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TOGETHER FOR HEALTH

Dear Readers,

“Only those who know the past can understand the present and shape the future.” This quote comes to mind, looking at 110 years of DIFAEM and 100 years of the Hospital for Tropical Diseases (Tropenklinik Paul-Lechler-Krankenhaus) with their rich history locally in Germany and worldwide.

In 2016 we worked together with our partners in the countries formerly struck by the Ebola-epidemic, in Guinea, Liberia and Sierra Leone, we have worked to strengthen the health systems in a sustainable way. However, such a process needs patience and time in any case. We are very happy that on the one hand, many donors are supporting us and on the other hand, we were also able to mobilise public funding for this task.

In addition to our efforts in health systems strengthening, we also do not want to forget that there are many suffering from extreme poverty, needing help. The diaconal task to help others and to set a sign of hope remains important to us.

In addition to the worldwide perspective, in 2016 we were also involved with the topic of how to improve health care for refugees in Germany. The results of a first situation analysis are presented in this report. We see our task to accompany, to support, to train, to encourage and to strengthen our partners. We want to help so that especially the marginalised and weak persons regain the dignity that God wants for them.

Sincere thanks to all of you who help us with the work!

Sincerely yours,

Dr Gisela Schneider

»AS A MOTHER COMFORTS HER CHILD, SO I WILL COMFORT YOU.«

Isaiah 66:13 NIV

OUR GOALS

Our vision is a world in which health is reality and God’s healing is visible. This is a world where all people have access to the best possible health care, even persons who live in poverty and are disadvantaged. Health is supported, illnesses are prevented or healed, and pain is alleviated. In such a world, all persons can live in dignity and participate in society.

Our task is to accompany partners and partner organisations on their way to support health, especially for disadvantaged persons. We act in solidarity with disadvantaged persons and contribute to justice in the field of health. We focus on aspects of quality, effectiveness, efficiency and sustainability in health care guided by our Christian values that create the basis of our work.

With the experience of our staff, combined with the sincere engagement of our partners, we want to fulfil the goals and values of Christian health work, ensuring transparency and accountability. DIFAEM has carried the donation certificate of the German Central Institute for Social Questions (Deutsches Zentralinstitut für soziale Fragen/DZI) since 1996.
FINDING CONFIDENCE IN HEALTH SERVICES AGAIN

The end of the Ebola epidemic was officially announced in summer 2016. But the effects of the 2-year long crisis in the region are still being felt. And the health systems of the three affected countries are weaker than ever.

In May 2016 the World Health Organisation (WHO) published their last Ebola Report of Guinea, Liberia and Sierra Leone. According to this report, since the outbreak of the haemorrhagic fever on March 23, 2014, a total of 28,616 persons have contracted the virus and 11,310 of these persons died. Based on the number of new infections, the end of the epidemic could be announced in the summer of 2016.

But the impact is still being felt. Survivors of the epidemic fight with physical after-effects of the illness; they are often stigmatised and need support to regain their place in society. Many people, including children, are traumatised by the loss of family members. The number of workers in the health sector was greatly reduced by the epidemic. In addition to this, the confidence in health services has been greatly weakened.

Much was done over the past 2 years, but still there are needs in terms of training, infection prevention and control, access to drugs and especially the rebuilding of trust between communities and health facilities.

In order to learn from the people on the ground, DIFAM - with the support of the Ministry for Economic Cooperation and Development (BMZ) – conducted three “Open Space” conferences in February and March 2016 in Liberia, Sierra Leone and Guinea. Unlike other conferences, there was no pre-established programme and no experts who spoke to the participants, rather the division between speakers and participants was lifted. All participants were considered experts and brought with them their expertise. The three conferences in Liberia, Sierra Leone and Guinea focused on the question how the health system of each country can be strengthened. Approximately 150 people who are involved in the respective health systems were invited to each conference. These included persons with political responsibility, representatives of churches, mosques or other religious organisations, experts of the health system and other stakeholders.

"REGIONAL CONFIDENCE PROJECTS"

Out of the Open Space Conferences arose the “Regional Confidence Project” for Gambia and Liberia which began on September 1, 2016 and will end in August 2017. Local partners are the NGO Tinkisso in Guinea, the Christian Health Association of Liberia (CHAL) as well as the NGO Constellation based in Belgium. In addition to the improvement of infrastructure and equipment in selected health institutions, communities and health services are supported in their efforts to address urgent problems together and to improve the exchange and cooperation among the participating groups.

DIFAM supports the project partners in the realisation of these goals, discusses reasonable investments with health institutions, health departments and partners and is the link to the Society for International Cooperation (GIZ), which administers the financial resources - which total 159,000€ - for the Ministry for Economic Cooperation and Development (BMZ). Regular project visits in both countries encourage learning from each other.
traditional medicine, users of the health systems of all ages, as well as organisers and institutions that financially or technically support the health systems.

In all three countries the participants identified the weak points of their health systems and expressed the wish to participate in the steering of the system to a greater degree. Each country took an individual look at the big questions of strengthening the health system. But one main topic ran through the conference like a red line: the loss of confidence between the population and the health services. Also the lack of quality and accessibility to medical treatment was criticised. According to the assessment of the participants, the local communities are interested – within their possibilities – to participate in finding solutions: with their time, energy and available materials.

The résumé of the conferences was: rebuilding and strengthening the health systems of the countries Guinea, Liberia and Sierra Leone should make use of the contributions of the local communities. The conferences also showed that energy and interests are unlimited when people have the feeling that their opinion and ideas are taken seriously.

**COOPERATION WITH CHAL**

Since 2014, DIFAEM has been working with the Christian Health Association of Liberia (CHAL), which has 66 hospitals and health stations. This is only 19% of all health facilities in the country, but the CHAL member facilities take care of 30% of the population in eleven regions. The network represents the interest of church health facilities towards the government and aims to improve the quality of treatment by offering supervision and training. In 2016, the cooperation of DIFAEM and CHAL had three focal points: to conduct the Open Space Conferences, to establish a central pharmacy for CHAL (see p. 4/5) as well as the further development of CHAL as an organisation which wants to improve Christian health work in the country.

In October 2016, Dr Gisela Schneider chaired a workshop for all CHAL partner organisations in which four central functions of the network were identified: the establishment of a central pharmacy, training and further education of the workers of the facilities, the strengthening of community-based activities for the health facilities as well as lobbying and advocacy activities.
SO THAT ALL HAVE ACCESS TO QUALITY DRUGS

In the past, the pharmacy shelves of the DIFAEM partner hospitals were stocked from Tuebingen. Today, DIFAEM helps the partners by establishing and expanding structures so that the health facilities have access to good and affordable medicines at all times through their own channels.

The minilab project of Quality Control of Drugs has been one focal point in the pharmaceutical development cooperation of DIFAEM for several years. In 2016, 11 partners tested 1,111 medicaments with the help of the mobile minilab. Of the 11 suspicious drugs, 8 could be clearly identified as counterfeit, for 2 other preparations, the minilab results could not be confirmed, the results are pending.

A case in Cameroon shows the relevance of the project: the central pharmacy bought Cephalosporin tablets and had the wide-spectrum antibiotics tested before they were delivered to the health facilities. The minilab test results were suspicious, the second test – financed by DIFAEM at a WHO certified laboratory in Nairobi - confirmed a counterfeit. This resulted in the entire delivery being returned to the local distributor and the authorities were notified. It is not imaginable what consequences this could have had for the patients if they had taken the ineffective antibiotics. The results could have been life-threatening.

