German Institute for Medical Mission (DIFAEM)

Supporting Christian health services in resource-limited settings

Promoting health, bringing healing, alleviating pain and suffering even in the case of chronic disease and disability, locally and globally

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DIFAEM: What we stand for

Since its inception in 1906, health and healing have been central to the ministry of the German Institute for Medical Mission (DIFAEM). Our vision is:

Promoting health, bringing healing, alleviating pain and suffering even in the case of chronic disease and disability, locally and globally

DIFAEM’s mission is to:
Develop, strengthen and facilitate health services especially for disadvantaged, vulnerable and marginalized people. We work in a scientifically sound, efficient, effective and as far as possible in a sustainable manner. DIFAEM works in partnership with churches, mission and development agencies and other non-government organizations. Our work is based on and motivated by our Christian faith.

Health and healing have not only a physical but also a spiritual, social, ecological and political dimension. Healthy – in a comprehensive sense - are persons who are at peace with themselves, as well as with their fellow human beings, the creation and with God. Therefore our healing ministry includes professional medical care, but also addresses the social needs of persons and their community as well as the spiritual dimension. This ministry regards all persons irrespective of their background, ethnicity or religion as persons made in the image of God and allows these persons to develop their full potential even within given limitations such as a handicap or chronic disease.

DIFAEM: How we started

Founded by a German businessman, Dr Paul Lechler, in 1906, DIFAEM supported medical mission-work in Africa, Asia and Latin America. Training medical students, missionary doctors and nurses in tropical medicine was at the centre of DIFAEM’s work in the early days. At the same time, the Institute provided medical care for those going to and returning from mission hospitals in Africa, Latin America, and Asia.

In 1916, DIFAEM started to operate a small hospital for tropical diseases. The health facility was built on a beautiful mountaintop that provided an ideal surrounding for returning missionaries to recuperate from their service overseas. Today the hospital with about 100 beds serves patients in the area of palliative care, geriatrics and to a much lesser extent, tropical and travel medicine.

For more details visit the hospital’s homepage: www.tropenklinik.de
Since 1959 DIFAEM has developed its Pharmaceutical Services, initially providing basic supplies for mission hospitals and later developing and strengthening local pharmaceutical services especially in Africa. This led to the development of the Ecumenical Pharmaceutical Network (EPN) that operates today in more than 30 countries with church-based drug supply organizations that provide quality pharmaceutical services especially in the African context.

The Consultations of Tübingen I and II in 1964 and 1967 and the subsequent work of the Christian Medical Commission of the World Council of Churches (WCC) developed basic principles of health and healing ministries that up to this day play an important role in our understanding of health and wholeness. Results of these consultations and the work of the Christian Medical Commission influenced the development of the principles of Primary Health Care in Alma Ata in 1978.

In the 1980s, DIFAEM recognized the importance of HIV and AIDS especially in Africa and started supporting HIV related activities. In 2000 it played a crucial role in the development of “Action against AIDS”, a national lobby and advocacy network of Christian and other nongovernmental organizations with the aim to achieving universal access to HIV prevention, treatment, care and support.

Being a voice for the voiceless has always been an important aspect of the work of DIFAEM. Access to essential medicines, especially for the treatment of HIV and AIDS, but also appropriate support for health-related goals through government and other development partners are on the agenda of the lobby and advocacy activities.

DIFAEM: Where we are today

Through its international work, DIFAEM provides support for health projects mainly in Africa, but also in Asia and to a lesser extent in Latin America. Its aim is to support Christian health services within resource limited settings especially where they serve marginalized and vulnerable populations. The countries of focus are the DRC, Chad, Sudan, Malawi and the Great Lakes Region (Uganda, Tanzania, Kenya), as well as India and Papua New Guinea.

Health Services: Mutual learning in partnership

“Health for all” was the slogan to promote Primary Health Care (PHC) recommended by the World Health Organization in Alma Ata in 1978. However, old challenges remain and new epidemics such as HIV and AIDS or the emerging epidemic of non-communicable diseases threaten to reverse the small gains we have achieved. Therefore, recent years have seen a renewed interest in primary health care with the revolutionary principles formulated in the Alma Ata Declaration, e.g. equity, community participation and ownership, social justice, intersectoral action, and appropriate and affordable use of resources. As Christians, we are committed to supporting our partner organizations in their crucial role towards “revitalization” of the PHC concept. This will contribute to the strengthening of district health systems – from the community level, primary, secondary and provincial health institutions – and contri-
bute to improved health outcomes. Thus, strengthening health systems – from the community to the facility level – is central to our ministry. This includes assisting our partner organizations to mobilize communities to use their own assets and building their potentials in taking action for health-related issues.

