Dear Reader,

‘But it is good for me to come near to God’. This was our motto for the start into the year 2014. Through our mobile phone-project we brought the actual situation in East Congo into the focus, showing how interwoven everything is in a globalized world and how closely health in East Congo and our lives here depend on each other. And people were really interested! We are grateful that so many people took an active part in our mobile phone project. For people in East Congo it is essential to continue health work, whether in churches, communities, hospitals or health centres.

In our Annual Report 2014 you will learn more about our work and our partners in DRC, Chad, Kenya, Malawi, India and Papua New Guinea.

The Ebola epidemic in West Africa, forced us to react fast although unexpectedly that we could contribute and help.’ Keep safe- keep serving’ has become a familiar quotation. But in Sierra Leone as well, volunteers on a local level have done a great job. We made new friends and partners in Liberia and Sierra Leone whom we want to accompany on their way to rebuild their health systems.

‘BUT IT IS GOOD FOR ME TO COME NEAR TO GOD.’

Word for 2014 from Psalm 73,28

We want to thank all our friends, partners and sponsors as well as all assistants for their commitment.

Dr Gisela Schneider
Director of DIFÄM, June 2015

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Keep safe-keep serving

According to the WHO 26.000 people in West Africa caught the dangerous Ebola-virus by April 2015. More than 11.000 of them died. DIFÄM together with CHAL, the Christian Health Association of Liberia, developed a concept that in spite of the disease allowed medical care to keep going and at the same time reduce the number of new infections.

At the beginning of July 2014, DIFÄM got the first information about uncontrolled spreading of Ebola in West Africa. None of the affected countries were special-focus country of DIFÄM before this point of time. But there are Christian health networks in Liberia and Sierra Leone (CHAL and CHASL) which could be contacted. The answer from Liberia did not even take 24 hours: ‘Please, help us, we urgently need protecting materials. Many organizations are leaving the country. We need help!’ So the first relief delivery (value 13.000 Euro) was sent on its way immediately.

At the beginning of September 2014, Dr. Gisela Schneider went to Liberia, to see for herself what was really needed and what could be done locally. Ignorance and fear were dominant. Nobody knew what to do to avoid becoming infected. Most of the hospitals were not in the least prepared for such a situation. Many doctors and medical staff were infected by Ebola, many died. People got more and more frightened. There were not enough protecting materials, not even gloves or disinfectants.

In the frame of its Ebola-help programme, AMH, the pharmaceutical services of DIFÄM organized four substantial commissions in a very short period of time which showed that the new strategy of the AMH stood the test: coordinating the work of partners, sponsors and wholesalers.

Together with partners from CHAL in Liberia, DIFÄM developed a programme called ‘Keep safe-Keep serving’ that should ensure medical care in the hospitals as well as include local communities in the process. The Liberian Ministry of Health took over and developed the programme further.

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This is how Keep safe-Keep serving works:

- In every medical institution a system is implemented which checks every incoming patient, their family members as well as staff for an Ebola infection (Triage). In case an infection is suspected people are isolated immediately and safely brought to a treatment centre.
- Staff learns how to prevent an infection and are trained in controlling infections and taking necessary precautions indispensable during the Ebola epidemic.
- Healthcare establishments get the necessary protecting and disinfectant materials.
- A concept to prevent and control infection is introduced in every health care establishment.
- On a local level, volunteers are mobilized and trained to inform others about Ebola, identify suspected patients and certify all contacts of an ill person for 21 days. New infections can only be prevented by isolating suspects immediately and transferring ill people to treatment centres.

At the same time the Government and the international partners established a well-functioning communication system.

During these interventions the cooperation of DIFÄM with Bread for the World and the social welfare work of the Protestant Church (Diakonie Katastrophenhilfe) proved to be very good. DIFÄM contributed special knowledge and the two big global relief agencies were able to put the necessary money into service in a very short time, so that we were able to help where it was needed. With the help of a grant from the Federal Ministry of Economic Cooperation and Development (BMZ) more than 4,000 volunteers were trained to regularly visit 40 families of their neighbourhood in the course of 90 days to help and sensitize people, identify infected persons and certify their contacts. Thus a total of 160,000 household could be reached.