Since 2016, the minilab project also has a local partner in Burundi. In spite of the unstable situation in this country, DIFAEM together with the Foundation for the Developmental Cooperation (Stiftung Entwicklungs-zusammenarbeit/SEZ) of Stuttgart started a 2-year project. Together with the state drug administration, the local partners from different regions collected 212 samples and analysed them in the minilab. This time 9 medications were identified as suspicious and are undergoing further testing in Nairobi.

A further goal of the minilab project is the cooperation of minilab partners with the government drug authorities of the individual countries. Meetings and training sessions took place in Ghana, Congo and Cameroon. In Cameroon, the Health Department asked the minilab partner to train the government personnel in the use of the mobile laboratory. 24 workers from government agencies took part in a 5-day practical training session in Yaoundé in November. This shows how much the work of the DIFAEM minilab network is respected and used beyond church structures.

In November 2015, the partners formed three regional minilab-networks. In 2016, these groups con-
ducted their own regional meetings at which quality, networking, communication and financing were discussed. The partners in Western and Southern Africa met in Accra (Ghana), the East African members in Nairobi (Kenya). The three French-speaking partners came together in spring 2017 in Bukavu (DRC). The costs for these workshops were covered mostly by the partner organisations themselves, a sign of how important this project is for them and that sustainable structures have been created here.

In addition to guaranteeing the quality of medicines, DIFAEM also helps the partners with securing the availability of medicines. In Liberia, for example, DIFAEM supported the Christian Health Association of Liberia (CHAL) in establishing a church-based central pharmacy after the Ebola epidemic. The Christian health network received help with the financing and acquisition of one of the first large shipments. For the second shipment, DIFAEM was responsible for the costs; the organisation was already in the hands of those in Monrovia. CHAL now sells primary medicines to hospitals and clinics at prices which are lower than the usual prices in the country. With the proceeds, new shipments can be financed. What CHAL now needs most of all is a person with pharmaceutical knowledge who can, in addition to acquiring medicines, also be responsible for providing pharmaceutical information within the health facilities. DIFAEM helped CHAL with an application to Bread for the World for their support.

Market analyses and evaluations are also part of the pharmaceutical developmental cooperation. In 2016, DIFAEM mentored a project with the Pharmaceutical Institute of the University of Tuebingen in which the prices and availability of important medications were compared between central pharmacies and European suppliers. Surprisingly enough, in the meantime some central pharmacies are less expensive than or charge the same price as European suppliers. But this does not apply for all medications: some central pharmacies do not even offer all medications. As a result of this study, some of the participating central pharmacies expressed the wish to be counselled by DIFAEM, which is now taking place.

Trained personnel is needed in each health facility so that medications can be acquired, properly stored, reasonably prescribed and patients effectively told how to take the medication. DIFAEM has started a project with three partners in Chad, Malawi and East Congo to strengthen the pharmaceutical structures. In the targeted facilities the pharmaceutical situation will be determined, those responsible for the pharmacy will be trained and regular supportive meetings will be held during the next three years. In 2016, a “status quo” analysis was compiled for 38 health facilities in Chad and Malawi. Based on the results, further actions will be designed.

EPN-FORUM

In May, the members’ annual meeting of the Ecumenical Pharmaceutical Network (EPN) was held in Tuebingen. 85 representatives from 25 countries were invited by DIFAEM. There were 2 main points on the agenda: first, the worldwide, dramatic expansion of antibiotic resistance and second, chronic diseases such as cardiovascular, asthma or malignant tumors which are also increasing in countries of the southern hemisphere. Cees de Joncheere, who had just left the WHO as director of the Department of Medication, was one of the speakers. His presence showed how – in the meantime – EPN is well known and respected by international organizations. For Albert Petersen, the Director of the Pharmaceutical Developmental Cooperation at DIFAEM, this meeting was also farewell. Petersen, who will retire at the end of 2017, was active in forming the network and closely worked with the network as chairman of the board for 12 years. EPN brings 105 organizational and individual members together with the goal of improving the pharmaceutical situations in health facilities, especially of African churches.
MENTAL HEALTH AND PRIMARY HEALTH CARE

Psychological illnesses are increasing worldwide. In many places, medical treatment for mentally ill patients is very limited or not available. DIFAEM supports two pilot projects in India and Malawi. Both projects integrate mental health aspects into basic health projects.

In Malawi, the board of directors of the Nkhoma-Hospital, which also cooperates with DIFAEM in the ASSET project, has set the goal to integrate mental health into their primary health programme. A situational analysis revealed the urgency of this undertaking: Outside the hospital, there are no treatment possibilities for patients with mental health issues. 66.7% of the medical professionals, including health workers in the villages, know only very little about mental health. The majority cannot diagnose these illnesses appropriately. In the villages, 88% of the population are convinced that spiritual issues are an important reason for mental illnesses and 61% of the population ostracise affected persons.

As a first measure of the project, a team of five Malawian experts developed training materials for medical professionals, health workers in villages and pastoral counsellors. In November, seven medical professionals from the Nkhoma-Hospital were trained in the diagnostics and treatment of mental illnesses. They form the core team of the project, which will teach medical professionals and health workers in villages. Furthermore, they accompany mobile clinics, provide information about mental health, treat patients on site or send those with severe diseases to the hospital. The team also visits patients at home if a treatment was interrupted or when patients are too sick to go to a health centre.

A support group for young people who are alcohol and drug abusers was established. Furthermore, medications are being provided to ensure a continuous treatment of chronic patients. This is especially important for epileptics and other chronically ill people. Paul Mekani, psychiatric nurse at the hospital and head of the project, sees great value in the project: “This unique pilot project finally gives patients with psychological illnesses in Malawi access to treatment and they are less ostracised in their villages.” The Lechler Foundation supports this three-year project.

FOSTERING MENTAL HEALTH

The results of the project “Congregations and Depression”, which was conducted by DIFAEM and the Faculty of Theology of the University of Tuebingen, were presented at an international conference in Tuebingen in October 2016. DIFAEM invited Dr Vandana Kanth (left) from India and Paul Mekani from Malawi. They spoke about their experiences in encouraging mental health on the congregational level and stimulated a lively South-South and South-North exchange. Since March 2016, DIFAEM and the Evangelische Gesellschaft e.V. (Protestant Society/ eva) have been supporting the project „Fostering Mental Health“ in seven church congregations in Stuttgart. Just like the preceding project, the Diakonie Württemberg Foundation supports this project.
PIONEERS FOR MENTAL HEALTH

Two years ago, Dr. Vandana Kanth developed the Roshni-Project (“New Light”). Since 2015 this project, with the support of DIFAEM, has focused on mental health, domestic violence and alcohol abuse in a part of Raxaul and in 24 villages.

Health care for mentally ill patients in India is insufficient. The majority of the 3,500 psychiatrists in India work in cities. Since 2015 a psychiatrist has been working at Duncan Hospital that is a long-term partner of DIFAEM in an HIV and Aids project. The psychiatrist is the only one in the whole district.

According to a hospital study, in 2011, 418 people wanted to commit suicide in Raxaul – significantly more than in earlier years. A further study showed a high rate of domestic violence and abuse. These findings confirmed the official data which indicate that the state of Bihar, where Raxaul is located, has the highest rate of domestic violence in India. Alcohol abuse often is a key factor.

In the first two years of the project a lot has been accomplished. Psychiatric consultation at Duncan Hospital is now available every day. In the second half of 2016, 67 new patients were treated. In 54 cases severe psychiatric illnesses were diagnosed and 13 patients were epileptics. Since the beginning of the project, 187 patients have been treated with medications, 33 of those for epilepsy. 224 patients received psychiatric counseling. Project workers visited 149 patients at home.

