



# Annual Report 2023

DAHW *Deutsche Lepra- und Tuberkulosehilfe e.V.*  
Information About Our Work



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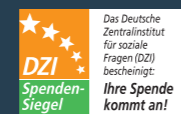
International Federation of Anti-Leprosy Associations



DEUTSCHES NETZWERK gegen vernachlässigte Tropenkrankheiten (DNTDs)

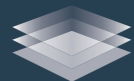


Bündnis Entwicklung Hilft Gemeinsam für Menschen in Not.



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

The work of DAHW German Leprosy and Tuberculosis Relief Association has been verified with the DZI donations seal and deserves your trust.



Initiative Transparente Zivilgesellschaft



More information is available online under the respective link/QR code.



On the title page: Shehneela Jalal Global Health Advisor Anil Fastenau met a girl by the name of Shehneela in Sindh, Pakistan. Shehneela had learned how to detect leprosy at an information event. She also underwent the examination as she had noticed symptoms on herself. The diagnosis: It was, in fact, leprosy. Shehneela was treated for her condition and will now not suffer any disabilities on account of the disease.



Video for the story

Photos: Title: Anil Fastenau, p. 2; Constanze Friedl, p. 3; Anil Fastenau, Judith Mathiasch

## Dear readers!

I hereby want to welcome you to our annual report presented in a new format. The design may seem familiar, yet it includes a new feature. In addition to reading this editorial, you can also watch a video of it.

This year, we are venturing out into a hybrid reporting format. Many pages will contain links that you can scan for viewing on your mobile phone. You can thereby receive additional insights into our work – first-hand from our experts.

Just as innovative as our annual report are the projects we implemented once again over the last year. Whether it is the development of an AI-supported smartphone app for leprosy detection, the integrative approach to our NTD work or the use of walls, plaster and paintbrushes to contain the spread of Chagas: Our experts have come up with incredible solutions in order to provide medical care and holistic support.

However, innovation is not only implemented in the DAHW's project work, but also in educational work, volunteering, fundraising and quality assurance: Expertise and good ideas merge into exciting impulses within all areas of our organisation, and these impulses do not just remain theoretical discussion protocols but are implemented with tremendous motivation. We are proud of that.

However, our innovative spirit does not mean that the DAHW's efforts are short-lived. Our tremendous success in Senegal proves quite the contrary: As a result of our work over decades, the leprosy villages of Senegal have lost their discriminating special status.

The combination of endurance and innovation is also reflected in the implementation of our "end leprosy" strategy. We are close to finally eradicating leprosy in four countries was solely made possible on account of our strong networks, decades developmental work and global expertise in team work.

We encourage you: Join us on our path. The path to a world in which every person can realise their right to health.

I want to take this opportunity to express my gratitude to our donors and supporters and remain respectfully yours!

Sincerely, Patrick Georg  
Executive Director



DAHW Executive Director Patrick Georg in the video editorial

# Zero leprosy in Pakistan: DAHW is on the “last mile”



Leprosy, the world’s oldest disease, is DAHW’s core mandate. The goal has the same for 67 years: Eradicating and finally claiming victory over leprosy. In four DAHW project countries we have come close to achieving this goal – thanks to decades of work and well-thought-out strategies.

Only sixty years ago, Dr. Ruth Pfau was confronted by a scene of misery upon entering the slums of Karachi and seeing those affected by leprosy: Cast-outs from society with sores which were incurable and disabilities that made a dignified life impossible. Today, Pakistan is almost free of leprosy with the exception of a few hot spots in remote areas. A total of 300 new leprosy infections are still being recorded each year in the country. This means: If efforts on-site are focused and intensified, the goal to stop the transmission of leprosy in Pakistan could be achieved within just a few years. As the DAHW Global Health Advisor Anil Fastenau claims, the prerequisites for achieving this are present: expertise of specialists on-site and the DAHW roadmap toward the eradication of the disease. The roadmap con-

sists of several partial phases (see below) that need to be achieved on the so-called ‘last mile’ in order to ultimately reach the goal of ‘zero leprosy’. Looking at Pakistan – as well as Togo, Uganda and Bolivia, where eradication is also within reach – we can clearly perceive the tremendous difference that continuous, professional and holistic leprosy work can achieve. However, this work is by no means completed despite eradication has been achieved in a country. Although we shall no longer diagnose new cases, there will be many who will continue to be impacted by the consequences of their illness, such as disabilities and stigmatisation. And in other regions of the world such as in India, leprosy remains a massive challenge – which we persistently take on with our teams on-site.