In January 2015, Sierra Leone had its hospitals assessed as well. Unlike in Liberia, many hospitals in Sierra Leone were closed during the climax of the epidemic. To encourage medical staff to return to their jobs they had to be trained in infection-prevention and given safe surroundings. So now rebuilding the health system is the main interest which includes strengthening the staff who needed a lot of courage to resume general health care after all the sorrow they experienced.

When helpers become partners

Strengthening the health systems in the Ebola-stricken parts of Africa as well as in the neighboring countries is indispensable if an epidemic of this dimension shall not recur. This is the intention of DIFÄM who together with the new partners in Liberia and Sierra Leone will form cooperative political advocacy on different levels to ensure their aim.

The epidemic revealed clearly the deficiencies in the health systems of the affected countries. Ebola is a highly contagious, dangerous virus which the local systems could not resist. So altogether a total of 865 health staff members were infected and 504 of them actually died. But it is not only the number of people having died of Ebola that is horrible: countless patients died of Malaria, HIV or
Tuberculosis or during births because medical care did not exist anymore and people could not be looked after. Probably more people died as a consequence of Ebola than of Ebola itself.

Long-term strengthening of health-systems has been a main interest of DIFÄM for a long time. During the acute crisis the Christian Health Association networks in Liberia and Sierra Leone CHAL and CHASL have become important local partners. Together with them, DIFÄM will work on a long-term strengthening of the health systems during the coming years including of course the people in the villages and communities.

For years civil wars and political unrest have weakened the health systems in these countries but another very important reason is that hospitals and other health establishments have suffered chronically from a lack of international interest and financial means for decades. This is why DIFÄM engages in political advocacy to back up efforts for a sustainable strengthening of the local health systems in cooperation with the German Federal Ministry of Economical Cooperation as well as on a European level in Brussels.

DIFÄM is also present in international committees like the Ecumenical Council of Churches and Ebola commissions and together with other NGOs demands that the international community, the governments of the affected states as well as the Churches accept their responsibility and start building sustainable health systems in West Africa. The local churches must resume their healing mission to recreate confidence among people.

Apart from robust health systems, these countries need a fair and transparent tax-system that guides a constant flow of tax revenue into the health systems. Already in 2001, the governments of the affected countries signed an agreement with the aim of investing 15% of the gross national product in health issues. To do this effectively these countries need more support and know-how from abroad.
Everybody lends a hand

Three years ago the inhabitants of twelve villages in the Ntchisi district in Malawi together with DIFÄM began to improve public health in their villages. With the help of the ASSET-approach, robust structures could be developed on which one can now build sound solutions.

The visible result of the ASSET-project is the number of rainproof toilets in the villages. The aim is to provide a Ventilated Improved Latrine (VIP) next to their hut for each family. By December 2014, 120 VIPs were finished, another 30 were under construction. A VIP is a solid construction on a slab of concrete, able to withstand even a strong rain and thus not contaminating the drinking-water. They have a ventilation-tube through which all sorts of flies and mosquitos get back to daylight at the top of the tube where they are caught in a sort of wire mesh and killed.

Sand and wood are locally available materials, the bricks are baked locally as well. Other materials like cement, wire or tools are paid out of project funds as well as the instructors who show the locals how to build their VIPs, so far a total of 200 local people.

At least as important as the rainproof toilets are the new structures that started with the beginning of the ASSET-project, allowing people to take the improvement of health structures in their own hands. In various workshops people developed an awareness of their own resources and potentials and then decided that improving the hygiene-standards to be their main issue. They constituted or reactivated local health committees and in 2014 eleven of them were trained in hygiene and sanitary questions. These people can now pass on their knowledge.

The ASSET-Project got started with the training of teams who visit local people at home and talk with them in order to get information essential to profiling health in the villages. This process being the core of ASSET includes everyone and is designed to continue. As the visits take place in the intimate atmosphere of home even women and young people are willing to talk.