65 volunteer groups formed in church congregations. After training on mental health, these groups are now contact persons in their congregations. They send people with psychiatric anomalies to a psychiatric consultation at Duncan-Hospital. Hospital staff meets with the groups on a regular basis. They do not just talk about mental illnesses but also about gender equality, domestic violence, alcohol abuse and dowries. Together they have visited 1,382 families. In 553 cases (40%) there was a risk of falling mentally ill. The main risk factors are alcohol abuse and domestic violence, unsettled dowries and HIV-infections of a family member.

Three conferences for family members of mentally ill were offered. Topics were social interaction with mentally ill family members, the necessity of regular intake of medications and their side effects.

MENTAL HEALTH AFTER EBOLA

For Ebola survivors the Loreto health centre in Makeni (Sierra Leone) is an important place for health care. About 40% of these survivors suffer from a post-traumatic stress disorder. The small unit for the mentally ill at Loreto health centre offers counselling and medical support. DIFAEM funds part of the salary for a specially trained nurse.

Furthermore, DIFAEM supports Manu Village, a village in the district of the health centre, where 50 of the 500 inhabitants died of Ebola. Orphans receive food and tuition for schooling. A mill was installed so that women can grind corn, millet and rice to support themselves or to sell it. In 2016, DIFAEM contributed 5,000€.
CLAIMING ONE’S OWN RIGHTS SELF-CONFIDENTLY

Over the last five years, DIFAEEM has supported the primary health project ASSET in Malawi. The people in the villages have become more self-confident during this time. They now raise their voice persistently. The public health authority of the district takes their concerns seriously and helps them implement ideas.

The commitment in the villages in the catchment areas of the health centres Chinthembwe and Malambo in the Ntchisi district is extraordinary. For instance in Malambo, members of the SALT-team organised a meeting with village representatives, the district school authority and a local committee for community development. This meeting pointed out that many girls cannot attend schools due to the long commute. As a result of this meeting, the district authority authorised a grade school located nearby and will support it financially.

Many women are actively engaged in improving the food situation. In some villages small vegetable gardens were planted around the houses. In other places, women have stocked up on corn together and are saving money for seedlings.

Teachers and staff of the health centres are working against the growing alcohol and drug consumption of the young people. On a regular basis, they explain the dangers of alcohol and drugs to the young people. Furthermore, they offer discussion groups on sexuality and reproductive health.

Water supply is also an issue for SALT-teams. Meanwhile, the district water authority has committed itself to drill three more wells in the project region. Again in 2016, building rain-safe toilets was a high priority for the project that was supported by DIFAEEM. The inhabitants of the villages contribute labour and locally available materials, the project budget funds the lacking materials. So far, 300 toilets have been built. Four health outposts are already in operation and treated an average of 62 children per month from August to November 2016. Four more outposts are being built and another four outposts are being planned. Unexpected events delayed the construction there.

The Presbyterian Nkhoma synod is responsible for the project and is convinced of the ASSET approach: People at the base are motivated to use their resources (or assets) to improve their health situation. At the request of the synod, DIFAEEM supports another ASSET project in the catchment area of Nkhoma Hospital in the Lilongwe district. This project makes an impact on more than 6,000 people, in the Ntchisi district about 30,000.

THE SALT-APPROACH

The SALT approach is a key component of the ASSET project: women and men visit the villagers at home on a regular basis to hear the opinions of the people and encourage them to use their ideas and creativity to improve their health situation. SALT is an acronym consisting of the words: stimulate, appreciate, listen/learn and transfer. In 2016, 124 members in twelve teams visited 717 homes in the Ntchisi district. In the Nkhoma project region 40 women and men visited 93 homes.
BETTER SURVIVAL CHANCES FOR MOTHERS AND CHILDREN

Due to an economic crisis, the overall situation in Chad is worsening. Many hospitals barely function any more. With the financial support of the Else Kröner Fresenius Foundation, DIFAEM was able to continue the Safe Motherhood Project and even expand it. This project is a good example of how primary health care measures can positively influence mother-child health.

Since 2009, DIFAEM has supported a project to improve mother-child health in the district of Koyom in Chad. The Protestant church Assemblées Chrétiennes au Tchad (ACT) is responsible for this project. Due to the very good results, the project was expanded to the district of Doba in 2016. In total, two district hospitals and 20 state and church health centres are now involved.

In the past year, 13 women and men were trained as so-called ‘animators’. They learned how to pass health information on to the people in the villages. The majority of the animators received bicycles to help their mobility. Furthermore, 20 midwife-helpers were trained. And also 18 nurses, all of whom manage health centres, were trained. These nurses also taught classes on birth control at their centres.

Ten midwives from the district hospital in Doba were trained in birth assistance and emergency care for newborns. The project was also able to cover the cost of fuel for the ambulance that transfers women with complicated births to the hospitals in Doba or Koyom. Without the funding, the women would have had to pay the fuel themselves. Many would therefore have stayed at home which could have had fatal consequences for the mother and baby.

The numbers show that the measures for mother-child health are taking effect. The number of women that come to a second prenatal care examination has increased; in the district of Koyom from 81 to 100%, and in the district of Doba from 50 to 75%. More and more women seek the help of trained medical staff for the delivery of their babies. In the district of Koyom, the number increased from 44 to 50% and in the district of Doba from 42 to 50%. Also measures of birth control are increasingly being used: contraceptive pill, condoms or spirals are becoming known and are used for birth control.

Due to the overall situation in Chad, not all statistics can be based on exact numbers. But the results, nevertheless, show a significant improvement on the way to better health for mothers and children.

In Koyom mother-child-health has clearly improved.

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<tr>
<th>Mother-child-health and HIV-projects in 2016</th>
<th>Cost</th>
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<td>Improvement of access to safe birth (Chad):</td>
<td>40,154 €</td>
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<tr>
<td>Fistula surgeries (Treatment of birth complications, direct help and training of a doctor in the DRC):</td>
<td>59,748 €</td>
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<tr>
<td>Congregation based improvement of mother’s health, including birth control (India and DRC):</td>
<td>18,718 €</td>
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<tr>
<td>HIV-prevention and treatment (DRC, South Africa and India):</td>
<td>47,421 €</td>
</tr>
<tr>
<td>HIV-prevention in congregations, schools, etc. (DRC and Nepal):</td>
<td>85,772 €</td>
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<tr>
<td><strong>Total:</strong></td>
<td><strong>251,813 €</strong></td>
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A CHURCH STANDS UP AGAINST HIV AND AIDS

Until this day, the Democratic Republic of Congo (DRC) is a country with high HIV infection rates. DIvAM supports CECCA 16, a member church of Église du Christ au Congo (ECC), with its HIV and Aids work.

Aids is still a taboo subject in the DRC. Although at least 37% of the under 15 year-olds are estimated to be sexually active, sexuality is barely spoken of in public. Furthermore, early debut of sexual activity is common and multiple partners pose a real risk of infection. For example teenage girls may be requested to have sex with their teachers in exchange for better grades. In addition there are misconceptions that lead to early sexual activity. Churches have a big influence on the public opinion but needed a long time to take on the topic of HIV and Aids. Therefore, the HIV and Aids prevention programme of the CECCA 16 in the northeast of the country is all the more important. In 2015, the project was evaluated and could start a second three-year phase.

For the last couple of years Dr Félicité Banagabese from Nebobongo Hospital has been riding her motor-cycle to remote villages of the catchment area on a regular basis. Together with two staff members she supports peer educators with prevention messages on HIV and Aids. In 2016, 64 peer educators were trained as part of the project. These peer educators educate their peers at eight secondary schools about HIV and Aids. During these classes, HIV tests are offered. In 2016, 1,828 people made use of them and 2.9% were tested positive. The HIV tests for pregnant women that are part of a preventive examination at eight health centres were positive in 3.1% of the cases. This shows the urgent need for intervention in terms of prevention and treatment.