## Roadmap for the eradication of leprosy

Partial phase	Execution
Mapping	All leprosy cases recorded in Pakistan in the past 20 years are registered in a system similar to a geographic information system through which a “leprosy map” can be generated. So-called clusters appear: Clusters are areas with many leprosy cases.
Targeted case search	Using the cluster map, we perform targeted active case searches in order to discover leprosy cases that remain undetected. If an infection is discovered, the affected person is given treatment or rehabilitation options. Contact persons are also identified.
Prophylactic treatment	Persons who have been in close contact with leprosy patients are offered a so-called post-exposure prophylaxis: A single dose of the medication rifampicin, which lowers the risk of contracting leprosy following exposure by up to 57%, is administered.
Educational information	Training for healthcare personnel and information campaigns round off the strategy: Thus, the sustainability of our work is ensured and awareness is raised among the populace – so as to detect leprosy cases even more accurately and earlier.

## Here as well, zero leprosy is within sight:

### Togo

In Togo, the goal of eradicating leprosy in the coming years has also become a realistic possibility; currently the target for achieving this goal is 2032. The strategy envisions identifying regions with the highest number of leprosy cases based on mapping measures. Undiscovered infections are diagnosed through screening and awareness building. The treatment of patients and the offer of post-exposure prophylaxis for contact persons complements the approach. A tremendous success on the path to eradication: Togo’s Ministry of Health recently decided to implement prophylactic treatments on a regional level.



Photo: Mario Schmitt

### Uganda

Uganda is well on the way to reaching important milestones and eradicating leprosy by the year 2030. The roadmap also envisages improved contact management as well as the post-exposure prophylaxis (PEP) strategy, i.e. the administration of prophylactic medication. When a leprosy case is diagnosed – as e.g. within the context of screening – it is imperative that the persons who were in close contact with the persons affected are identified. Should these contact persons also fall ill, treatment is initiated promptly. If they do not show any signs of the disease, they receive prophylactic treatment. The population is included within the communities through the efforts of health teams and designated contact partners. This also contributes to minimizing stigmatisation.



Photo: Sabine Ludwig

### Bolivia

Bolivia is currently classified as hypoendemic, i.e. as showing few cases. However, the number of registered cases in recent years may not correspond to the actual situation on the ground – also in part due to limitations on account of the Covid-19 pandemic. In cooperation with the Damien Foundation, we have now mapped all cases registered from 2012 to 2022 and determined the necessary phases for leprosy eradication: capacity-building, active case finding, introduction of prophylactic treatment, consistent documentation as well as protective measures. Thus, patients can be detected and treated at an early stage of the disease – our hope is that the illness will be completely eradicated by the year 2030.



Photo: Dr. Adolf Diefenhardt



DAHW Global Health Advisor Anil Fastenau on the goal #zeroleprosy



## Decentralisation and regionalisation as the basis for a long-term strategy

Decentralisation and regionalisation strategies were advanced in the autumn of 2023. The idea of transferring more responsibility to external structures was certainly not a new concept. Such steps had already been discussed prior to corona. After an analysis of the situation and perspectives, the strategy is now being implemented for an envisaged time frame of five years. The goal is to ensure the programmatic and financial sustainability of DAHW and the services it provides in accordance with its mandate.

The goal encompasses two aspects that are inevitably linked: the programmatic and financial side. The core questions are as follows: how can we continue to provide quality work and achieve an even greater impact? How can we sustainably provide the necessary financial resources and specialists? Furthermore, what can be accomplished at which point and how can this be provided in a better and more cost-efficient manner?