In addition to malaria and food security, people named rather sensitive issues like alcohol abuse and domestic violence which will be the focal subjects for 2015 without neglecting improvement of hygiene and sanitary equipment.

In Malawi prevention of illness and improvement of community-based health is traditionally the task of trained Health Surveillance Assistants. The HSA live and work in the local Village Clinics which they are responsible for. They have a set of different medicines to treat the most frequent illnesses of children under the age of five. Many HSA complain about having to work under disastrous conditions. Most of them must treat their young patients at home in their sitting rooms.
because of the extremely bad state the clinics are in. This is also the reason why many HSA leave the villages but then they are no longer available in case of need. Within the ASSET-project, it was therefore decided to build four new Village Clinics. And here as well, people bring what materials and knowledge they have into the project and the project-team organizes the materials that are not available locally and pays for them.

Another important aspect of the ASSET-project is the education and training of health workers on all levels as well as to improve the performance and equipment of the existing health establishments.

The ASSET-project consequently applies the principles of Primary Health Care. To propagate this approach and to learn from similarly working projects DIFÄM hosted a workshop in Malawi in September 2014 with the title ‘South-South Exchange and Joint Learning: Promoting sustainable Healthcare by Acting according to the Concepts of Primary Health Care’.

The approximately forty participants now interchange and our partners in the Africa Inland Church have prepared the concept for an ASSET-project.

**ASSET is an Approach developed by DIFÄM**

The capital letters stand for the five most important elements of this approach:

- **A** – Acknowledge resources, strength and potentials of the local population
- **S** – Stimulate existing resources not yet activated
- **S** – Strengthen initiatives on a community level
- **E** – Embrace and integrate people in the process of improving health
- **T** – Transform individuals as well as communities on their way to the biblical vision of Shalom come true: Life in abundance for everybody
The health of mothers and children is a priority in our project work. In 2014 projects in Chad and Kenya were supported with more than 100.000 €, showing visible changes.

The continuous cooperation with the Evangelical Hospital Koyom in Chad started to bear fruit. In 2014 all pregnant women of the district had at least one antenatal visit, whereas in 2012 only 76% attended. Set up in 2009, the Safe-Motherhood-Project works to diminish death rates of mothers and children in the district. Health education plays an important part; a theatre group focused on the importance of regular antenatal-care visits. In addition a safe delivery by trained staff was highlighted. 43,940 women and men participated in the teachings.

Koyom is about 300 km southwest of N’Djamena, the capital of Chad. The Evangelical Hospital is an establishment belonging to the Assemblées Chrétiennes au Tchad (ACT). Together with its eight associated health centres, it offers medical care for about 95,000 people. A new ambulance was given to the hospital by the Ministry of Health. Now it is much easier to transport women from a local health centre to the hospital in Koyom. In 2014, 120 children were born via Caesarean section.

Since 2008 DIFÄM has accompanied a project for newborn babies in Kijabe, North-West Kenya, to improve primary medical care for them. More than 70% of the women there still give birth at home and the death-rate of newborn babies is very high. At the beginning the main issue was sensitizing people and training several Community Health Workers on newborn-care which was very successful. In the meantime, DIFÄM supports a training centre in Kijabe for Community Health Extension Workers from different regions of Kenya to specialize in the care of newborn babies on an in-service training basis. During their instruction, trainees are visited in their respective health establishments to ensure that they can put into practice what they learnt in their courses. The DIFÄM-partner, the African Inland Church (AIC) is trying to get state aid to be able to finance the programme on a long-term basis.

In 2012 DIFÄM together with action medeor and the AIC started another programme called ‘Boresha’ which means improvement. It originated in the aid-programmes during the drought in 2011 and aims to strengthening the weak local health systems. Seven health establishments of the local church received medical equipment and furniture from Boresha and, as a temporary solution, they received the most important medicines as well.