Through her regular visits to the villages, Dr Félicité Banagabese has earned the trust of the community there, and more and more often people with Aids come to Nebobongo Hospital. 80% of the patients in the unit for internal medicine are persons living with HIV and Aids. They receive attention, pastoral care and symptomatic treatment. For the sick people and their families this diaconal work means a lot because without it they would be left alone.

DIFAEM funds the materials for the HIV tests. Unfortunately, in the DRC the access to antiretroviral therapy is still very limited. The government controls the treatment programme and is responsible to guarantee access to drugs through the national programme. Although the programme of the CECCA 16 is known to the authorities and very well regarded by the village chiefs, it has very little state funding. There is a great need for more lobby activities in this area to access drugs for treatment.

LIFE SKILL TRAINING FOR CHILDREN AND TEENAGERS IN DRC

The Centre d’Éducation et de Réadaptation à Base Communautaire (CERBC) in Aru in the northeast of the DRC supports the schooling and training of young handicapped people. In addition, a team from the centre has been educating children and youths in Aru at primary and secondary schools about HIV and Aids since 2009 with the support of DIvAM. This is very important work because many parents do not talk about HIV and Aids with their children and it is not part of the school curriculum. According to a study that CERBC contributed to, 44 students dropped out of school during the last school year due to unplanned pregnancies and another 35 due to early marriages. In the school year 2015/2016, 20 additional supervisors were trained. This project addressed 4,942 students at primary schools and 5,043 students at secondary schools. 5,043 students at secondary schools.
LIVING WITH A POSITIVE ATTITUDE DESPITE HIV AND AIDS

For the last two years, DIFAEIM has cooperated with the International Nepal Fellowship (INF), a Christian non-government organisation in the district of Baglung in western Nepal, on an HIV and Aids project. The goal is to reduce the rate of new infections, to improve the medical care and make a life in dignity for HIV-positive people possible.

In Nepal radios are the most important source for information. In 2016, 24 episodes of radio features on HIV and Aids and sexually transmitted diseases educated about 15,000 people. At events on these topics for teenagers, students, mothers, church elders and social workers, 711 women and 248 men participated. At these events, printed sex education information was distributed. In total, 387 people took HIV tests voluntarily at two health centres. The tests of one woman and one man were positive.

In the district of Baglung, 134 HIV-positive patients are registered. The state-funded Dhaulagiri Zonal Hospital is in charge of the medical treatment, which features treatment of infections and antiretroviral therapy. At the moment, 127 people are in therapy. In 2016, three women and four men were taken into the programme.

The INF project supports the hospital by buying lab materials; 22 members of the hospital staff have been trained on HIV and Aids and sexually transmitted diseases.

Also, in different ways, the life quality for HIV-positive people has improved. About 90 HIV-positive people have formed self-support groups to motivate each other to stand up for their rights and to exchange views on relevant topics. 15 women and men participated in a three-day course on “living positively with HIV”. Eight members of self-support groups took a loan to buy farm animals or to establish a vegetable garden. Several HIV-positive parents received a reduction on their children’s tuition from the communities or head masters. This project noticeably contributes to the reduction of stigmatisation of HIV-positive persons. 20 people even went so far as to openly talk about their HIV-infection.

It is planned that the project will be continued also without the support of INF. A precondition for this is that the self-support groups register themselves as “cooperatives” in order to receive government funding.

HIV AND AIDS WORK IN INDIA

Since 2008, DIFAEIM has supported the Duncan Hospital in Raxaul in India with its HIV and Aids work. In 2016, several events on HIV and Aids, human trafficking and drug abuse were organised for self-support groups, at schools and institutions of higher education. Furthermore, 905 people were tested for HIV; 57 were positive. At Duncan Hospital, 146 HIV-infected patients were treated. Staff and volunteers made 137 home visits and reviewed the intake of ART-medications, balanced diet and hygiene rules. Seven HIV-positive persons received food packages as part of the programme. The school of Duncan Hospital accepted 15 children of HIV-positive parents. In the newly instituted crisis centre, HIV-positive persons can stay overnight short-term. The pastoral care offering of the centre was used 622 times.
CHARITABLE SOCIAL COMMITMENT

SOCIAL WELFARE WORK AND STRUCTURAL IMPROVEMENT

Health Systems strengthening is a focus of DIFAEM’s work. But sometimes people cannot wait until health systems work: their life, health and dignity are at stake. Therefore, DIFAEM also supports projects that help those in need.

There are, for example, women suffering from fistula, mainly due to obstetric complications. These women are often hidden away, forgotten, without access to health. In order to give them back their dignity and health, access to surgery and financial support are needed. In the same way, people with neglected tropical diseases (NTDs) depend on help. For instance, Podoconiose is a debilitating chronic disease causing elephantiasis due to silicone crystals in the sand when walking bare foot. This results in clogged lymph vessels and swollen feet and legs. DIFAEM funds are directed to a project for people in Ethiopia with deformed limbs who have difficulties walking. Furthermore, DIFAEM supports the medical treatment of pygmies in the Democratic Republic of Congo.

Charitable Engagement
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NETWORKING AND LOBBYING

DIFAEM seeks cooperation with organisations and networks on a national and an international level to create synergy effects and support lobby activities. We also work closely with church networks such as the Association of Protestant Churches and Missions in Germany (EMW), the Württemberg Council for World Mission (WAW) or the Christian Health Conference. As speaker of the working group Health of VENRO, the organisation of development and humanitarian aid of non-governmental organisations, Dr Gisela Schneider was able to present the perspective of civil society on topics like sustainable development, health system improvements after Ebola and neglected diseases. Through the network Pharma of the Action-group against Aids and the Pharmaceutical dialogue of the “Joint Conference Church and Development”, DIFAEM advocates for the access to medications. Furthermore, DIFAEM is partner of the mobile phone recycling initiative in Baden-Wuerttemberg.

Dr Christina Dewind helps women win new dignity.
A PATH BACK INTO LIFE

In Eastern Congo, DIFAEM supports a project for women with fistulas.

Women living with fistulas suffer under stigmatisation beside their physical needs. Almost three-quarters of the women are abandoned by their husbands. They only have a very slim chance of finding a new husband, and to have children. Due to this situation, these women face a high risk of poverty. In many cases, the women go to traditional healers who are not able to help them. On the contrary, in many cases these expensive treatments result in complications.

For five years, DIFAEM has been supporting the organisation Programme de Promotion pour les Soins de Santé Primaire (PPSSP) which funds the treatment of obstetric fistula. Dr Christina Dewind, an 81-year-old doctor from the Netherlands, conducts these treatments in Bunia and Mahagi. At Rwankole Hospital in Bunia, Dr Claude l’Dringi, a local doctor, initially assisted with the surgeries and has now been trained and will take over full responsibility in 2018.

In 2016, a total of 84 women were successfully operated on. In more than half of the cases, the fistula resulted from a C-section, in most other cases from complicated birth. In less than ten percent of the cases, sexual violence or rape were the reasons for the fistula.

One of the major challenges is to make it known to the women that they can receive help at hospitals. Radio messages and women trusted by the community provide information on surgical treatment of obstetric fistula. These key-women play a very important role. They counsel the women and organise their multi-day journey to the hospital from their often very remote villages. They also make sure that the patients have a female chaperon during their stay at the hospital. The women stay at the hospital until the healing process is completed. Normally, the healing takes about four weeks, but sometimes also up to two months. When the women leave the hospital, they receive 20 litres of palm oil, 20 litres of kerosene and a bag of manioc flour. With these supplies the women can generate some income on the local markets and have a base for re-entering society.
GAPS IN HEALTH CARE

In 2016, DIFAEM analysed the health care situation of refugees in the administrative district of Tuebingen. On the one hand, gaps and problems were highlighted, on the other hand, suggestions for improvements and concepts for the future were made.