We realise that decentralisation and regionalisation are neither exclusive nor sufficient measures – but they are necessary for target attainment. Decentralisation refers to the transfer of organisational, administrative, strategic and business management-related decisions and processes from a centralised to an external structure. We want to optimise decision-making processes and procedures, promote “local” approaches for problem-solving and increase the efficiency of the organisation as a whole. By means of regionalisation, we want to bundle resources, utilise synergies, share existing expertise in the region, think beyond borders and manage costs judiciously.

All of the above involves changes within the regions but also at the headquarter. Tasks and procedures must be redefined and the internal control system adapted. We want to assert our worldwide leading position and expertise in leprosy and, therefore, require highly qualified experts in all areas at all DAHW sites.

We are convinced that we will continue to optimally fulfil our mandate under these financial framework conditions – in order to ensure that the right actions are taken.

*Sincerely, Joachim Beringer  
DAHW Executive Director*



### Ahmed Mohammed Eman, Regional Representative East Africa:

“We firmly believe that the reform process initiated at DAHW will contribute to timely and optimal support for our target group. Specifically, the restructuring of the organisation to optimise procedures as well as the transfer of responsibility and authorisations to regional and programme offices were key factors in realising this strategic goal.

We are sure that regionalisation will lead to improved efficiency and effectiveness in our work since the decision-making authority is nearer to the project and our target groups. Moreover, we can optimise the effective usage of resources and work together with a broad spectrum of players at the regional level, which will promote integration and cooperation. Our regional programmes and projects will have a stronger influence on local communities in order to fulfil their specific needs. It is crucial that effective communication and cooperation channels are in place with the central office in order to ensure the proper implementation of reforms.”



### Omar Touré, Regional Representative West Africa:

“The regionalisation process initiated in November of 2023 is highly relevant as it pursues the goal of establishing an intervention unit, capable of bundling resources in order to appropriately respond to the needs of a region confronted by various problems.

In light of the many expectations within the region, regionalisation has given rise to hope: Thus, specialist knowledge at a high level is to ensure rapid responsiveness with respect to the needs of countries based on the experiential capital built up within the region. The capacities for mobilising resources for marginalised sectors are to be increased. Moreover, conditions are to be created in order to efficiently and sustainably implement DAHW’s programmes and attain the desired impact in a targeted manner. In West Africa, foundations have been laid with the installation of an operational office and the gradual build-up of responsiveness.

However, regionalisation as a transformation process can also bring out certain fears and risks associated with resistance and the necessary adjustment time of employees on-site and at the central office. Therefore, special attention and support is required in the form of continuous monitoring by decision-makers and a consistent sensitisation of operational personnel.”



# Our project work 2023

For the DAHW, the year 2023 was intense – filled with various challenges but also new opportunities. The Covid-19 pandemic has not been forgotten, the war in Ukraine rages on, and both have continuously had negative consequences on many countries of the Global South. Unrest, insecurity and instability have increased. The consequences of climate change also remain painfully palpable for our target groups.

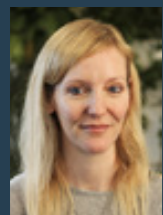
The escalation of the civil war in Sudan, a country in which we wanted to intensify our efforts with respect to leprosy, has especially affected us. Now we are forced to pause the majority of our efforts there. However, we have added two new countries to our mandate, Syria and Ukraine, where the DAHW is, for the first time, providing humanitarian aid.

In Latin America, we have, in large parts, transferred our work to local partners after being involved there over many decades. Our joint successes and the remarkable commitment of partners and colleagues on-site were honoured at a celebratory event.

The DAHW stands for partnership and networking because we know: together, with bundled resources and shared experience, we can achieve significantly more than alone. Thus, in 2023, we were able to continue existing cooperations, partnerships and consortium projects in various areas of the DAHW's mandate as well as initiate new ones. Moreover, our orientation toward needs and impacts and thus the integration of those affected constitute a central factor in the conception of our projects.

The technical conference in Würzburg was also held under the banner of "partnership", which provided bundled global expertise and a reinforced sense of togetherness for employees from Germany and nearly all other project countries.

The exchange of knowledge, impact orientation and transparency are prioritised. Thus, important signposts and digital tools have been established for the new project cycle.



**Dr. Saskia Kreibich**  
Team Management Programmes,  
Development & Control



**Thomas Collein**  
Team Management Programmes,  
Development & Control



Take a look at our current projects online!

