men. We hope that the exceptional regulation will continue to allow our employees to provide this important basic service.

The fact that we decided in 2021, after thorough analysis, to concentrate our efforts in Asia on the three core countries of Pakistan, India, and Afghanistan had consequences for local structures. Taking into account various factors, the regional office in India was closed at the end of 2022. The ongoing projects will be supported in the project countries of Nepal, Bangladesh, and Bhutan, but DAHW will no longer be active there once they are completed.

The founding stone for the development of a zero leprosy strategy in Pakistan was laid with a country evaluation and documentation of the country's known cases of leprosy. We hope that this will bring us closer to eliminating leprosy in Pakistan in the near future – and thus successfully walking the „last mile“ in cooperation with the local people.



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



Pakistan

Project example



Project duration:
01.01.2021 – 31.12.2023

Project location:
Rawalpindi and northern
provinces of Pakistan

Project participants:
people affected by leprosy,
TB, and skin NTDs; patients
undergoing physiotherapeutic
treatment / physical rehabilitation;
and eye patients

Partner:
Aid to Leprosy Patients (ALP)

Investments in 2022:
EUR 267,016.81

Photo: Anil Fastenau / DAHW



Pakistan has one of the highest tuberculosis (TB) burdens in the world. Drug-resistant TB is a growing problem, with an estimated 15,000 new infections each year. Only about 5,000 of these cases are diagnosed and treated. The DAHW-supported Rawalpindi Leprosy Hospital (RLH) in the Punjab province, run by the organisation Aid to Leprosy Patients (ALP), is one of the few facilities in the country that treats seriously ill TB patients. In Pakistan, leprosy and other skin NTDs such as cutaneous leishmaniasis continue to be a challenge. With our support, ALP promotes provincial health care services in Pakistan for leprosy control. For a long time, the organisation has also been pursuing the WHO-recommended integrated approaches to skin NTD control. The success can be seen in the fact that around 20% of newly discovered leprosy cases already have visible disabilities (grade 2) – only in areas served by ALP the rate is significantly lower.

Our project „Aid to Leprosy Patients NTD cum TB“ contributes to this by providing high-quality services at the RLH in the field of drug-sensitive or drug-resistant tuberculosis (a form

of tuberculosis in which standard drugs are no longer effective). Services for leprosy, leishmaniasis, and dermatology will also be improved in Punjab Province and Hazara Division. People with leprosy-related disabilities are treated as inclusively as possible, and people with non-leprosy-related physical impairments are also treated in a corresponding hospital facility. It is also about raising public and medical staff awareness and knowledge about TB and leprosy.

In close collaboration with government institutions, services are provided that are otherwise not available in the public health system. For example, this includes the rehabilitation of patients after an extrapulmonary tuberculosis infection or the treatment of cutaneous leishmaniasis. Our partner ALP also takes a holistic, sustainable, and efficient approach to strengthening the health system as a whole, as well as vulnerable groups like women and children in particular. We specifically support this approach.

India

Project example



Project duration:
15.11.2020 – 31.12.2023

Project location:
Uttar Pradesh – Sitapur, Bihar – Kaimur, West Bengal – Malda

Project participants:
People affected by NTDs and disabilities (e.g. eye diseases)

Partner:
GLRA India

Supported by:
BMZ Germany, Stiftung der Lions Germany

Project volume GLRA India:
EUR 69,181

Photo: VHSC

Every year, more than 400 million people in India contract Neglected Tropical Diseases (NTDs). The most affected are marginalised populations, many of whom also have low incomes. These living conditions are critical for the disease's progression and whether those affected recover completely or suffer lifelong disabilities. People need hygienic living conditions and quick access to medical care in order to recover or at least alleviate symptoms. As a result, the primary goal of our project is to raise public awareness of the importance of clean water, hygiene, and functional sanitary facilities. In addition, WASH and health care service providers are being made aware, and referral mechanisms are being strengthened. Inclusive, sustainable, and cooperative models also encourage personal responsibility at the community level.

More than 5,300 patients and their families have already benefited from the project in the districts of Sitapur, Kaimur, and Malda. Hundreds of stakeholders, civil society members, health workers, and members of local committees have

also received additional sanitation and hygiene training. Community meetings were held to raise awareness about WASH issues and self-care options, and nearly 130 cataract cases were successfully operated on.

The focus for those affected is on building trust: Our project ensures that issues such as leprosy, lymphatic filariasis, eye diseases, and WASH are addressed within communities. The project team is recognised in the districts and is integrated as a source of information into the health programmes.

In addition, those affected serve as volunteers throughout the project, identifying people who can benefit from the various offers. New cases of lymphatic filariasis and leprosy are regularly documented. The introduction of self-care demonstrations has also significantly reduced discrimination within communities and families.

Latin America

Far-reaching decisions for the Latin American region were made in 2022. DAHW decided to withdraw completely from the region by the end of 2023 after extensively evaluating the situation. The reason for this is an effort to achieve the greatest possible effect with the limited funds available, as well as to focus on particularly vulnerable regions of the world with medical and social projects.

After 65 years of active work in Latin America, we were faced with the need to develop a strategy to further anchor the established structures in the long term, as well as to strengthen our local partners, so that they can continue to work in the medico-social fields in the future without financial support of DAHW.

In Brazil, the Engage Brazil project, including the developed digital education and training content, was handed over to the leprosy organisation BRASA at the end of 2022, and our office was closed. In Colombia, we are strengthening FELE-HANSEN, a federation of organisations for people affected by leprosy, so that they can later independently develop projects to combat leprosy in Colombia.

We received encouraging news from Paraguay that the financial gap is being filled by other partners and Mennonite communities. We are in contact with a number of institutions in Bolivia who have expressed an interest in continuing our activities.

The year 2023 will undoubtedly bring difficult goodbyes, but we also hope that our local partners will be able to continue their work with commitment.



Alberto Rivera
Head of the Latin America Regional Office in Bogota

Carolin Gunesch
Head of the Latin America Regional Team in Würzburg



Brazil

Project example



Photo: DAHW-Brazil



Project duration:
01.03.2021 – 28.02.2023

Project location:
nationwide (virtual), as well as specifically the state of Mato Grosso

Project participants:
Community Health Worker (CHW); people affected by leprosy, their relatives, and the general population

Partner:
DAHW Brazil

Supported by:
BEGECA, DAHW

Investments 2022:
EUR 29,820.96

According to World Health Organisation (WHO) data, approximately 20,000 new cases of leprosy are diagnosed in Brazil each year. The state of Mato Grosso is particularly affected. Nevertheless, the disease is rarely addressed in medical professional training. As a result, many sick people in basic health care receive wrong diagnoses or receive them too late. This can result in disease progression and permanent disabilities. One of the most important goals of DAHW in Brazil is thus to spread knowledge about leprosy.

Engage Brazil, a communication, information, and interaction platform, is working to make leprosy educational materials more accessible. A „leprosy basic course,“ which takes place online, is primarily aimed at medical personnel such as nursing assistants and community health agents, as well as people with leprosy and their families.

By December 2022, 800 people from all over Brazil and five other countries had signed up for the course. The course was completed by 709 participants. Simultaneously, a plan

was developed to promote the course to institutional partners already affiliated with DAHW in Brazil.

A strong dynamic can be observed in the healthcare sector, especially in the area of digitisation. This demonstrates that our project is on the right track. Digital access facilitates the distribution of educational content and provides more opportunities for interaction. As a result, there was also interest from individuals and organisations.

Since we ceased operations in Brazil at the end of the year, we sought long-term solutions to continue the project. We discovered such a solution in cooperation with BRASA, a leprosy partner organisation. The DAHW Brazil communication platform is currently being transferred to BRASA, which will continue to provide digital content. The organisation has the necessary structures and is very interested in this type of measure.