Until the beginning of 2016, hundreds of refugees came to Germany every day. The states and counties were responsible for emergency shelter for these refugees. Normally, the regional councils are in charge of medical care in the registration facilities. In the temporary housing, the district administration organises the health care. Afterwards, the local communities are responsible. Which illnesses and symptoms are treated is determined in the Asylum Seekers Benefits Act. Only after being granted asylum or after 15 months in Germany do refugees receive health care equivalent to the regular basic health care in Germany.

During the refugee wave, severe gaps and structural problems surfaced when it came to health care for refugees. For that reason, in June 2016, DIFAEM started analysing the health and health care situation of refugees in the district of Tuebingen and collected reports on experiences made by and with the health care system. The goal of this task was to highlight possibilities for improvements and to create concepts in order to be better prepared in the future for similar situations.

As part of the analysis, 17 trained caregivers and 19 refugees from Africa and Asia were interviewed. In addition, in four discussion groups, a total of 12 volunteers and translators were interviewed. Some topics of the interviews were: types of illnesses, different patient groups, supply of medications, patient environment, documentation, flow of information and continuing education. Based on the qualitative analysis of interviews with doctors, an online questionnaire for general practitioners was developed and sent to a total of 1,203 general practitioners in the district medical association in South Wuerttemberg. Some of the questions focused on the number of doctor’s visits, the increased amount of work, motivation of staff and challenges like language problems, psychological illnesses and compliance with arranged appointments. 183 general practitioners

Question from an online questionnaire for general practitioners: How often do you have problems due to language difficulties or the absence of a translator?

- 1% n/a
- 3% never
- 5% rarely
- 11% sometimes
- 36% often
- 43% very often
(15%) completed the questionnaire. In a final step, we analysed the 4,598 patient reports of the mobile clinic in Tuebingen. Of these, 3,707 could be used. The age groups of young adults and children were the biggest group of refugees receiving treatment. It was noticeable that 18% of this group came to the mobile clinic because of pain. This could indicate that the escape experience and the resulting trauma are reflected physically.

In the qualitative interviews with medical staff and refugees, challenges caused by psychological illnesses like post-traumatic stress disorder were mentioned about three times more often than other illnesses. A major problem with dealing with post-traumatic stress disorder is the difficult or almost impossible communication due the language barrier. In many cases, skilled translators are not available. The compulsory health insurances for recognised refugees do not cover the cost for translators. A psychologist complained that the cost for an X-ray machine for a radiologist is covered. “That is his work aid; my tool is a translator. Without, I cannot see what is going on. I cannot understand why the cost for translators is not covered.” Also, two thirds of the general practitioners wished for skilled translators as most important improvement in the questionnaire.

Generally spoken: The faster traumas are treated, the higher the chances that chronic effects can be avoided. Therefore, it would be best if symptoms of post-traumatic stress disorder were determined as soon as refugees arrive in Germany in order to identify demands and what help is needed. Also in the areas of prevention, family planning, and health education, systematic action is missing. So far there is only systematic action for vaccinations. Right now familiarising the refugees with the many rules of the German health care system is the top priority. Unfortunately, there is no health promotion or education about healthy food or protection against infectious diseases in the often colder and damper German climate. Refugees and volunteers also should receive more information on assistance for vulnerable groups, e.g. women or disabled people.

To sum up, it can be said that during the crisis of 2015 there was no (uniform) management in the field of medical care. A strategy for a similar ‘emergency’ that could come again at any time due to uncertain political situations should be made by the responsible authorities so that the tasks for all parties are clear. DIFAEM will continue working in the field of displaced persons and migration, and continue cooperation with other local experts and institutions. Together with the Hospital for Geriatrics and Tropical Diseases in Tuebingen, DIFAEM will contribute to an improved health care.

**Fleeing with Rights**

In the winter semester 2016, DIFAEM organised a lecture series as part of the Studium Generale in Tuebingen titled: “Mit Rechten fliehen – Menschen als Subjekte ihrer Flucht” (Fleeing with rights – Humans as subjects of their flight). This lecture series organised together with Prof Matthias Moehring-Hesse, director of Theological Ethics/Social Ethics at the Catholic Theological Faculty at the University of Tuebingen, looked at refugees in Germany from a different perspective and asked what it means to see refugees as humans with rights. Right now familiarising the refugees with the many rules of the German health care system is the top priority. Unfortunately, there is no health promotion or education about healthy food or protection against infectious diseases in the often colder and damper German climate. Refugees and volunteers also should receive more information on assistance for vulnerable groups, e.g. women or disabled people.

Diagnosis in the mobile clinic
OUR WORLDWIDE HELP

AFRICA
Ethiopia, Burundi, Democratic Republic Congo*, Guinea*, Kenya, Liberia*, Sierra Leone*, Tanzania, Chad*

ASIA AND PACIFIC:
India*, Nepal*

* main countries of work
EXPENDITURES ACCORDING TO COUNTRIES

- **West Africa**: 336,076 Euro (30%)
- **Chad**: 32,272 Euro (3%)
- **Malawi**: 136,635 Euro (12%)
- **India/Nepal**: 77,932 Euro (7%)
- **DRC**: 337,206 Euro (30%)
- **International**: 179,657 Euro (15%)
- **Other African countries**: 35,096 Euro (3%)

Total: 1,134,874 Euro

EXPENDITURES ACCORDING TO MAIN AREAS OF WORK

- **Primary health care**: 154,945 Euro (14%)
- **Mother-child projects**: 47,669 Euro (4%)
- **HIV and Aids**: 135,209 Euro (12%)
- **Mental health**: 65,214 Euro (6%)
- **Counselling**: 22,153 Euro (2%)
- **Charitable social commitment**: 86,489 Euro (8%)
- **Pharmaceutical Quality control**: 208,139 Euro (18%)
- **Strengthening health care system**: 415,056 Euro (36%)

Total: 1,134,874 Euro
PARTNER-WORKSHOP WITH BREAD FOR THE WORLD

For the first time, Bread for the World and DIFAEM jointly invited representatives of their partner organisations in Ruanda, Burundi and the DRC to a workshop in Goma (DRC) in January 2016. 29 participants, including physicians, pharmacists, coordinators, project directors and experts for local development and public health from 21 partner organisations discussed for one week how the local context can be taken into consideration early on by the implementation of projects, because regional and ethnical situations at a project location influence the success of the projects. With a local organisation chairing the workshop, participants came to the conclusion that projects are more sustainable when target groups are involved in the planning phases. The Christian values in the work of partner organisations were also discussed.

VALUED EXPERTISE

DIFAEM is known to development organisations for its expertise in health. In 2016, DIFAEM experts and speakers travelled to various countries for consultations and project evaluations.

Bread for the World is one of the large organisations relying on DIFAEM’s expertise. Dr Elisabeth Schüle travelled to 3 partner organisations in Myanmar. One day the question was, for example, if and with which expertise a skilled worker should be sent to a hospital or to an integrated village health project. At another organisation, it was to be clarified to what degree the recommendations of an earlier project evaluation should be followed and considered in a new project application.

In Papua New Guinea, Elisabeth Schüle evaluated a primary health care project. In addition, she counselled four hospitals of the Lutheran Health Service in this country on how the quality of care in these institutions can be improved. In the Philippines, she evaluated – together with two local colleagues – the primary health project of a partner organisation which has already cooperated with Bread for the World for many years. Here the relevance, effectiveness, efficiency, results and sustainability of the project were looked into.