## Latin America

DAHW total investments 2023:  
EUR 766,478.47

Project countries and mandates 2023:

- Bolivia
- Columbia
- Paraguay

## Special project

- Ukraine

## East Africa & Arabia

DAHW total investments 2023:  
EUR 2,612,507.70

Project countries and mandates 2023:

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

## West Africa

DAHW total investments 2023:  
EUR 2,101,655.05

Project countries and mandates 2023:

- Liberia
- Nigeria
- Senegal
- Sierra Leone
- Togo

## Asia

DAHW total investments 2023:  
EUR 2,367,915.67

Project countries and mandates 2023:

- Afghanistan
- Bangladesh
- Bhutan
- India
- Nepal
- Pakistan
- Special project
- Syria

### DAHW foreign country structure 2023

Local structures and networks in our project countries make it possible for us to work in a needs-oriented manner and react flexibly. The expertise and experience of our partners and employees on-site are indispensable in order to achieve a sustainable impact – as well as a good and fruitful exchange with the central office.

### Offices in project countries

- DAHW regional office
- DAHW programme or project office
- Office for local strategic partner organizations

### DAHW mandates

- Leprosy
- Tuberculosis
- Further NTDs (Buruli ulcer, Chagas, yaws, leishmaniasis, lymphatic filariasis, schistosomiasis)
- Inclusion (community-based inclusive development, CBID)
- Humanitarian aid
- Research

# East Africa



**Ahmed Mohammed Eman**  
Regional Representative East Africa

In 2023 as in previous years, drought and political unrest were prevalent in most East African countries. Internal conflicts in the region also persisted. These crises have significantly impacted our work and dealt a hard blow to our target groups. Within the context of these circumstances, we supported 54 medical-social projects, allowing those affected to lead a dignified life. Thousands of people have been reached.



**Constanze Friedl**  
DAHW Consultant for Inclusion and Development

Ethiopian prisons hold many adolescents who are incarcerated due to petty offences such as food theft. They are exposed without protection to illnesses such as tuberculosis. We support these convicts medically, but also by means of income-generating measures. Thus, we provide inclusion measures within society after their release and thereby achieve a sustainable impact. Health is a human right after all. → more on this on page 12



**Grace Mwasuka**  
DAHW Coordinator for Rehabilitation  
GLRA Tanzania

Our goal in the rural regions of Tanzania: Education for all! This means shaping the daily lives and living environments of children with disabilities by providing suitable rehabilitation measures and assistive equipment to make it possible for them to attend school. Our approach is holistic and also relies on training teachers in order to determine the attained level of success of the children living with disabilities and actively integrate them into society. → more on this on page 11



Photo: Constanze Friedl

# Tanzania

Access to education for children with disabilities



**Project duration:**  
01.12.2021 – 30.11.2024

**Project location:**  
Tanzania, Kagera region

**Project employees:**  
Children with disabilities and their families

**Partners:**  
GLRA Tanzania, Beyond Inclusion (BI)

**Supported by:**  
BMZ

**Investments 2023:**  
EUR 118,134,78

Photo: Ramona Höfer



In Tanzania, attending school is by no means a matter of course for everyone. This is especially true of rural areas. Children with disabilities are especially affected – and, in Tanzania, more than half of the people living with disabilities are younger than 18 years. For many, school remains but a dream.

For example, three quarters of the children with disabilities live in rural areas of the Kagera region where access to rehabilitation, education and communication services is limited. Only about four percent of these children attend school. Since schools are often not accessible for people with disabilities and assistive equipment such as wheelchairs or hearing aids that would significantly alleviate school attendance is lacking.

The project “Education for all” bridges these gaps. Children affected by disabilities are supported with assistive equipment, rehabilitation services or surgeries in order to e.g. restore their mobility or improve vision or hearing. Thereby disabled children can participate in social life and attend school.

Moreover, further training for teaching staff is also offered. Parent groups and self-advocacy organisations that champion the rights of people with disabilities are also supported. Parents also have the opportunity to participate in additional income-generating activities. The goal of the project: Improving the quality of life of children with disabilities – by providing better access to education and rehabilitation services.