Colombia

Project example



Photo: Camun



Project duration:
01.06.2022 – 31.10.2022

Project location:
Colombia / Caribbean / Cartagena District / Vulnerable Areas

Project participants:
LGBTQIA+ people and their families, LGBTQIA+ people affected by TB, and LGBTQIA+ people affected by TB-HIV

Partner:
House of Friends with Global Reach – CAMUN

Investments 2022:
EUR 10,000

People of various sexual orientations and gender identities are among Colombia's most vulnerable and marginalised groups. This also applies to the LGBTQIA+ community in Cartagena, which represents for approximately 1.2 percent of the local population. The community faces denial of rights, threats, police violence, domestic violence, and, in the worst cases, homicide. Sex workers and people who do informal work are particularly affected. There have also been reports of these groups facing direct and indirect discrimination, making it difficult for them to access health care, education, and employment. Furthermore, the region has a relatively high number of tuberculosis cases, among them many HIV-TB co-infections.

Members of the LGBTQIA+ community, as a result, have more difficulties in accessing health education in Cartagena. Therefore, our project took the approach of training so-called peer managers within this vulnerable group in the early detection of TB and HIV. They can better evaluate when medical advice should be sought if they are aware

of the early signs of TB and their relation to HIV infections. In this way, infections and diseases in this group can be avoided while also increasing self-esteem. Training and intervention processes were developed for this purpose, and academic events were held with the participation of national and international experts. Advocacy efforts also helped in providing the affected community with effective access to health care. The project involved a total of 255 people.

Our project sparked a lot of interest among the LGBTQIA+ community. The developed strategy had an impact and enabled the community's skills to be visible, attracting the interest of other public and private organisations. In addition, four people with TB symptoms and one HIV co-infected person were identified and referred to the healthcare system for treatment.

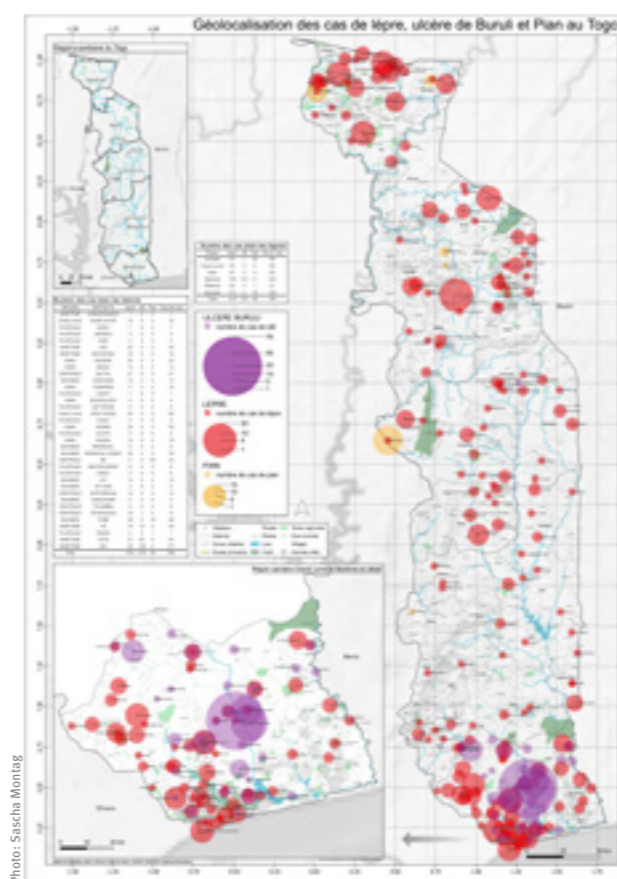
DAHW research projects

Research projects since 2013	Project location	Project duration	Financial volume	Funded by	Partner organisations and institutions
Leprosy: Skin camps for leprosy prevention: The key to success?	Ethiopia	1.12.2022 – 31.5.2024	EUR 15,892	DAHW	AHRI, NLR
Leprosy: Fighting stigma through video „storytelling“ intervention	India	1.6.2022 – 31.5.2024	EUR 16,640	DAHW	GLRA India
Chagas: Autoantibodies and Selenium Status in Chagas Disease (AUTOS-CHAGAS)	Bolivia	1.12.2021 – 31.12.2023	EUR 11,500	DAHW	Charité, Monteagudo
Leprosy: Delayed case detection and high disability rates in leprosy in a „Mega City“	Pakistan	1.12.2021 – 31.8.2022	EUR 2,555	DAHW	MALC
Leprosy: PEP prophylaxis approval criteria in Senegal's highly endemic regions	Senegal	1.12.2021 – 31.3.2021	EUR 13,533	DAHW	National programme, University Zguinchor
Schistosomiasis: Validation of an algorithm and an APP for early detection of complications	Tanzania	1.11.2021 – 31.10.24	EUR 10,000	DAHW	CUHAS
Leprosy: SDR-PEP in the integrated NTD control approach	Togo	1.12.2020 – 30.6.2023	EUR 19,634	DAHW	DAHW Togo
Leprosy: Contact screening using the PGL-1 antibody	Paraguay	1.12.2020 – 31.12.2023	EUR 19,911	DAHW	KM81, National programme
Leprosy: Contact tracing and PEP in Bolivia	Bolivia	1.12.2020 – 31.12.2023	EUR 19,940	DAHW	Dr. Abundio Baptista
Leprosy: Reasons for delayed case detection based on individual leprosy patient follow-up	Uganda	1.12.2020 – 31.12.2022	EUR 19,947	DAHW	DAHW Uganda
Leprosy: Post-exposure prophylaxis/PEP in highly endemic villages	Senegal	1.12.2019 – 30.11.2022	EUR 27,285	DAHW	Univ. Thiès, Damien, FRF, PNEL
Leprosy: Post-exposure prophylaxis in Uganda's Arua and Koboko districts	Uganda	1.12.2019 – 30.11.2022	EUR 20,028	DAHW	National Tuberculosis & Leprosy Program (NTLP)
Tuberculosis: Review of new TB screening methods and laboratory tests.	Tanzania	1.7.2019 – 30.6.2022	EUR 19,847	DAHW	Univ. Stellenbosch, BMC Mwanza
Leprosy: Development of drug resistance testing in Tanzania and Senegal	Tanzania, Senegal	30.6.2021 – 30.6.2024	EUR 52,320	ALM	NIMR TZ, MoH Senegal
Leprosy, Buruli Ulcer, Yaws: Geo-visualisation for active case search & PEP, and the impact of the audiopedia project.	Togo	1.6.2022 – 31.5.2024	EUR 299,989	GIZ	THWS, DAHW, DAHW Togo
Leprosy: Testing different methods for health education (conventionally and audiopedia format)	Nigeria	1.6.2022 – 1.12.2024	EUR 143,346	LRI	RedAid Nigeria, NLR, LTR
Leprosy, Buruli Ulcer: The impact of infection on mental health	Nigeria	1.1.2020 – 31.12.2023	EUR 199,033	LRI	National programme, Ebonyi State University
Leprosy: Antimicrobial resistance testing in districts with and without use of PEP	Tanzania	1.1.2020 – 31.12.2023	EUR 100,000	LRI	STPH, NIMR, NTLP
Leprosy: Involvement of traditional healers in early case finding	Sierra Leone	1.6.2019 – 31.12.2022	EUR 193,723	LRI	National Program Sierra Leone
Leprosy: Involvement of traditional healers in early case finding	Sierra Leone	1.4.2017 – 31.12.2024	EUR 14,197	DAHW	National Tuberculosis & Leprosy Program (NTLP)
Leprosy: Creative trauma treatment for those who take part in inclusion projects	Colombia	1.7.2019 – 30.6.2023	EUR 7,550	DAHW	Universität Elche (UMH), Col. Fed. of People affected by Leprosy
Tuberculosis: Adrenal insufficiency study	Pakistan	2016 – 2022	EUR 24,652	DAHW	ALP Rawalpindi Leprosy Hospital
Leprosy: The effect of the BCG vaccination on leprosy control	Senegal	2019 – 2023	EUR 13,906	DAHW	Université de Thiès, PNEL
Leprosy: Geo-visualisation for planning active case search & PEP	Tanzania, Sierra Leone	1.1.2018 – 30.6.2023	EUR 30,869	DAHW	ALM, National programme SL
Lymphatic Filariasis, Onchocerciasis: Factors obstructing access to treatment.	Nigeria	1.2.2021 – 31.12.2022	EUR 15,786	ARNTD	RedAid Nigeria
Leprosy: Geo-visualisation for planning active case finding & PEP	Pakistan	1.5.2022 – 31.12.2022	EUR 40,000	DAHW	MALC, ALP
Leprosy: Leprosy chemoprophylaxis implementation in various screening approaches „PEP4LEP“	Tanzania, Ethiopia, Mozambique	1.10.2018 – 30.9.2024	EUR 1,433,075	EDCTP	AHRI, CUHAS, Erasmus Rotterdam, NLR, NTLP TZ, MoH ET