In Russia, Gabi Hettler und Uta Kohler-Babanin evaluated together with a local expert a HIV-Prevention project which was also supported by Bread for the World. In Liberia, Dr Gisela Schneider investigated for Bread for the World to what degree the health facilities of the Christian Health Association of Liberia (CHAL) have recovered from the Ebola crisis and if the introduced measures, especially in the area of infection control and patient security, are effective.

In addition to Bread for the World, the Society for International Cooperation (Gesellschaft für Internationale Zusammenarbeit/GIZ) is an important source of assignments. In a restructuring of the area of health financing and strengthening health systems within the GIZ, Ute Papkalla evaluated the global project ‘Providing for Health’. In this, governments of partner countries are supported by the German GIZ to develop and fulfil guidelines for universal health care and, as an important part of this, the financing of national health care. Another important aspect is the coordination of central donors, such as Germany, France and the USA. The evaluation by DIFAEM is an important contribution to the formation of the German developmental cooperation concept.
A wide variety of continuing education offerings dealing with topics concerning tropical medicine and questions of geriatrics and palliative medicine were part of the programme of the Academy for Health in the One World in 2016. A total of 181 persons attended the courses (2015: 142); 9,013 hours of teaching were offered.

In the autumn of 2015, DIFAEM and the Hospital for Geriatrics and Tropical Diseases Paul Lechler (TPLK) founded the Academy for Health in the One World and herewith consolidated their continuing education offerings. The focus of DIFAEM’s educational work has traditionally been on the so-called ‘Courses for Tropical Medicine’. From the beginning, more than 100 years ago, nurses, doctors and midwives have attended these courses to prepare themselves for the so-called medical mission. Today, these seminars are offered with the title ‘Public Health and Tropical Medicine’.

In addition to seminars about malaria diagnostic and laboratory diagnostic, two courses on ‘Public Health and Tropical Medicine’ with 22 and 25 participants have taken place. Many participants plan to work with Doctors without Borders. Over the past years, the participants have changed; in the meantime, more doctors (about two thirds of the group) and fewer nurses attend. The many case studies which are discussed during the four-week course are viewed as positive. This reflects the emphasis on practical learning. The other pillar of the Academy is the educational offerings of TPLK. Founded as a ‘Recovery Home for Returnees from the Tropics’ more than 100 years ago, in the meantime the hospital has shifted its focus to geriatrics and palliative care. In 2016, in addition to continuing education courses dealing with dementia, pain therapy and activating therapy care, a seminar with 16 participants concerning palliative care practice took place. The caregivers in stationary and ambulant facilities are increasingly faced with the special demands of caring for persons in their last phase of life. The curriculum which consists of 40 teaching units was developed by the Robert Bosch Foundation. Through participation in an additional three-week course in palliative care, in the past year, 18 persons received the certificate ‘Palliative Care: treatment, care and accompaniment of seriously ill and dying persons’ from the German Society for Palliative Medicine. The Lechler Foundation covered the costs for continuing education for a total of 46 TPLK workers.

FROM THE DIAGNOSIS OF MALARIA TO PALLIATIVE CARE

The work of AGGE was evaluated in the first half of 2016. The goal was to evaluate previous activities and to develop a strategical position. The AGGE was founded in 2012 as a joint network of the Medical Mission Institute (Missionsärztliches Institut) in Wuerzburg, the Institute for Public Health of the University of Heidelberg and DIFAEM in order to get together existing expertise in the fields of public health and tropical medicine and to profit from the synergetic effects. The evaluation certified the AGGE as having a solid foundation through a joint internet presence, the joint marketing strategy and the consolidation of expertise. In addition to the recommendation of intensifying the cooperation between the three institutions, it was suggested to increasingly include partners from the south and to create training and continuing education offerings for them.

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INVOLVING THE YOUNGER GENERATION

Young people’s world and the work of DIFAEM actually have very few points of contact – if it wasn’t for mobile phones. With the “Mobile Phone Campaign”, the work of DIFAEM in East Congo becomes real and can be explained to young people in confirmation classes.

Sometimes I have to smile. When I was a confirmand, I had to negotiate with my parents how long I was allowed to block the family telephone to talk to my best friend. Today, according to one study, 97% of all 12-19 year olds own their own mobile phone. And when I ask in a confirmation class today, how long they would be willing to voluntarily give up their mobile or smartphone, there is rarely anyone in the group who is willing to make the sacrifice for more than 24 hours. No question: the mobile phone is part of young people’s daily life.

In light of this, it’s interesting to take an imaginary trip to East Congo, where people work under unworthy conditions to mine Coltan, an important natural resource for the production of electronics. Photos and videos help the young people to understand the lives of an African family and the related challenges. “What? Every tenth child in East Congo does not live to be five years old? That would be two of us!” And when they hear that a family must survive on 33 Euros a month, while we spend close to 700 Euros for a new Smartphone, it becomes clear who benefits the least from the profits. Using the example of the Good Samaritan (Lk 10:25ff), I make it clear why and how DIFAEM has been involved in this crisis-ridden area for many years. While many look away, DIFAEM looks to the area.

To develop alternative actions is important in educational work with young people. And that they experience that even without money or political influence, they can make changes. A “consumer check” at the end of the lesson serves this purpose: do I really need a new mobile? Do I ask about the conditions under which the mobile was produced when buying a new one? DIFAEM taught confirmation lessons in 18 congregations (2015: 12) in the winter of 2016. The lessons often ended with the African saying: “Whoever believes that little things cannot make a difference has never spent the night in a tent with a mosquito.”

COLLECTION MOBILE PHONES

15,774 old mobile phones were collected during the third campaign with the title: “Handy Aktion: ask.understand.act!” In 2016 more than 200 meetings, for example film or discussion evenings about fair handling of natural resources and health care in crisis regions took place. Teaching materials about the topics were used in confirmation and school classes. One-World-Groups and the regional Churches of other areas of Germany have adopted this action. The proceeds of the Mobile Phone Campaign were ca. 11,000 Euros last year; this sum was divided among the partner projects. Ca. 3,500 Euros went to the health work of DIFAEM in East Congo.

The campaign will continue in a new form. In 2016 a cooperation was formed with the German state of Baden-Wuerttemberg. The joint campaign design and the logo for this project will be further developed for this purpose.
COMPLETION OF THE NEW HOSPITAL BUILDING

2016 was an important year for the new building of the Hospital for Tropical Diseases Paul-Lechler-Krankenhaus. After the topping-out ceremony at the end of April, the five-storey building was finished by the end of the year so that the move took place as scheduled in March 2017.

At the end of June 2016, part of the major building project was completed: the day care centre with large, bright rooms and a large outdoor playground built on top of the newly constructed parking garage was opened by the local Protestant Church District. As part of the Open House in November, the facility which serves 30 children from age 0 – 6 years was officially dedicated.

At the same time the interior of the hospital was completed at the end of December. The work was accompanied by the building team of the clinic, architects, hospital planners and the project manager. The new building was completed in 19 months. During the first weeks of 2017, the building was opened and all areas were tested and approved. On March 10, 2017, the building, which is owned by DIFÄEM and the clinic corporation, was opened for operation.

The two-week move of the clinic, with the exception of the Tropical Disease and Travel Medicine departments, which will stay in the old building for the time being, took place parallel to the normal hospital operations. Months of detailed planning ensured quality patient care at every point of the move. During the two-week move, parallel work in the old and new buildings was possible with the help of double staffing of the shifts. The organisation and nursing care management mastered this logistical challenge thanks to careful and detailed long-term planning. After the move of the functional diagnostic and the therapy departments, all stationary patients were moved in the second week. Personal attendants supported the patients and, together with the help of the German Red Cross, brought all patients through the connecting corridor from the old building into their rooms in the new building. The new clinic building with more space, innovative room heating and cooling systems using energy efficient technology as well as a modernised diagnostic, offers improved patient treatment. The personnel can work more effectively in the new building, but even in the new environment, the tradition of the clinic continues: “The person is the medicine of the person”.