Water and electricity supplies were guaranteed and ruined houses renovated or rebuilt, to make it possible for pregnant woman to arrive in the
health centres before giving birth which is then accompanied by trained midwives. The number of screening examinations of pregnant women as well as vaccination of babies more than tripled and small children are much better provided for as well. Diarrhea is treated in the health centres by substituting the lost amount of liquid. Malaria can be diagnosed via express-test, and staff know how to handle antibiotics correctly. The official district authorities took over their supervising job and visit the health centres regularly. Some of the centres are admitted to the state medicine-distribution system and with other centres the state finances one or more staff.

The Boresha project ended officially in 2014. All set objectives were reached and negotiations about how to continue the project started.

Diverse as life itself

HIV and Aids work has many aspects made visible by the projects of the DIFÄM partners in India, Papua New Guinea and the Democratic Republic of Congo. About 80,000 € have been made available for this work.

Right from the beginning of cooperating with Duncan Hospital in Raxaul, India, in 2008, the HIV and Aids-teams opened up new target-groups. Last year, for example, security people working along the Indian-Nepalese boarder were instructed. For quite some time, drug-addicts have gotten clean syringes at the Drop-In centre and are looked after pastorally. In the sex education of young people HIV and protection from the virus are not the only important topics, human trafficking, drug-abuse and mental health play a part as well.

At Duncan Hospital, twenty-nine HIV-positive patients received antiretroviral therapy (ART). Staff members working on the HIV-project are in touch with 420 HIV-positive people (2013: 336 people)

At Gauvin-Hospital on the island of Karkar (Papua New Guinea) HIV and tuberculosis are being treated in the same unit; recovery-rates of TB-patients are close to 95%. Since 2008 DIFÄM has cooperated with the hospital of the Lutheran Health Services.

In 2014 there was a film about two members of the support group ‘Karkar Friends Network’ which shows in an impressive way that life can be fine even with the HIV virus. A film like this can be very helpful against stigmatizing and discriminating HIV-positive people.

The Centre d’Éducation et Réadaptation à Base Communautaire (CERBC) in Aru (East Congo) is an establishment for the education of handicapped people. The staff regularly visits primary schools to educate and instruct children about HIV and Aids. To make things clear and understandable, the young people perform a
play based on this topic. In 2014 they could reach 9.744 pupils, 120 teachers. 2.027 parents participated in 6 courses. On top of this, the CERBC-team produced 46 radio features.

The radio is also the means by which the team of the Communauté Evangélique du Christ au Coeur d’Afrique, CECCA 16, regularly instruct people on HIV and Aids issues in six health zones in the Eastern Province of the RDC. They train so called ‘Peer Educators’ who spread information of HIV and Aids among their age-group. The staff always carries mobile-testing equipment because people are more willing to undergo a test directly after training and education classes.

The Mouvement Charismatique Catholique (MCC) in Isiro (East Congo) made the same experience: people easily accept voluntary local testing. But like CECCA 16 in the Eastern Province, the MCC-team meets with the problem that access to antiretroviral therapy is not assured for every HIV-positive patient.

The state is responsible for the supply of medicine and together with doctors they have started to find a solution to the problem.

The MCC-teams’ snowball system in HIV-prevention proves effective: specially trained people, so-called multipliers, carry out campaigns to sensitize people in the communities. Thus in 2014, they reached about 11.000 people. Groups of young people and adults got together to look after HIV-positive people and Aids-patients as well as their families. Their continual assistance helps to create confidence which is indispensable to reducing the stigmatization of HIV-affected people.

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**MUSACA –SOLIDARITY IN CASE OF ILLNESS**

Without health insurance illness easily becomes a poverty-risk. Therefore in Bunia (East Congo) one of the few community-based health insurances in the RDC, the Mutuelle de Santé de Canaan (MUSACA) was founded in 2009. For a yearly subscription fee of ten dollars, a membership fee of five dollars and a personal contribution of two dollars, members can choose among eleven health establishments to get treatment up to five times a year for the seven most common illnesses.

Since 2013 this insurance system has been introduced in the neighbouring health zone Rwampara. At the end of 2014, MUSACA already counted 526 members representing all social classes: teachers, headmasters, housewives, farmers. MUSACA mostly advertises via local radiostations and at public events.