Prevention through technology



The impact of our research work extends far beyond our projects. It serves as the foundation for all activities addressing neglected and poverty-related diseases. In 2022, we were also very active in scientific work.



Over the last ten years, DAHW has worked with the THWS to develop a map for the geo location of NTD cases in Togo.

Audiopedia project, which disseminates information and health education through audio messages in local languages. A controlled study conducted in Nigeria and Togo investigated the benefits of the technology and how it should be designed.

Geo visualisation (also known as mapping) is another tool whose usability has been checked in research projects. Because in many cases there is less and less money to do our important work, effectiveness must be increased. Geographical information systems (GIS) help by determining which diseases are more common in different countries. In 2022, we were active in Togo and Pakistan mapping cases of leprosy, Buruli ulcer, yaws, and leishmaniasis.

Other research projects looked into how smartphone apps can help with day-to-day work. On the Tanzanian island of Ukerewe, for example, an app for early detection of serious illness following schistosomiasis infection is being developed and tested. In Ethiopia and Tanzania, for example, a skin app makes it easier to diagnose skin diseases and train healthcare workers. This technology was also examined as part of a research project. We also test various laboratory methods in the field of biomarkers. This aims at detecting tuberculosis or identifying antibiotic resistance.

When research is done correctly, it has an impact that extends far beyond our direct work. Results and validated methods can be transferred and applied to other projects or countries, reaching even more people than originally intended. This effect has also been observed in research work in 2022. DAHW concentrated on testing new technologies that would help us in our daily work. In the area of awareness-raising, this includes projects such as the



Dr. Christa Kasang
DAHW Research
work coordinator

Humanitarian aid – support in the event of a crisis



DAHW does not abandon its mandate groups: Humanitarian aid supports people who are in desperate need as a result of crises, conflicts, or natural disasters. It is our aim to help them survive in dignity and security while also alleviating human suffering.

DAHW adheres to basic humanitarian principles such as humanity, impartiality, independence, and neutrality. DAHW pays particular attention to the most vulnerable groups. For this reason, we have set the goal of making emergency aid measures as inclusive as possible. In this way, the specific needs of people affected by disabilities, illnesses, and stigmatisation, who are often exposed to multiple threats in crisis situations, are considered.

DAHW seeks to combine humanitarian and development policy goals (LRRD - linking relief, rehabilitation, and development) and thus promotes future crisis resilience. Energy and food prices have recently risen due to geopolitical conflicts (such as Russia's war of aggression against Ukraine), and climatic changes have also contributed to acute food insecurity. To handle this and strengthen our target group's resilience in the face of growing crises, a special budget of 900,000 Euro was approved in 2022 to deal with the hunger crisis. In 2023, these funds will be used to address the needs of people experiencing acute food insecurity in eight priority countries in East and West Africa. The funded projects are intended to strengthen our target group's crisis resistance and promote sustainable solutions to improve their living conditions.



Our healthcare personnel in Pakistan administers a nutritional supplement to stabilize an acutely malnourished child from Afghanistan.

Refugees – Ethiopia, Pakistan, Colombia

Refugees are particularly vulnerable. Last year, for example, we supported refugees in our projects in Ethiopia, Pakistan, and Colombia. Venezuelan refugees, for example, have no access to the health system in Colombia until their residency status is determined. We bridged this phase by providing basic medical and dental care as well as emergency food rations. We also provide psychosocial support to the people. In an Ethiopian project, we are focusing on people who have fled the fighting in the Tigray conflict. This conflict affects thousands of people who have been forced to flee their homes, often without adequate access to food. We provided food rations as well as financial assistance to the vulnerable group. Meanwhile, approximately 2,200 Afghan refugees have benefited directly and indirectly from a DAHW project in Pakistan, with a primary focus on malnourished children. Food and nutritional supplements were provided to them and their families. We also supported their parents, especially single mothers, in establishing new sources of income.



Susan Höfner
Humanitarian Aid
and Inclusion Advisor



Food, clothing, baby stuff: Almost everything was missing in Nepal after the flood. We supported our local mandate groups.

Flood relief – Pakistan and Nepal

Disaster and flooding as a result of climate change are realities that the world – and, as a consequence, our organisation – must face. Our partner country, Pakistan, was hit by a flood of an unprecedented scale in 2022.

Large parts of the country were submerged, and approximately 1,700 people died. Our relief efforts in Sindh and Balochistan provinces met the survivors' most basic needs.

With our partner organisation, the Marie Adelaide Leprosy Centre (MALC), we provided drinking water and food, clothing, and housing, and, most importantly, we supported members of our mandate groups, such as leprosy and TB patients, people with disabilities, women, and children. In addition, two reverse osmosis systems for drinking water treatment were installed, and basic medical care was provided.

Extreme rainfall in Nepal left thousands homeless the previous year. Our support measures, completed in 2022, also targeted members of our mandate groups.

We provided food, clothing, and sleeping accommodations, as well as assistance with income generation activities. We also conducted training courses to help people identify potential risks early on and to better prepare for future disasters. Some of the emergency shelters have also been made inclusive, i.e. barrier-free accessible.



Affected by leprosy: During the pandemic, this family in Bangladesh had little to eat. We supported them in establishing a duck farm.

Covid-19 – Bangladesh, India, Pakistan, Nigeria, Tanzania, and Yemen

In 2022, the consequences of the Covid-19 pandemic were still visible and noticeable all over the world. This is also true in our partner countries, where we have continued to provide support to those affected by the pandemic as part of our mandates. In Yemen, for example, we focused on educating vulnerable people affected by leprosy, TB, or disabilities about the dangers of Covid-19 and sensible preventive measures. In addition to this information work, households were financially supported, health facilities were given protective and hygiene materials, and employees were trained.

In Nigeria, our project supported local health care facilities. In addition, people with NTDs or disabilities received direct financial support. We were also able to provide targeted information about Covid-19 prevention measures with the help of two specially organised radio programmes.

In Bangladesh, we concentrated on people with disabilities and leprosy patients in rural areas. We made it easier for them to get access to hygiene, food, and employment opportunities. People with disabilities, lymphatic filariasis, or eye diseases were the focus of our Covid project in India. We provided them with protective equipment. There was also information disseminated through audio messages and videos in the national languages.

We also supported humanitarian aid projects in Tanzania and Pakistan. They also supported people from our mandate groups who were in need due to the pandemic.