DAHW Educational Consultant Saanika Amembal had the opportunity to visit the project site in February of 2023. “The pupils at the village school in Tanzania have tremendous potential and are delighted about any opportunity that gives them access to education,” she stated.

DAHW supports these children in finding their place in society, participating in community and equitably shaping their future. Prejudice and barriers must be overcome. Long-term information and educational work as well as sensitisation form the basis for an inclusive world in which no one is left behind.



Video: Project Coordinator Grace Mwasuka and DAHW Consultant Ramona Höfer on the project

# Ethiopia

## Healthcare in prisons



**Project duration:**  
01.07.2021 – 30.04.2024

**Project location:**  
Ethiopia

**Project employees:**  
Persons affected by tuberculosis and other poverty-related illnesses in Ethiopian prisons

**Partners:**  
GLRA Ethiopia; Justice for All – Prison Fellowship Ethiopia (JFA-PFE)

**Supported by:**  
BMZ

**Investments 2023:**  
EUR 106,884.63

Photo: Anil Fastenau

Prisoners in Ethiopia are especially at risk of contracting diseases. Cramped living spaces, lack of hygienic facilities and fewer options for a healthy and balanced diet are ideal conditions for tuberculosis to thrive and spread unimpeded. Detainees who are often being punished for poverty-related offences such as food theft have hardly any protection from these diseases. Moreover: often the healthcare facilities in detention centres do not have sufficient capacities in order to diagnose infectious diseases such as tuberculosis and isolate detainees that are affected. There are deficiencies both in terms of infrastructure, as e.g. materials and devices, as well as with respect to trained and qualified personnel. This in turn leads to a significant number of detainees not being diagnosed or treated for tuberculosis (and possibly to a concurrent HIV infection), resulting in perpetual disease transmissions.

In addition to basic healthcare, the options for securing one's livelihood and professional training are also important

for the well-being and social reintegration of inmates. The capacity of rehabilitation centres is severely limited – and people affected by tuberculosis, HIV or mental ill-health are often denied access to such services.

We support and strengthen precisely these vulnerable groups of persons within prisons by means of a project that is wholly unique in Ethiopia. TB prevention is just as much a focus as direct diagnosis and treatment. Moreover, we offer educational information and further training for personnel. Providing income-generating activities and options for training and further training round off the project.

Health is a human right. DAHW traditionally supports those who want to exercise this right and who live “where the road ends”.

Many of the “roads” available to these vulnerable people lead to prison. DAHW is present on-site.

Video: Global Health Advisor Anil Fastenau on visiting the project site



Photo: Susan Höfner

# West Africa



**Omar Touré**  
Regional Representative  
West Africa

For some time now, the West African region has been shaken by crises. The issues at hand relate to security, politics and also climate change. Crises always represent challenges for our projects – emergency situations always affect the most vulnerable groups most severely. Crises also require more attention and intervention on-site. However, the resilience of communities is also highly important, and we support these communities to the best of our abilities.



**Dr. Okechukwu Ezeakile**  
Monitoring & Evaluation Officer  
RedAid Nigeria

St. Joseph's Hospital in Adazi has received extensive support from DAHW. This support encompasses surgical, material, technical laboratory-related and technological areas. For Buruli ulcer patients on-site this has led to significant advances – both the quality of care and the living circumstances in general have improved.

➔ more on this on page 14



**Denis Gadah**  
Programme Director  
DAHW Togo

We are still finding new leprosy cases in Togo by means of an integrated approach and active case search. However, we are also looking back on great successes. Thus, at the Ministry of Health, we have successfully advocated for the official introduction of leprosy prophylaxis. Prophylactic treatment helps us stop transmission and achieve our goal of zero leprosy; the government of Togo is now introducing this approach – a tremendous success.