There is a plan to introduce MUSACA in the health zone of Nyankunde as well. DIFÄM supported MUSACa with 28.069 € to allow access to health insurance for people in three health zones.
More south-south than north-south

Up until now sending medicines to economically poor regions was one of the main tasks of the Pharmaceutical Services (AMH) of DIFÄM. Today only first-aid kits are being dispatched from Tübingen and the AMH has become a specialist department for pharmaceutical development cooperation.

In 2014, fifty-five years of sending medicines from Tuebingen have come to an end. For more than half a century, the AMH has supplied medicines and medical equipment for church hospitals and partner organizations. But this service no longer covered its costs. This is why AMH continually built-up and expanded contacts to wholesalers, where AMH can now buy medicines at reasonable cost and has them sent directly from the wholesalers to the partners. Cost-effectiveness though is not the only reason for having stopped the dispatch of medicines from Tuebingen. A paradigm-shift has taken place in pharmaceutical development cooperation. The professed aim is to enable people to look after their medical supply themselves. In many countries it works fairly well via the Central Pharmacies of the churches. So, for example, it is possible to dispatch medicines for our partners in Chad or Sierra Leone from Nairobi.

Strengthening the Central Pharmacies of the Churches is an important part of strengthening the local health system as a whole and one of the great challenges of the future. Pharmaceutical development cooperation implies quality management of medicines and the Minilab-Project shows how that can work with fairly simple means. Further emphasis is put on the training of pharmaceutical staff. Qualified pharmaceutical staff is extremely important for functioning community-based health systems. For the past few years DIFÄM has intensified the cooperation with the Central Pharmacies of the churches, the Christian health-networks of different countries, as well as with the Ecumenical Pharmaceutical Network (EPN) in Nairobi. The most important aspects of the common efforts are the following:

- to assure supply within Africa among health systems of the Churches always taking into account local resources.
- to cooperate with church networks which ensure local provisions
- to instruct and train specialized local staff
- to improve access to medicines of good quality
- to help partners with quality-management and quality-control of medicines
- to bridge over supply-shortages
- to provide special medicines like cytostatic drugs

MINILAB – A SUCCESS

In 2014, partners of DIFÄM controlled about 649 medicines with the Minilab. They found ten fakes. Furthermore eight medicines were of bad quality and quite a number of medical products were wrongly labeled.

DIFÄM provides Minilabs for its partners and trains necessary staff; since the beginning of the DIFÄM Minilab-project four quality-controls were carried out which led the WHO to a world-wide warning about some medicines. In 2013, fakes of the malaria drug Coartem were discovered and partners registered that it was bought less on the markets as a result. The WHO appreciates DIFÄM as a powerful and much valued partner in the Minilab initiative.
Confirming the Healing Mission of the Churches

At the end of January 2014 DIFÄM organized an international symposium dealing with ‘Christian Answers to Health and Developmental Questions’. Experts in Christian Health Work as well as theologians from all over the world were invited to deal with the focal question of the symposium: what does Christian health work in the 21st century signify?

Ronald Lalthanmawia of the Christian Medical Association of India said: Without Christian health work there would not be any medical service any more in all those rural areas and regions difficult to reach. One of the results of the international symposium of 2014 is the ‘Call to Health and Healing’:

We appeal
• to the Churches to take in hand the mission of healing and reconciliation in the communities, especially for poor and neglected people. Churches are asked to support people working in the health systems, help and improve care standards, speak up for the poor and cooperate with the respective Ministries of Health to improve medical care. Church leaders should realize their special responsibility.

• to the Governments to spend enough money on health so that everybody has access to health care and medicines of good quality. Nobody may be excluded because of ethnic affiliation, illness, religion, sex, sexual orientation, or economical situation. Everybody shall be included in a basic health care system. Christian health services play an important part in the health systems and are therefore important partners of the public health services. Law must ensure access to good and payable health care regardless of international trade law.

• to international companies, investors and the private sector to invest in research and development and to enable access to medicine for everybody, especially for the poor and marginalized.

The "Call for Health and Healing" you will find on www.difaem.de/en/networks

www.difaem.de/en/home