At the same time, we focus on improving health services and quality of care, further qualifying medical personnel, and strengthening organizational development of partner organizations/institutions.

Together with our local partners, we aim to improve the access to comprehensive, affordable and quality health services for poor and marginalized populations. This includes women and children living in poverty, people infected and affected by HIV and AIDS, and people living in conflict and post-conflict situations. Therefore, our focus is on areas such as maternal and child health, HIV and AIDS, malaria, tuberculosis and other chronic and neglected diseases.

**We provide technical advice and financial support to our partner organizations in:**

- Strength-based approach in the re-vitalisation of Primary Health Care including involvement of Christian communities.
- Facilitation of developing and implementing comprehensive HIV and AIDS programs (including prevention, voluntary counseling and testing, antiretroviral treatment, care and support).
- Facilitation of strengthening health care services with an emphasis on maternal and child health, malaria, hospital and community-based care.
- Project management of health projects and programs. Development of an understanding of methods and tools of a participatory situation analysis, impact monitoring, documentation and analysis of data.
- Evaluations of health projects and programs including impact evaluations and operational research.
- Facilitation of strategic planning processes and organizational development for partner organizations.
- Mainstreaming HIV and AIDS into health and development programs.
- Operational research into relevant health issues.

It is our vision that through strengthening local capacity, our partners can improve their health services and respond to emerging health issues. At the same time, we can learn from the experience of our partners. In addition, we advise and accompany health personnel before, during and after their work abroad through our Member Care program which is becoming increasingly important.

**Training and capacity building for health service providers**

Health professionals of all ages and with various backgrounds who plan to work for some time in resource-limited settings will face a completely different socio-cultural context. They need to be well prepared for the challenges ahead.

Malaria, tuberculosis, AIDS and other tropical diseases which they may have never seen in a European setting will be a
daily challenge. Limited drug supplies, electricity cuts or limited staff numbers will pose additional challenges for the provision of quality health services.

DIFAEM has developed curricula that do not only address newest scientific knowledge for the treatment of malaria or other tropical diseases but also address the specific challenges in dealing with poverty-related issues in a cross-cultural setting. Participatory approaches to teaching and learning are applied as well as individual processes of training and preparation are offered.

A four-week course in tropical medicine and public health provides an overview of all major issues arising when providing health care in resource limited settings. Short courses address specific issues such as maternal and child health, infectious diseases, HIV and AIDS or effective project management a/o. The target group are medical doctors, nurses or other health professionals who are seeking an appropriate training that will prepare them for effective work in a cross-cultural setting.

The DIFAEM library offers a wide range of international publications on health care.

**Pharmaceutical Services – strengthening access to affordable, high quality medicines**

Half of the people living in Sub-Saharan countries do not have reliable access to essential medicines. DIFAEM pharmaceutical services focus on capacity building of pharmaceutical services through action as well as through lobby and advocacy.

**Procurement of medicines and medical equipment and supplies**

Through our Pharmaceutical Services we support the procurement of medical supplies. It is registered as a procurement agent with the German government. Specifically it supplies:

- Essential medicines (EM)
- Special focus on EM listed by the WHO but not (yet) used very often: e.g. medicines against non-communicable diseases
- Laboratory equipment, chemicals, etc
- Pharmaceutical raw materials

DIFAEM pharmaceutical services strengthen and support local supply chain management for church-related health facilities and offer procurement services and support.

**Local Drug Supply Organizations**

Today about 15 church-owned Drug Supply Organizations (DSOs) exist in different African countries to procure drugs and medical supplies mainly from African and Asian sources. The total annual turnover of these DSOs is about 90 Million US-Dollars. DIFAEM Pharmaceutical Services are a key partner of these DSOs. Strengthening their capacity to supply essential drugs to church hospitals and to improve networking between the DSOs to increase access to drugs across the continent, e.g. from Kenya to Chad or Sierra Leone, from Uganda to Sudan or DRC etc. Furthermore, DSOs are strengthened through appropriate training and capacity building.
Quality Control of Medicines
Quality Assurance and Quality Control (QC) of Medicines are another focus of DIFAEM Pharmaceutical Services. We advise and support partners when implementing and upgrading their QC systems. Specifically, we take care that these DSOs have appropriate means to ensure that all medicines are of the highest quality possible. The Pharmaceutical Services also promote rational use of essential medicines and advocate for the prevention of antibiotic resistance and other issues such as better access to formulations for children in essential drugs.