The festive dedication of the new building took place as part of the Open House on June 25, 2017.

TROPICAL AND TRAVEL MEDICINE

The department of Tropical Disease and Travel Medicine of the Hospital of Geriatrics and Tropical Disease Paul-Lechler saw a total of 2,500 persons as out-patients in 2016, as well as 4,300 travellers who were vaccinated. 82 cases of tropical illnesses were treated as in-patients. Since July 2015, the department offers an online appointment service for vaccination consultation and the G-35 examination. Patients with acute symptoms returning from stays abroad (i.e., fever, diarrhoea) are treated immediately depending on the intensity and type of problem and where the patient was (i.e., Malaria area). The Medical Mission Service of DIFÄEM works closely with the colleagues of the Tropical Medicine department, especially in the area of continuing education but also when counselling specific projects.
January 6:
Cantata worship service honoring the 100th anniversary of Hospital for Geriatrics and Tropical Diseases

January 10:
DIFAEM is present at the Youth Mission Conference

January 2-10:
Gabi Hettler travels to Chad

January 25-30:
Partner-workshop, Bread for the World in Goma (DRC)

February/March

February 8-March 4:
Tropical Medicine and Public Health Seminar

March 7:
Gisela Schneider teaches at the University of London, Mother-Child Health

March 17-23:
DIFAEM organizes an Open Space Conference in Guinea

March 18:
Official dedication of the 6 metre long One-World Bench in hospital park

March 31-April 3:
Anna Buck is at the Fair Trade Tradeshow with the Mobile Phone Campaign

April

April 14-16:
Beate Jakob and Gisela Schneider speak at Health Conference in Kassel/Germany

April 19-20:
Anna Buck attends the Political Development Conference of the Churches and Agencies in Berlin/Germany

April 20:
Beate Jakob attends the Africa Forum of EMW (Protestant Missionary Works)

April 26:
The County Savings Bank (Kreissparkasse) hands over more than 1000 donated Mobiles

April 29:
Topping-out ceremony for the new building of the Hospital for Geriatrics and Tropical Diseases

May

May 18-21:
The Ecumenical Pharmaceutical Network (EPN) meets in Tuebingen

May 25:
Gisela Schneider participates in the meeting for the Christian Health Associations in Geneva

May 26:
Gisela Schneider lectures at Corpus Christi day in Heilbronn/Germany

May 26-27 Beate Jakob lectures at Catholic Day in Leipzig/Germany

May 29-June 10:
Gabi Hettler and Uta Kohler-Babanin evaluate a Bread for the World project in Novosibirsk
June/July

June 9:
Discussion about Displaced Persons and Migration at the University of Tuebingen

June 11:
Angie Schwarz represents DIFAEM at the Regional Mission Fest in Nagold/Germany

June 13-17:
2 Lechler Foundation students intern at DIFAEM

June 14-29:
Peter Vollmer travels to Tanzania to attend a cytotoxic workshop

June 27-July 8:
Beate Jakob visits partners in Malawi

July 18-22:
Elisabeth Schüle participates in the international AIDS Conference in South Africa

August

August 1-10:
First compact seminar “Pharmaceutical development cooperation” in cooperation with the University of Tuebingen

August 3:
Isabel Fernández participates in the discussion “Roundtable Health” in Tuebingen and speaks about health care for refugees

August 22-
September 15:
Elisabeth Schüler visits partners in Papua-New Guinea

August 31:
DIFAEM staff visits the exhibition of moulagen (wax moulds of skin diseases) at the University Museum

September 7:
Gisela Schneider participates in the parliamentary evening of G20 as speaker of the VENRO Working-group Health

September 11:
Beate Jakob and Johnny Oomen (India) visit a congregation in Horb/Germany

September 19-21:
The members’ annual meeting of EMW takes place in T-P-L-K

October

October 13:
Gisela Schneider teaches at Humedica

October 19:
Gisela Schneider participates as expert for Mother-Child Health at the committee for Economic Cooperation of the Parliament in Berlin

October 20:
The lecture series “Fleeing with Rights” begins, DIFAEM is responsible for 3 of the lectures

October 21:
DIFAEM holds a lecture and has an Info-stand at the SEZ-Forum

October 26:
Gisela Schneider chairs a workshop for the CHAL partner organizations in Liberia

November

November 7:
The “Rotbad” kindergarten - on the property of the T-P-L-K is dedicated

November 19:
The “Dialogue without Borders” is dedicated

November 28-30:
Minilab partners from western and southern Africa meet for a regional meeting in Accra (Ghana)

November 26:
Gisela Schneider lectures at the “Dialogue without Borders” from Doctors without Borders in Berlin/Germany

December

December 2-4:
Gisela Schneider lectures at the students’ meeting of the working group of Christian Physicians (ACM) about “Mission today” in Bad Homburg/Germany

December 9-11:
The student group “StuDifäm” sells spiced wine and handmade bags at the Tuebingen Christmas Market. The proceeds go to a DIFAEM project in Malawi

December 12-13:
Gisela Schneider chairs a workshop of the GIZ about “Rapid deployment of experts in dangerous health situations” (SEEK)
FINANCIAL REPORT 2016

REVENUE
The Medical Mission Services had revenues amounting to 2,856,611 Euros in 2016. This sum includes a total of 1,457,939 Euros in donations and 1,092,411 Euros from grants and allocations from church organisations, government organisations as well as foundations and other allocations. According to the accounting regulations of the donation-collecting organisations (IDW RS HF 21), donations not spent were transferred to the following year and booked there as revenue. Donations which were received in 2015 and not spent are noted as “project donations from previous year.” Project donations which were received in 2016 but not yet spent are booked in 2017 and are not shown in the current financial report. The revenues from consulting activities and the profit from the house pharmacy are listed separately for the first time in 2016. They amount to 233,647 Euros.

Financial Allocations
Bread for the World – Protestant Development Service has supported DIFAEM for many years. With these allocations, project work, work in the field of education as well as other fields are made possible. We are very grateful for the positive cooperation with Bread for the World. In addition to this, DIFAEM received 15,000 Euros of allocations from the Protestant Church in Wuerttemberg.

The support from foundations is also very important for us. Especially the Lechler Foundation supports DIFAEM through the Academy for Health in the One World as well as project work. In addition to this, the Agnes Philippine Walter Foundation plays an important role, as does the Else-Kröner-Fresenius-Foundation. The support from federal funds, especially from the GIZ, doubled from 119,000 Euros in 2015 to 328,000 Euros in 2016. This is a very positive development and helps us put the work with our partners on a solid foundation.

EXPENDITURES
Project work
Our department for Projects and Programmes is responsible for all current projects. Because we did not have to react to any large catastrophe, like for example the Ebola epidemic, our work focused on strengthening existing projects and intensifying consultations. These complex processes demand dedicated engagement from the workers but also help to create sustainability for the work locally. In connection with our project work, we had expenditures totalling 1,950,000 Euros, which amounts to 67% of the total expenditures.