➔ more on this on page 15

# Nigeria

Comprehensive control of skin-related NTDs



Photo: Toby Nwafor



**Project duration:**  
01.01.2021 – 31.03.2024

**Project location:**  
Nigeria

**Project employees:**  
People affected by NTDs,  
specifically by leprosy  
and Buruli ulcer

**Partner:**  
RedAid Nigeria

**Supported by:**  
DAHW

**Investments in 2023:**  
EUR 120,000

In Nigeria, neglected tropical diseases (NTDs) and tuberculosis remain challenges for the local healthcare system. Thus, innovative strategies are needed in order to sensibly deploy dwindling resources. Therefore, the DAHW project in Nigeria “Innovative Improvement of Disease Control” relies on cost-effective strategies in order to control skin NTDs, specifically leprosy and Buruli ulcer, in an integrative and comprehensive manner. Moreover, we also support national programmes in the West African country.

For example, part of the budget earmarked for this project supports patients suffering from Buruli ulcer in Adazi in southern Nigeria. The local St. Joseph’s Hospital specialises in this disease, which often affects children under 15 years of age. The therapy encompasses skin transplants, follow-up care and physiotherapy – but also amputations.

Buruli ulcer is associated with many different challenges. These challenges relate to physical limitations: The disease often starts with painless swelling, which soon leads to open wounds and can quickly affect large areas of the arms

and legs. Even deep tissue layers can be destroyed – in the worst-case scenario all the way down to the bones.

Also, stigmatisation and associated psychological stress are consequences of contracting a Buruli ulcer infection. Moreover, affected children often have to remain in hospital for months and fail to keep up with schooling and lose contact with friends. It has still not been determined with absolute certainty how people are infected with this disease, which is another factor that does not exactly alleviate the terror associated with it.

“Buruli ulcer is destroying the lives of our children,” as Nigerian surgeon Dr. Iloka Evaristus who treats young patients at St. Joseph’s expressed it. “The disease strikes without mercy, at an age at which patients still they have their whole lives ahead of them.” DAHW takes action in order to change this situation – and give children back their future.

Video: Dr. Ngozi Ekeke (RedAid Nigeria) on leprosy and Buruli ulcer work in Nigeria



# Togo

Strategic containment of neglected tropical diseases



Photo: Mario Schmitt



**Project duration:**  
01.12.2020 – 31.08.2023

**Project location:**  
Togo

**Project employees:**  
Persons affected by leprosy  
and other NTDs

**Implementation:**  
DAHW Togo

**Supported by:**  
DAHW

**Investments in 2023:**  
EUR 9,442.55

In Togo, the so-called “integrated approach” with respect to leprosy and NTD is being taken very seriously. Although DAHW’s interests are focussed on active case search in affected regions with respect to leprosy, Buruli ulcer and yaws, all skin diseases are examined and diagnosed. Teams are equipped to perform these measures.

This approach was also used in 2023 within the context of a study. The study examined how to effectively use medicinal prophylaxis (post-exposure prophylaxis, PEP) for contact persons of leprosy patients. The results, as Programme Director Denis Gadah explains, convinced the government in Lomé: Prophylactic treatment can also be performed in field conditions; it is accepted and practical.

Now the programme office in Togo and the Ministry of Health jointly developed a guideline according to which all contact persons of leprosy patients in Togo are to receive a one-time dose of the medication rifampicin. This prophylactic treatment, as scientifically proven, reduces the risk of contracting leprosy by up to 57 percent for those who have

been in close contact with leprosy patients.

The study is complemented by other activities performed in Togo. Thus, the mapping project “Hot Spots” identifies locations where there are many active leprosy cases. Based on this, a PEP strategy can be developed that sensibly uses scarce resources – in those locations where the people who may have been in contact with leprosy patients live.

We can realistically expect that leprosy in Togo will be eradicated over the course of the next eight years. Although there have been challenges, according to Programme Director Denis Gadah, as e.g. in regard to acquiring the indispensable medication rifampicin, the problem has meanwhile been resolved, also due to coordinated efforts of other leprosy relief organisations within the ILEP Alliance.

Holistic thinking, an integrated approach and good preparation through various projects – these are the preconditions for the success of a zero-leprosy strategy. In Togo, this is all in place.