A year of anniversaries – Volunteers are reorganising



Photo: Oliver Schmepp
ACTION LEPROSA: Board Member Patrick Georg presented the Metzingen Kolping Family with the DAHW certificate and the Damian badge for exceptional commitment to DAHW as a token of gratitude for more than 50 years of support.



Photo: Wolfgang Meutsch
DAHWA AG Letmathe has given support for 50 years. The waffle stand at the Killiankirmes is popular. The city representatives congratulated and honoured the effort with donations. Mayor Michael Joithe then assisted the DAHW AG.

DAHWA can look back on 65 years, on challenges, but also on what has been accomplished in these six and a half decades. Volunteering is closely related to this.

The Society for Leprosy e.V. opened a special exhibition in the Leprosy Museum in Münster on World Leprosy Day 2022. The beginnings of the leprosy hospital in Bisidimo, Ethiopia were exhibited – the beginnings of DAHW's leprosy project work.

DAHWA and the cooperation partners have put together the travelling exhibition „ENE MENE MUH – UND RAUS BIST DU!?“ to honour the 50th anniversary of the „NRW Landeskuratorium zur Förderung der Lepra-Hilfe“. Photographs by Christopher Thomas and drawings by Tisa von der Schulenburg initiate an artistic dialogue about the disease leprosy. The exhibits are intended to continue „travelling“ in the future. If you are interested, please contact us directly. On the one hand, there was reason to celebrate after the pandemic, when voluntary activities with event character were either impossible or only possible with difficulty, being able to

become really active again in 2022. Last year, on the other hand, there were a number of (after) anniversaries to be celebrated.

In September, a proud 8,092 Maultaschen were placed on the tables in Metzingen, representing the Kolping Family's 50-year commitment to the leprosy campaign. DAHW AG Letmathe also looks back on five decades of commitment, which traditionally impresses at the Kilian fair with the popular waffle stand and the balloon long-distance flight competition. The Würzburg flea market, which takes place every November, has been running for a quarter of a century. In 2022, the DAHW action group in Würzburg demonstrated once more that the work they invest in the flea market throughout the year provides valuable support for the DAHW project work.

We would like to thank everyone who works tirelessly and creatively on World Leprosy Day, Easter, Thanksgiving, and the pre-Christmas period, especially those who are not explicitly named here.

And now we look ahead to the coming year: jungeDAHWA's new management team, Tom Czarnota and Alexandra Weinert, also represent progress and a new beginning. They are actively involved and committed to carrying on the work of our youth organisation.

Get active!

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

Global Learning: Self-reflection, knowledge transfer, action



Handing over successfully: Saanika Amembal (l.) joined the education team in 2022, and we will say goodbye to Maria Hisch as she retires in mid-2023. „Global learning“ is a primary concern for DAHW.



Photo: Larissa Brodzik / DAHW
Fun, sports, donations: This is what children who participate in charity runs experience. The children run, and their sponsors donate. In this way, money for our project work is collected in a fun way.

The stigmatisation of patients is one of the reasons why diseases like leprosy, which could have been eradicated long ago, still exist. This demonstrates the strong influence of social injustice in the health sector. Therefore, our statutory mandate in education, namely educating about leprosy and other NTDs, is incomplete unless we acknowledge our own role in combating social inequalities. However, such self-reflection requires understanding of global contexts.

One target of global learning is to “build a bridge between international contexts and one's own living environment“ (Engagement Global). We try to fulfil this important task with our multifaceted educational offers and personal testimonials from project participants.

For example, Dr Chris Schmotzer, a leprosy and TB doctor from Pakistan, visited our partner schools and provided teachers and students with different perspectives on the socio-political situation and health care in Pakistan and Afghanistan. Students took independent actions in support of the DAHW project work after being encouraged to help shape a fairer world. These included sponsored runs and concerts, cake and waffle sales, Christmas markets, and numerous opportunities to „do good“ in one's own community.

By means of the „One Health“ digital education tool for students of form 7 -9, we are expanding our educational

opportunities. Many questions about the interaction of humans, animals, and the environment are addressed here, and the important topic of „One Health“ is made come alive for children in an innovative way.

The representation of DAHW by education advisors in civil society networks is also an important part of the educational work. For example, the Eine Welt Netzwerk Bayern, of which DAHW is also a member, was awarded the Europe Prize. Saanika Amembal, our education advisor who has been a new member of the DAHW education team since autumn 2022, was also a guest in the Bavarian state parliament. She succeeds our education advisor Maria Hisch, who will take her well-deserved retirement in July 2023 and is now entrusting her life's work, commitment, and outstanding educational successes to a motivated partner. We wish Maria Hisch all the best and look forward to her committed successor!



Our education advisor

Saanika Amembal visits schools and extracurricular groups to deliver lectures and training courses on global learning topics. Info: www.dahw.de/Bildung

Festivities in Bisidimo



Photo: DAHW-Archiv

In Ethiopia, the journalist Graf von Magnis and the leprosy doctor Dr Jean Féron



Photo: Beate Gemballa

Patrick Georg, DAHW board member, expressed his congratulations at the 65th anniversary celebration.



Photo: Beate Gemballa

Dance, music, and a cheerful atmosphere characterised the anniversary celebration.

Leprosy begins on the side of the road. This is still true in many places around the world, and it was especially true in Ethiopia in the 1950s. The fact that a group of friends led by journalists Franz Graf von Magnis and Hermann Kober were not deterred still serves as a model for our employees down to the present day – and so there was great joy in November 2022 when DAHW's commitment in Ethiopia had its 65th anniversary.

Ethiopia is crucial to DAHW because it is the birthplace of the organisation; after all, it was there that the two young people from Würzburg met the leprosy doctor Dr Féron. And this is how later DAHW became involved for the first time. Of course, a DAHW team travelled to Bisidimo to celebrate the anniversary.

DAHW board member Patrick Georg was deeply impressed: hundreds of people had gathered on the fairground, government representatives had arrived, music was played, and people danced. And this in a place that was almost deserted 65 years ago.

In the 1950s and 1960s, a hospital was built in eastern Ethiopia, only about 130 kilometres from the border with Somalia, primarily to care for leprosy patients. Moreover, DAHW also funded the construction of patient and staff housing, water towers, a school, and a farm.

Bisidimo is now known around the world for its leprosy work, as well as its dental clinic and orthopaedic workshop. What was created there represents our organisation's global commitment – a success that is often difficult to put into words.

Nevertheless at the anniversary celebration, the speakers found a few words: Politicians and representatives from various organisations, Patrick Georg and the Ethiopian

DAHW regional representative Ato Ahmed Mohammed, spoke about DAHW's tremendous success in Bisidimo. There was also time for a very special encounter apart from the official part: Ahmed Nouri, a former leprosy patient, approached Patrick Georg and Ahmed Mohammed to tell them how he overcame his leprosy with the support of DAHW.

In addition to the celebrations, the DAHW board used the journey to Ethiopia to exchange ideas with government representatives in Addis Ababa: A meeting with the President and visits to two ministries were on the agenda. Beate Gemballa, who joined the DAHW travel team in Ethiopia, described the conversation with President Sahle-Work Zewde as inspiring: She took the time to learn about the various projects and the organisation's history from the DAHW team. And: The President announced her visit to one of his projects to Ahmed Mohammed, a promise she kept a few weeks later. A special thanks to Ahmed Mohammed and the entire DAHW team on site.

The DAHW team is convinced: The journey to Ethiopia, the anniversary celebration in Bisidimo, the face-to-face contact on the sidelines of the celebrations, but also the political talks in Addis Ababa – all of this has contributed to the strengthening of the relationship between Würzburg and Ethiopia. Such a journey can certainly be considered as an investment in continued good cooperation – but it is also a matter close to the heart of an organisation that has not forgotten its roots.