Theological studies: Strengthening the healing mission of the churches
DIFAEM’s health work is based on the understanding that healing is an essential part of the mission of the churches. Therefore, we encourage the churches to recognize their specific contribution and task in the field of health and to implement their healing ministry in various contexts today. Our worldwide engagement aims at promoting and strengthening the health work of Christian churches, communities, organizations and individuals.

The main topics of the theological reflections are questions concerning the Christian understanding of health and healing and how communities can respond to today’s health challenges by practicing their healing ministry. These and other issues are dealt with in publications, presentations and through networking and cooperation with partners worldwide.

Based on theological reflections, DIFAEM develops new concepts of Christian health work that appreciate and include the strengths of people in local settings and link communities to the formal health system.
Example Projects and Resources

Democratic Republic of Congo

In this vast country, DIFAEM works with the ECC, Eglise du Christ au Congo, a network of many different denominations, mainly in the eastern part of the country. Our partners work with different churches and are involved in:

- Hospital care and service delivery
- Care and rehabilitation for women suffering from sexual violence
- HIV and AIDS care, treatment, prevention and support
- Rehabilitation of health facilities
- Community-based projects aimed at prevention of sexual violence within churches and communities

Chad

In Chad, we work with two hospitals and community-based services in the south of the country. Our main emphasis is to strengthen maternal and child health services. Specifically we support the training of staff, and better access to qualified delivery care and postnatal care.

In addition to this, we support an important HIV care programme that provides antiretroviral treatment and support to people living with HIV&AIDS. In 2010 a school-based study on the prevalence of geohelminthic infections was conducted to ascertain the level of infection in school children and discuss policy implications for the management of school children in that area.
Random cluster survey of knowledge about malaria and rates of ITN ownership and use by women of childbearing age
As part of a programme of subsidised distribution of insecticide treated nets (ITNs) to women attending pre-natal clinics in 2009, a random cluster survey was conducted to assess knowledge about malaria and net ownership and net use in the target population. Malaria is a major public health problem in Chad. Malaria infection due to Plasmodium falciparum during pregnancy is an important determinant of adverse maternal outcomes. Insecticide treated nets are an important tool for the prevention of malaria, both in children and for pregnant women. Koyom Hospital lies on the banks of the Logone River, in the south of N’Djaména. The 10 health zones are situated in the plain along both sides of the river. The region belongs to the Sudanese climate zone where malaria is endemic; year-round transmission is possible, but the chance of transmission is higher during the rainy season.

Materials and Methods
A random cluster survey using a pre-tested standardised questionnaire was conducted among women with at least one child under the age of 5 in 10 rural health zones. A list of all the villages in the health zones was used as a sampling frame, the sample consisted of 45 clusters and a cluster size of 10. Interviews were conducted in the local language.

Conclusions
Knowledge about malaria and prevention possibilities were limited and there were numerous misconceptions. Rates of ITN ownership were higher than previously reported for Chad; however, the level of utilisation was low. Health centres have played a key role in providing ITNs for this population. In addition to improving access to ITNs, there is a need to develop effective health education strategies targeting the needs of the women.

India
In India, DIFAEM cooperates with the Christian Medical Association of India (CMAI) as a main partner and supports programmes in the field of HIV and the roll out of ART and care.

As a partner of Bread for the World Germany, DIFAEM provides expertise in facilitation of HIV mainstreaming processes especially in India and South East Asia, as well as training development partners in internal and external mainstreaming and also in addressing gender issues within development work. (HIV&AIDS, Gender and Domestic Violence. Implications for policy and practice, E Schuele, A Berner-Rodereda, Diakonisches Werk der EKD; Nov. 2010)
World Council of Churches

Witnessing to Christ today. Promoting health and wholeness for all: This publication of the DIFAEM and the World Council of Churches offers theological reflections on the Christian healing ministry based on the rich ecumenical discussions on health, healing and wholeness. Case studies of communities demonstrating various forms of healing are added in order to encourage others to engage in the field of health and healing in their own particular context.

Conclusion

DIFAEM is a Christian NGO offering technical expertise and financial support for health services in resource-limited settings. Its special emphasis is on Primary Health Care and access to good health services even for poor and marginalized communities. DIFAEM works in partnership with churches, mission and development agencies and other non-government organizations. Its work is based on and motivated by Christian faith and seeks to address health issues in a holistic manner.
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