Video: DAHW Programme Director Denis Gadah in Togo on the leprosy situation on-site



# Asia



**Juliane Meißner-Matz**  
Portfolio Coordinator for India & Afghanistan  
in Würzburg

In Asia, we have also – in addition to development of the Zero Leprosy Roadmap in Pakistan – gone through various structural processes. Thus, the project portfolio in Afghanistan was expanded and further reinforces GLRA India as the local organisation. In Nepal and Bangladesh, we are meanwhile preparing an orderly handover of our work in order to deploy our resources in the region even more effectively.



**Shibu George**  
Interim CEO  
GLRA India

On account of the work of our teams, the women in the community, specifically those suffering from disabilities, are now better informed about their rights and know how to contact the Protection Committees for women or the police. This is a tremendous step forward on the path to an inclusive society in which all people are treated with respect and fairness.

→ more on this on page 17



**Dr. Faridullah Wardak**  
Chief Medical Officer  
LEPCO

Our teams in Afghanistan travel to remote regions where there are no healthcare facilities and provide educational information about leprosy and tuberculosis while also performing examinations, diagnoses and treatments. The journeys are arduous: Sometimes our teams are required to walk two hours just to reach our patients. Despite these challenges, we remain active in these areas. → more on this on page 18



# India

## Support for women and girls with disabilities



**Project duration:**  
01.12.2022 – 31.12.2025

**Project location:**  
Madhya Pradesh, India

**Project employees:**  
Women and girls affected by leprosy, disabilities and/or gender-specific violence

**Partners:**  
GLRA India, SASSS

**Supported by:**  
DAHW

**Investments in 2023:**  
EUR 127,048.27



Photo: Shibu George/GLRA India

Women and girls affected by disabilities often have to deal with various challenges. This is especially true of regions and social groups in which disabilities continue to be severely stigmatised – for example the rural regions in the Indian state of Madhya Pradesh. People with disabilities are often denied the right to participate in society, which is especially true of women and girls. And: They are exposed much more frequently to violence – up to ten times as often as women and girls without disabilities.

A currently ongoing DAHW project is educating those affected about their rights. Participants are also given the opportunity to network in order to support and learn from each other. Moreover, protection committees for women have also been set up. These provide contact partners for women and girls affected by violence.

However, the project also takes government institutions into account: the police, the Ministry of Health and medical facilities. The project aims to sensitise these institutions with respect to

our target group in order to improve access to medical or legal support. Moreover, we also provide training in order to protect those who are affected.

The project includes all genders. Although the focus is on women and girls, some events also provide sensitisation training for men and boys. Solutions on how to resolve conflicts without violence are discussed.

In all projects, the DAHW specifically focuses on the special situation of women and girls. They are part of the so-called group of vulnerable people as they are often marginalised simply on account of their gender. Women and girls often have limited access to healthcare services and are often affected by gender-specific violence. This is also the case in Madhya Pradesh. DAHW's work is making a real difference in this region: More cases of domestic violence have meanwhile been reported than prior to starting the project and medical support for affected persons has also improved significantly.