Photo: Beate Gemballa

DAHW milestones



Photo: DAHW-Archiv

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



Photo: Jörg Henning-Meyer

Tireless: Dr Ruth Pfau working with women and children in Pakistan



Photo: Sabine Ludwig

Awareness work on Buruli Ulcer in Togo: NTDs are an important part of today's work.

Momentous encounter: On a journey through Ethiopia in 1955, Franz Graf Magnis, journalist and Richard Recke, student of theology from Würzburg met the leprosy doctor Dr Jean Féron – and decided to help...

1957: On 18 January, Graf Magnis and friends, among them the later President of DAHW Hermann Kober and his wife Irene, founded the "Aus-sätzigenhilfswerk Dr Féron e.V." in Würzburg. The name was changed to Deutsches Aussätzigen-Hilfswerk (DAHW) e.V. on August 1st.

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

1961: The relief organisation starts supporting Dr Ruth Pfau, nun, leprosy doctor and later DAHW honorary ambassador."



Photo: DAHW-Archiv

Laying of the foundation stone for the AHI research institute: H. Kober and H. Graf v. Ballestrem



Photo: Susan Höfner

Inclusion: so that people with (leprosy-related) disabilities are able to live independently

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

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

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

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

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

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

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

2020/2021: The Covid-19 pandemic, its effects, and consequences pose a significant challenge to project work, which DAHW addresses with a special budget of one million euros.

2022: 65 years Bisidimo. DAHW representatives travel to Ethiopia to participate in the celebrations and to exchange ideas with high-ranking government officials. In addition, a special budget of EUR 900,000 has been approved to address the hunger crisis in East and West Africa.



Photo: Government of Ethiopia

Special Honour: DAHW board and regional representative meet Ethiopia's President

A year full of changes



Nothing is as constant as change. Through the members' meeting, DAHW brought about major reforms in both the conceptual project orientation and the new version of the statutes in 2022, and resolutely initiated change processes.

After the pandemic's rigid years, there was more movement in the DAHW association's activities in 2022, as well as in the conceptual orientation of our worldwide work. The decision to focus the programme design on targeted support to fragile and vulnerable project countries had an effect on the DAHW project combination (see p. 6). The members' meeting, which is the project's responsible body, has also undergone significant structural changes, which have affected the organisation and management of business operations.

The members of the association decided to change the statutes at an extraordinary meeting in May, which went into effect on June 28th. As a result, the tradition-conscious DAHW association fundamentally changed its statutes. The aim and impetus were to reduce responsibility diffusion and promote decision-making power. An important step that was also incorporated into the DAHW organisation's work structure. Concurrently with the club-level reform process, the DAHW team filled a surprising vacancy in management. Burkard Kömm, our long-time managing director, left on June 30th to take on new responsibilities for the Society for International Cooperation (GIZ) in Tanzania. Laure Almairac, the previous head of the medical and social projects department, also decided to change careers.

New board duo and optimised work structures

The newly created full-time dual management board was quickly filled with two different, complementary characters: On June 29th, former DAHW President Patrick Georg filled the vacancy in the management level with managerial activity before becoming full-time director on August 1st. On October 1st, Joachim Beringer completed the new board duo. The headquarters' work structures were also adapted

to the new framework conditions. The large departments were restructured into small, powerful competence teams. At the same time, new cross-team forums were established to address and implement structured and goal-oriented optimisation processes. Last but not least, the desire of many employees for more networking, improved work processes, and clearer responsibilities was met – while also creating more space for personal initiative and innovation.

With these steps, DAHW is very consistently following a principle of action that is characterised by courageous progress and quick decision-making - but does not forget to carefully consider and problematize. We believe we are well positioned to achieve our most important goal in a concentrated and effective manner: to improve the living conditions of the people in our projects in the long term and sustainably, and to work in a targeted manner with strong structures worldwide.



Patrick Georg (left), former president and honorary board member, has been forming the new DAHW executive board duo with Joachim Beringer since 2022.

Administrative departments



Members' Meeting
On 31.12.2022, the Association had 83 full members

Supervisory Board
Jürgen Jakobs (Chairman, Grünstadt)
Eva von Vietinghoff-Scheel (Deputy Chair, Würzburg)
Hans-Dieter Greulich (Würzburg)
Chamoun Massoud (Wiesbaden)
Prof. Dr August Stich (Würzburg)
Christian Schuchardt (Würzburg)
Prof. Dr Sibylle Wollenschläger (Würzburg)

Executive Board of DAHW
Patrick Georg (from 01.08.2022)
Joachim Beringer (from 01.10.2022)

Judiciary
Nicole Hohmann

Committee Secretariat
Elke Herbst-Tilgner

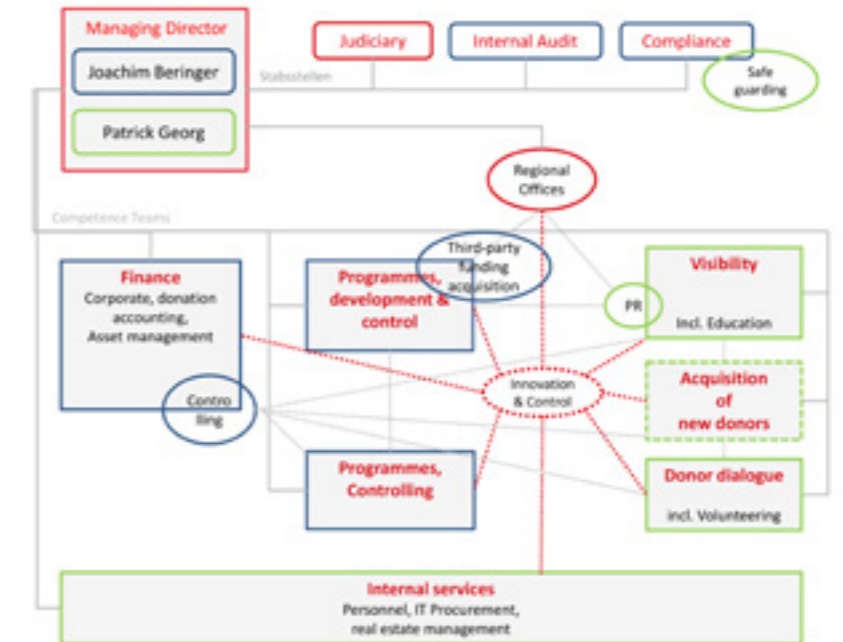
Programmes, development & control
Dr. Saskia Kreibich, Head of Competence Team
Sahayarani Antony
Thomas Collein
Anil Fastenau
Carolin Gunesch
Heike Himmelsbach
Susan Höfner
Dr. Christa Kasang
Juliane Meißner

Programmes, Controlling
Theresia Düring, Head of Competence Team
Ramona Höfer
Susanne Knoch
Chantal Menjivar-White
Sabine Schöll

Head of Regional Offices
Asia: Dr. Vivek Srivastava (until 31.12.2022)
Latin America: Alberto Rivera
East Africa: Ahmed Mohammed
West Africa: Roméo Essou (until 31.12.2022)

Other Programme and Project Offices
DAHW maintains additional offices for the implementation of programmes or projects, as needed.

Salary Structure 2022
Employees are paid according to the public sector collective agreement (TVöD-VKA), depending on the requirement and training profile, as well as the degree of responsibility up to group 14. The gross amount increases in stages over the years within the same group due to the basic consideration of professional experience or length of service until it finally reaches the highest possible amount within the group. There may be higher classifications as a result of changes and increased responsibility within the former area of activity.