Educational Work, Lobbying and Public Relations
The Academy for Health in the One World intensified its work in the past year. In addition to the classic courses in Tropical Medicine, the offerings expanded to include the areas of geriatrics and palliative medicine. The total cost was 205,000 Euros, which was

<table>
<thead>
<tr>
<th>Operational revenue</th>
<th>233,647 €</th>
</tr>
</thead>
<tbody>
<tr>
<td>General donations and collections from accounting year</td>
<td>953,512 €</td>
</tr>
<tr>
<td>Donations-in-kind</td>
<td>0 €</td>
</tr>
<tr>
<td>Project donations from previous year</td>
<td>496,345 €</td>
</tr>
<tr>
<td>Bequests</td>
<td>8,082 €</td>
</tr>
<tr>
<td>Available donations and bequests 2016</td>
<td>1,457,939 €</td>
</tr>
<tr>
<td>Allocations from church organizations</td>
<td>489,682 €</td>
</tr>
<tr>
<td>Project allocations from private sponsors, government organizations</td>
<td>328,162 €</td>
</tr>
<tr>
<td>Allocations from foundations</td>
<td>160,988 €</td>
</tr>
<tr>
<td>Other allocations</td>
<td>113,579 €</td>
</tr>
<tr>
<td>Allocations</td>
<td>1,092,411 €</td>
</tr>
<tr>
<td>Remaining operational revenues</td>
<td>72,093 €</td>
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<tr>
<td>Other interest and similar revenues</td>
<td>521 €</td>
</tr>
<tr>
<td>All other revenues</td>
<td>72,614 €</td>
</tr>
<tr>
<td>Available funds, mid 2016</td>
<td>2,856,611 €</td>
</tr>
</tbody>
</table>
financed in 2016 through the Lechler Foundation and course fees.

Many offerings also take place to increase awareness of Health in the One World in connection with church congregations as well as activities for a wider audience. This includes the Mobile Phone Campaign, which in the meantime has a wide network of supporters. DIFAEM experts are also invited to share their expertise, for example, at SEZ conferences in Stuttgart or at parliamentary meetings in Berlin. In 2016, a total of 298,000 Euros were spent on that, amounting to 10% of all expenditures.

**Personnel**

In the past year, the Medical Mission Services offered 14.51 full-time positions, which were filled in by 21 persons. This is one half position more than in 2015. The new position, responsible for Displaced Persons and Migration, was started in June 2016. The physician holding this position was responsible for the study presented in this report. The position is financed by a bequest which was received in 2015.

The compensation of the DIFAEM employees is based on the the Diakonie Wuerttemberg pay scale (ATR-TVOED). Due to the right to privacy, individual salaries will not be mentioned, but the salaries of the management level (director and the three department directors) amount to a total of ca. 280,000 Euros. The director is a full-time employee of the association. The business manager of the Hospital of Geriatrics and Tropical Diseases is at the same time the administrative director of DIFAEM e.V. The head physician of the hospital is also vice-director of the association but receives no extra salary.

**Publicity and Administration**

The expenditures for publicity and fundraising have remained constant compared to last year. In 2016, DIFAEM participated in the “Messe Fair Handeln” and many other events. StuDifaem, the student group of DIFAEM, had a stall at the Tuebingen Christmas Market. The expenditures for printed materials, etc. – 6.2% of the total budget – were kept low thanks to a well-developed corporate design.

The administration of the Medical Mission Services became a part of the Hospital for Geriatrics and Tropical Diseases gGmbH and is allocated as service in kind. The administrative costs were 9.5% of the total in the past year.

The financial year closed with a minus of 52,000 Euro. The negative sum is the result of the extra costs for the new Displaced Persons and Migration position. These costs will be covered by a bequest which was received in 2015.

We are very thankful for the support of the many donors, the church organisations, foundations and government organisations, because only with this support can we continue our worldwide work.
THANKS

MANY ENGAGED SUPPORTERS

More than 4,000 private persons, church congregations, clubs and associations, companies, foundations and institutions financially supported DIFÄEM in 2016. 220 church congregations supported worldwide health work through collections, congregational events and bazaars and a collection for the World Mission of the Protestant Church in Wuerttemberg. Many volunteers have donated their time and energy without pay in the Tuebingen office, at events or serving on the board of directors for DIFÄEM. Without the financial support and the energetic help of all the persons and groups in Tuebingen, the area and Germany-wide, the work of DIFÄEM within the country and abroad would not have been possible and would be much poorer in terms of human contacts. It is especially worth noting how many donors have remained faithful to DIFÄEM over the years, some even over decades. Donations marking certain events – birthdays, weddings, anniversaries, but also funerals are a sign of these close ties. And from time to time DIFÄEM is named as a recipient in a will; thus persons make worldwide health work possible even after death. There is nothing better to do than help improving health care.

A huge thank you to the many groups and initiatives which support DIFÄEM – often over many years. The women’s group “Women for Women” in Pliezhausen-Doernach for example has donated the proceeds from their bazaars for the DIFÄEM work in East Congo for many years. The student group “StuDifaem” plans several actions each year to benefit DIFÄEM – this year they had a stall at the Tuebingen Christmas Market for the second time. The donations which are collected at STuDifaem actions are used for our work in Malawi.

We are thankful for the confidence the donors have in our work. Therefore, every year we work continually with our partners to support the building of resilient health systems as effectively as possible and to use the financial means we receive as responsibly as possible.
A most sincere “Thank You” to all for all of their support!

Many volunteers help at the DIFAEM events. The One World Day would not be as colourful and joyful without their help.

SPECIAL THANKS TO OUR SUPPORTERS AND PARTNERS

Aktion medeor e. V.  Agnes Philippine Walter Stiftung
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Arbeitskreis Eine Welt, Muehacker Arthur-Braun-Stiftung
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Juergen Rabenau – BeraComp Team
Beutel-Lauer Stiftung  Bezirksaerztekammer Reutlingen
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Weltladen Horb  Werner-Schaefer-Stiftung
STRUCTURE OF DIFAEM

DIFAEM – Deutsches Institut für Aerztliche Mission e.V. (German Institute for Medical Mission)

Legal form: registered association (eingetragener Verein)

Director: Dr Gisela Schneider

Vice-director: Dr Johannes-Martin Hahn, Medical Director of the Hospital for Tropical Diseases, Paul-Lechler-Krankenhaus (gGmbH)

CEO of the Hospital for Tropical Diseases Paul-Lechler-Krankenhaus, (gGmbH) and Administrator of DIFEAM e.V.: Wolfgang Staebler

Board of DIFAEM:

DIFAEM is a registered association and is led by a director (Vorstand). The director reports to the members’ annual meeting and the board of trustees. The CEO of the Tropenklinik gGmbH is at the same time the Administrator of the association.

DIFAEM e.V. was restructured in 2014. The Hospital for Tropical Diseases Paul-Lechler-Krankenhaus is now operated as a company on a non-profit base (gGmbH). DIFAEM is the legally responsible body of the Academy for Global Health and Development (AGGE), which is run jointly with the Medical Mission Institute Wuerzburg (Missionsaerztliches Institut Wuerzburg) and the Institute of Public Health of the University of Heidelberg. DIFAEM’s vision is a world in which health is realised and God’s healing actions are visible. The goals of DIFAEM are stated in the association’s by-laws which can be found at www.difaem.de.

THE DIFAEM BOARD OF TRUSTEES (ELECTED ON JULY 7, 2014):

1. Dr Immanuel Stauch (chair)
2. Kathi Albrecht (vice-chair)
3. Dr Teßmar v. Bonin,
4. Dr Marie-Luise Kling-de Lazzer,
5. Siegfried Hoch
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9. Christa Schubert
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11. Prof Dr August Stich
12. Hartmut Witte
13. Rev Eberhardt Renz

Our sincere thanks to the board of trustees for their dedicated work to achieve the goals of DIFAEM.
Our work depends on your support. Be it a single gift, an on-going donation, a donation in honour of a special occasion or if you share your enthusiasm for DIFAEM’s work with others: we appreciate all who support our work for worldwide health with creative and good ideas!

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