The new work structures at DAHW since December 1st, 2022

Visibility
Kristina Popp, Head of Competence Team (from 15.09.2022)
Saanika Amemba (from 15.10.2022)
Larissa Brodziak
Sonja Chikwendu (Muenster office)
Maria Hisch
Judith Mathiasch
Birgit Seubert

Acquisition of new donors
Florian Hundhammer (commissioned with the analysis)

Donor dialogue
Patrick Georg, Head of Competence Team
Priscila Franco Aguilar
Sonja Chikwendu (Muenster office)
Sylvia Deppisch
Sandra Dittrich
Beate Gemballa
Corinna Holzheimer
Manuel Koch
Friedrich Klufmann
Diane Lovasz
Michael Schnitzler (from 01.01.2022)
Matthias Schwarz
Lilija Tenhagen (Muenster office)

Finance
Klaus Czech, Head of Competence Team
Elke Sengfelder
Simone Ehrenfels
Christiane Wiesen

Internal services
Matthias Schröter, Head of Competence Team
Martin Amend (from 15.06.2022)
Christoph Appel
Christian Beyer
Alexandra Brückner (from 15.01.2022)
Astrid Dülk (from 15.06.2022)
Michael Welter
Tobias Willmroth

Gross salaries full-time¹

	From	To	Employees
Assistants:	2.418 €	3.578 €	6
Clerks:	2.910 €	4.748 €	10
Advisors:	3.180 €	5.463 €	22
Medical specialist staff, Heads of Department:	3.752 €	6.560 €	6

17 employees worked part-time, and 6 worked in partial retirement models or on parental leave. The remuneration of the 30.06. retired CEO and the new executive board duo is governed by non-tariff agreements and amounts to a total of 131,649.08 Euro gross in 2022. Members of the Supervisory board serve on a volunteer basis. They do not receive lump sum allowances, but rather reimbursement for actual expenses incurred upon request.

Foundations: Continuing a significant life's work



The foundations established by DAHW were dedicated to the memory of two significant personalities: Hermann Kober, co-founder, long-time treasurer and president, and Dr Ruth Pfau, well-known leprosy doctor and founder of the Marie Adelaide Leprosy Centre in Karachi.



Dr Ruth Pfau dedicated her life to helping leprosy patients. Harald Meyer-Porzky is the CEO of the Ruth Pfau Foundation. The foundation supports and preserves the life work of Pakistan's "Mother of Leprosy Patients."



The Ethiopian drought aggravated food shortages and increased the number of people suffering from severe malnutrition. We were able to support these people with the help of the Hermann Kober Foundation.

Dr Ruth Pfau and Hermann Kober both became great role models whose accomplishments will always be associated with DAHW. With this in mind, the foundations invest their capital in a long-term, efficient, and prudent manner, and use their annual distribution to support selected projects.

Ruth Pfau Foundation

The Ruth Pfau Foundation contributed 284,257.45 Euro to the Marie Adelaide Leprosy Centre (MALC) in Pakistan in 2022. The centre's vision is to eradicate leprosy, tuberculosis, and blindness while also creating an inclusive environment for people with disabilities. The teams work on educational projects and community-based rehabilitation to help people live their lives with self-determination and dignity.

Another portion of the distribution was transferred to the organisation Aid to Leprosy Patients (ALP, Dr. Chris Schmotzer) in Rawalpindi. In addition to the effects of the Covid-19 pandemic, the Balochistan and Sindh regions, where DAHW acts through MALC and ALP, suffered from a devastating flood disaster.

Hermann Kober Foundation

The Hermann Kober Foundation donation helped to secure our work in Ethiopia. Last year, 18,000 Euro were distributed to drought-affected areas in the Bisidimo region, as well as to people affected by leprosy or its consequences, primarily single mothers and people with disabilities. A total of 285 families benefited from the provision of a basic food supply.

The organisation and foundation were deeply sad to learn of the death of the former President of the State Parliament, Barbara Stamm on 05.10.2022. From 2003 until her death, she was an active member of the DAHW association, and she served on the board of the Hermann Kober Foundation since 2008.

Inform & donate

Further information: www.dahw.de/stiftungen
 Ruth Pfau Foundation: www.ruth-pfau-stiftung.de
 Hermann Kober Foundation: www.dahw.de/hermann-kober-stiftung

Legacies and inheritances from people who trust us



For our supporters, it is important that the causes they cared about during their lifetime continue to have an impact through their testamentary wishes. Such bequests offer an important and substantial basis for our work.



In a targeted and sustainable manner, timely planning and provision for inheritance can improve the living and health situations of people who would otherwise be forgotten. DAHW is available to provide advice on this.



The initiative „My inheritance does good. The Apple Tree Principle,“ in which DAHW is actively involved, combines cultural enjoyment and social engagement, such as in a high-class concert evening.

DAHW was able to record significant income in 2022 thanks to generous legacies and inheritances. This is a significant contribution to our efforts to support the world's most vulnerable and marginalised people.

DAHW was a founding member of the 2013 initiative „My Inheritance Does Good. The Apple Tree Principle.“ It is currently an association of 25 non-profit organisations in Germany. The community initiative's concern and goal is to make the heritage known for a good cause and to raise public awareness.

The initiative aims to make the possibility of actively drafting a will more accessible for the benefit of a non-profit organisation and to provide support to potential testators.

In 2022, the initiative was able to organise regional events again, including in Friedrichshafen and Nuremberg. Music lovers, for example, could listen to the sounds of Anne Sophie Mutter Foundation scholarship recipients under the motto „Classical music for friends.“ Art lovers went to

see the exhibition „What Remains?“ by photographer Bettina Flitner. It shows eleven prominent personalities in large-format photographic works, supplemented with personal thoughts.

Our advice and support in the creation and formulation of a valid will was used many times in 2022. First questions can be answered, not least with the help of our wills guide and the explanatory videos on making wills available on our website.



Contact

Friedrich Klußmann
 Telephone: 0931 7948-161 | E-mail: testamente@dahw.de
 Informative explanatory videos: www.dahw.de/testament



Stay on track

Financial report

The primary goal of financial and asset management is to ensure an adequate supply of funds for DAHW projects in federal states. The Covid-19 pandemic influenced overall economic development in 2022 as well, but other crises also had massive global consequences.

For example, the conflict in Ukraine resulted in price increases, especially in the food supply, mostly in African countries. This resulted in not only delays in project implementation and restrictions on project services in the programme countries, but also real losses in employee purchasing power.

In 2022, DAHW made almost 12.5 million Euro available to its project countries. Thus, the previous year's result was improved by EUR 1.5 million. Despite the fact that DAHW had to record a drop in donations to EUR 5.7 million, income from inheritances and legacies increased to EUR 5.8 million. This reflects the deep trust of our donors, who continue to support „their“ DAHW even after their death. This more than compensated for the drop in donations. The positive annual result of approximately EUR 0.2 million is almost entirely due to this increase in estates.

The path taken years ago to increase income from third-party donors or co-financing is also bearing fruit. The income from third-party funds and grants increased to EUR 5.1 million, contributing to the increase in project funding.

During the course of the year, the Eurozone's interest rate level rose sharply from a low point. This is accompanied by significant declines in the portfolio of our fixed-income bonds. To present this risk transparently, a write-down of

EUR 1.9 million was made on the market price of these securities on the balance sheet date.

Because of its extraordinary financial position, the asso-

ciation can ensure the financing of current business at any time. The financial situation is extremely good, with reserves for statutory purposes totalling EUR 31 million, the majority of which stem from inheritance and legacies. The reserves exceed the annual support commitments and obligations from one's own assets by a factor of more than 2.

A voluntary audit of the annual financial statements was also carried out for the financial year 2022. The audit assignment was supplemented by an extensive audit of the management's correctness, similar to the audit guidelines of the VDD (Association of German Dioceses). This includes random checks, such as the structural and process organisation, as well as the compliance of legal transactions and measures with the law. As in previous years, DAHW was awarded the donation seal of the German Central Institute for Social Issues (DZI). This certifies that we have structures and processes in place to ensure adequate fund planning, implementation, and control, and that fund expenditure adheres to the principles of efficiency and thriftiness, as well as the criterion of maximum effectiveness.



Das Deutsche Zentralinstitut für soziale Fragen (DZI) bescheinigt:

Ihre Spende kommt an!



Joachim Beringer, Board Member



Balance sheet as of 31 December, 2022

Assets	2022		2021	
	€	€	€	€
A. Capital Assets				
I. Intangible Assets		100,730.00		74,874.00
II. Fixed assets				
1. Real estate, equivalent property rights, and buildings	15,173,279.26		15,118,794.26	
2. Other equipment, factory and office equipment	238,105.00		137,637.00	
		15,411,384.26		15,256,431.26
III. Financial assets				
1. Securities held as fixed assets	10,463,349.53		11,581,643.56	
2. Other loans	17,896.22		17,896.22	
		10,481,245.75		11,599,539.78
B. Current assets				
I. Stocks		1,213.15		673.24
II. Receivables and other assets				
1. Requests for deliveries and services	3,070.00		0.00	
2. Other assets	9,847,015.95		5,712,725.43	
		9,850,085.95		5,712,725.43
III. Cash on hand, balances with credit institutions		5,168,264.43		8,495,814.27
C. Prepaid expenses		44,879.15		741.36
D. Active distinction from asset allocation		913.68		786.67
Total assets		41,058,716.37		41,141,586.01



Liabilities

	2022		2021	
	€	€	€	€
A. Equity capital				
I. Reserves for statutory purposes	30,928,216.45		29,678,775.06	
II. Annual surplus / annual shortfall	155,574.04		1,249,441.39	
Total equity		31,083,790.49		30,928,216.45
B. Special items from donations and subsidies				
I. Long-term fixed assets		415,000.00		415,000.00
II. Unused donations, grants				
Unspent donation funds (as of 31.12.)				
› Programmes and projects financed by third-party funds	653,626.50		1,056,046.95	
› Programme and project funds / Bündnis Entwicklung Hilft (BEH)	575,907.22		700,783.57	
› Self-financed programmes and projects	20,365.43		41,031.43	
		1,249,899.15		1,797,861.95
C. Conditional Donation Fund		251,397.17		208,555.26
D. Accruals				
1. Provisions for pensions	1,678,003.00		1,656,134.00	
2. Other provisions	982,469.50		1,302,217.20	
		2,660,472.50		2,958,351.20
E. Recorded liabilities				
1. Liabilities from deliveries and services	523,842.26		174,607.57	
2. Other liabilities	4,867,969.80		4,653,445.77	
		5,391,812.06		4,828,053.34
F. Prepaid expenses				
1. Accrued liabilities	6,345.00		5,547.81	
		6,345.00		5,547.81
Total liabilities		41,058,716.37		41,141,586.01

Würzburg, 13.04.2023

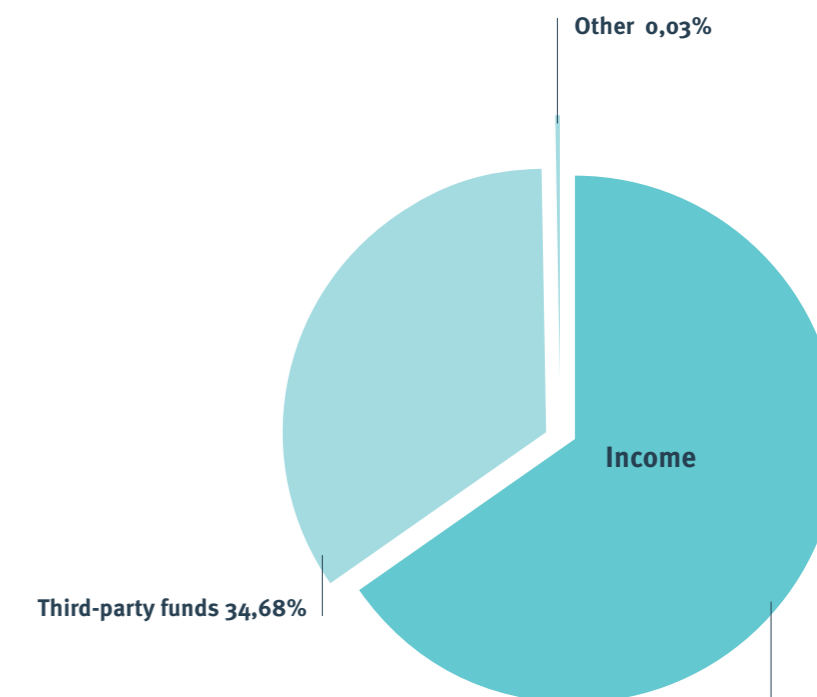
Income statement for the period from 1 January to 31 December, 2022

Income	2022		2021	
	€	%	€	%
Intangible sector and special purpose operation				
› Cash donations	5,691,840.98	32.17	6.400.701,19	41,82
› Donations in kind	190.40	0.00	1.843,31	0,01
› Estates (inheritances and legacies)	5,829,254.30	32.94	2.979.729,62	19,47
› Income from monetary penalties (fines)	30,994.00	0.18	29.293,50	0,19
› Government grants	2,382,444.93	13.46	2.208.049,90	14,43
› Donations from other organisations (foundations, church offices, foreign organisations)*	3,754,717.04	21.22	3.524.906,70	23,03
› Other income	5,206.51	0.03	160.044,83	1,05
Total income	17,694,648.16	100.00	15.304.569,05	100,00
Expenditure				
Programmes and projects				
› Africa	-5,618,255.08	34.81	-4.743.463,82	32,59
› Latin America	-692,169.30	4.29	-466.164,91	3,20
› Asia	-2,729,851.53	16.91	-2.828.151,84	19,42
› Research	-667,370.68	4.14	-489.776,98	3,36
› BEH programmes and projects	-485,429.70	3.01	-268.546,61	1,84
› Supraregional projects	-462,825.27	2.87	-384.812,30	2,64
› ILEP collaborations	-8,500.00	0.05	-26.300,00	0,18
› Quality assurance programmes and projects	-168,204.06	1.04	-114.717,76	0,79
› Personnel and material costs for programme and project support	-1,254,649.42	7.77	-1.273.468,96	8,75
› Statutory campaign and educational work	-353,652.23	2.19	-403.083,28	2,77
Total programme expenditure	-12,440,907.27	77.08	-10.998.486,46	75,54
Public relations				
› Funds for advertising and fundraising	-1,454,174.02	9.01	-1.152.677,50	7,92
› Personnel and material costs for public relations in general	-1,036,097.15	6.42	-1.046.821,74	7,19
› Personnel and material costs for third party funding	-218,759.40	1.36	-293.098,00	2,01
Total public relations expenditure	-2,709,030.57	16.79	-2.492.597,24	17,12
Administration				
› Personnel and material costs	-989,041.53	6.13	-1.068.502,90	7,34
› Taxes on income and earnings	0.00	0.00	0,00	0,00
Total administration	-989,041.53	6.13	-1.068.502,90	7,34
Total expenditure	-16,138,979.38	100.00	-14.559.586,60	100,00
Commercial business operations				
Income	9,593.95		4.400,79	
Expenditure	-18,330.92		-1.064,24	
Result of commercial business operations	-8,736.97		3.336,55	
Assets management				
Income				
› Rental and lease income / proceeds from sales	791,890.54		737.925,35	
› Capital gains	167,998.89		268.308,98	
Total income	959,889.43		1.006.234,33	
Expenditure				
› Real estate expenses	-385,668.00		-366.884,77	
› Capital Management Expenses	-1,965,579.20		-138.227,17	
Total expenses	-2,351,247.20		-505.111,94	
Result of asset management	-1,391,357.77		501.122,39	
Overall result	155,574.04		1.249.441,39	

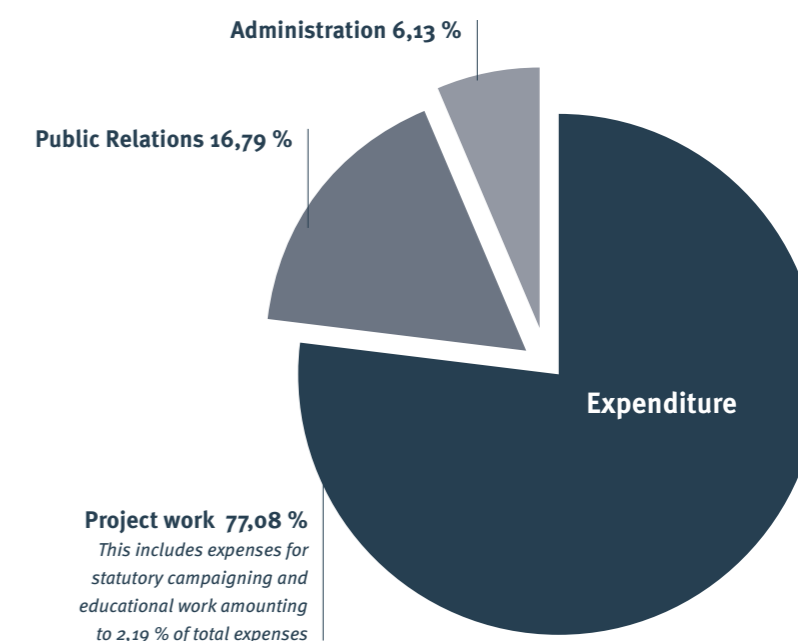
*This item includes a €300,348.28 inflow of funds from BEH (previous year: €419,800.83).
The above income statement was prepared according to the specifications of the DZI.



Schematic Representation



Donations 65,29%
This includes legacies and bequests (32,94 %) and fines (0,18 %)



Project work 77,08%
This includes expenses for statutory campaigning and educational work amounting to 2,19 % of total expenses

Security and control

Quality Management and Compliance



In 2010, it was agreed that DAHW would establish an auditing and compliance system. An external consultant was hired to not only provide technical support for this development, but also to carry out inspections in various DAHW country offices several times a year.



Photo: Susan Höfner / DAHW

The first assignments revealed an urgent need for a change in the financial documentation software (then „Bananas“). Another important finding was the need for a systematic audit of the entire DAHW. Employee conduct guidelines and, as a result, a responsible and statutory utilisation of incoming funds, as well as audit-proof documentation, had to be established. The DAHW codes were created, which were partly derived from the existing handbook, which was previously the instructions for the partner countries' offices and projects.

After the external consultant left in 2018, it was decided to combine the auditing, compliance, and controlling tasks into a full-time position. Since 2018, an employee has been in charge of this task. The post holder retired in April 2022. Since then, no one has filled the position.

Two audits were carried out in Bangladesh and India in accordance with the annual plan for 2022. Any compliance violations at a project partner in Bangladesh, which were also reported by a whistleblower to the DAHW ombudsperson, among other things, were not confirmed, though weaknesses in the partner's project administration were identified.

The audit in India (GLRA India) revealed significant weak-

nesses and cases of noncompliance, such as falsified invoices, noncompliance with procurement guidelines, and self-dealing. As a result, appropriate conclusions were drawn. Because the Indian system lacks a consistent control system, work is being done to strengthen GLRA India in this regard.

The new executive board established the basis for adjusting the corporate governance structure and thus improving the regulatory framework for management and monitoring of the organisation. As a result, the executive board is following the three-line model. The risk areas or functions are structured as follows:

- Compliance: A new compliance department has been established, which includes the additional responsibilities of data protection coordination and safeguarding. It has been operational since May 1st, 2023.
- Controlling: A new position for overall organisation controlling was created in the finance competence team and has been occupied since April 1st, 2023.
- Controlling in the project area: A new competence team separate from programme development was formed.
- Internal auditing: An executive department has been created but has yet to be filled.
- Risk management: The risk management in the partner countries is changed from a country analysis to a project risk analysis and refined.

— **Quality management:** www.dahw.de/qualitaetsmanagement

Support our work

We say thank you, whether it's a small gesture or a large commitment.



For more than 65 years, DAHW has been improving the living and health conditions of millions of people who suffer from poverty-related and neglected diseases and who would have passed out of mind otherwise. For this we need your help!



Photo: DAHW/Sierra Leone

70 Euro is the cost of customising a lower leg prosthesis for people with disabilities in Sierra Leone.



Photo: Lisa Gerwing

300 Euro cost three awareness events on inclusion topics and psychosocial foundations in Uganda.



Photo: Sabine Ludwig

600 Euro cost In Pakistan, the GenXpert tests for rapid tuberculosis diagnosis in 30 patients

The donation examples provide insight into our work while also serving as an invitation to actively support us. As you can see, even **small amounts** can improve the health and living conditions of a large number of people.

Support our work by making a donation, volunteering, using a birthday or anniversary as an occasion to start a **fundraiser**, or including the DAHW in **your will**.

Take responsibility and invest in a future worth living by making a **large donation**. Support our work with a larger sum of money in the long term. With a large donation, you enable us to create something that will last beyond the need, to treat people suffering from life-threatening illnesses, to protect them from exclusion, and to provide them with new perspectives.

Almost all of DAHW's programmes and projects have a

three-year term. By regularly supporting our work with a **permanent donation**, you also contribute to long-term planning security – for DAHW, our partners, and, most importantly, the project beneficiaries.

There are many ways to help.

Donate at: www.dahw.de/spenden or directly to our donation account at the

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

— *All contact persons for our donor dialogue can be found at www.dahw.de/spenderservice. Everything you need to know about donations can be found at www.dahw.de/faq*

Always up to date

News from our work, printed on paper or digitally



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

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

- | | | |
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| <input type="checkbox"/> "Information for our friends and supporters" (8 times a year) | <input type="checkbox"/> By post | <input type="checkbox"/> By e-mail (as PDF) |
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| <input type="checkbox"/> Wills Guide | <input type="checkbox"/> By post | <input type="checkbox"/> By e-mail (as PDF) |
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| <input type="checkbox"/> Information flyer "Donations instead of gifts" | <input type="checkbox"/> By post | <input type="checkbox"/> By e-mail (as PDF) |
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First name, Surname

House no.

Postcode / City

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You can also subscribe to all information online by e-mail to info@dahw.de or at www.dahw.de/information

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We, DAHW *Deutsche Lepra- und Tuberkulosehilfe e.V.*, Raiffeisenstraße 3, D-97080 Würzburg, process your personal data for the purpose of providing information about our statutory goals and raising the funds needed to implement them. The legal basis for this is Article 6 Paragraph 1 Clause 1 Letter f) GDPR. Furthermore, we process your personal data in order to process donations. The legal basis for this is Article 6 Paragraph 1 Sentence 1 Letter b) GDPR. If you no longer want to be informed about DAHW's work or receive donation appeals, you can object to the use of your address at any time in writing or by e-mail (datenschutz@dahw.de) in accordance with Art. 21 (2) GDPR. We will then no longer process your personal data. Detailed information on data protection at DAHW, as well as the address of our data protection officer, can be found at www.dahw.de/datenschutz.



Imprint

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Legend for heading symbols:



Projekt-
work



Mission/
Vision



Strategy



Structure



Volunteering



Project
countries



Quality
management



Donation



Info



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