Video: What a leprosy diagnosis or disability can mean for women

# Afghanistan

Providing healthcare in remote areas

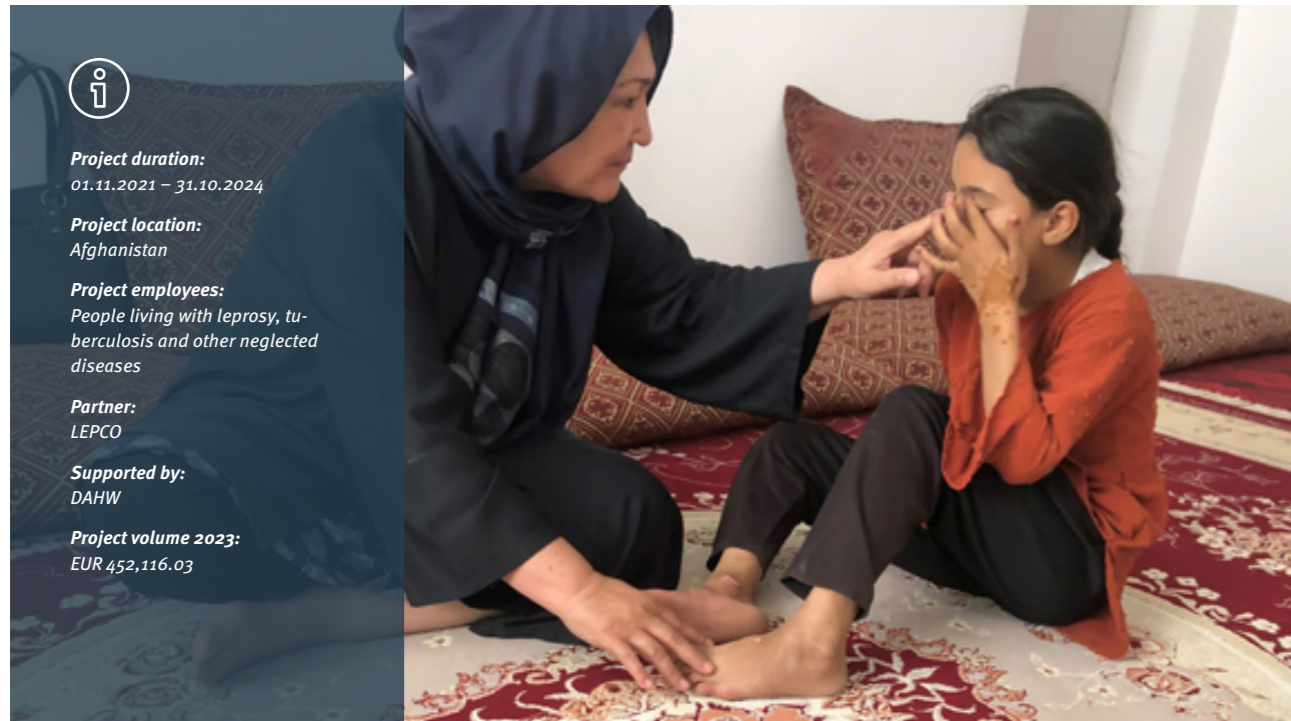


Photo: LEPCO



**Project duration:**  
01.11.2021 – 31.10.2024

**Project location:**  
Afghanistan

**Project employees:**  
People living with leprosy, tuberculosis and other neglected diseases

**Partner:**  
LEPCO

**Supported by:**  
DAHW

**Project volume 2023:**  
EUR 452,116.03

The DAHW has been active in Afghanistan since the beginning of the seventies and has been in close cooperation with the LEPCO organisation since 1984. We jointly operate seven small clinics that offer targeted medical aid in locations without adequate infrastructure. Especially people living in remote and mountainous regions have only very limited access to medical services and some have to drive many hours to reach the nearest health centre.

Since seizing power in the summer of 2021, the Taliban, once again, rule the country. Even during these times, our teams remain on-site and have continued to perform screenings and treatments; our project work with respect to leprosy and tuberculosis control has continued undeterred – and it continues to this day despite enormous challenges. The situation has especially deteriorated even more for women and girls. Not only are they affected more severely by neglected diseases such as tuberculosis than boys and men, receiving medical aid has also become even harder for them. Moreover, in addition to the strict limitations that now apply

to the female population, the Taliban have also issued a de-facto employment prohibition for Afghan women in relief organisations. However, female employees are indispensable in healthcare.

During outreach campaigns, small teams travel to inaccessible regions in order to examine patients on-site that would otherwise be cut off from any kind of healthcare service. Those affected are very often women and children. During this work, it is important that female workers are present since it is often forbidden for men to examine women. Although female healthcare workers are exempt from this de-facto employment prohibition, female employees at DAHW are living in a constant state of uncertainty.

Especially in Afghanistan, where about 50 percent of the population lives below the poverty line and remote areas offer hardly any access to healthcare facilities, the projects of the DAHW and LEPCO are making an important contribution.

Video: Arif Hemat (LEPCO-COO)  
on the work in Afghanistan



Photo: Carolin Gunesch

# Latin America



**Martha Barbosa**  
Regional Representative  
Latin America

In 2023, the regional office made it its mission to end the activities of DAHW in Latin America as orderly as possible in order to be able to prospectively continue support measures, especially leprosy control. This orderly transition was to take place gradually while taking the affected communities into account. In 2024, local partners will continue the respective measures in those areas in Columbia, Bolivia and Paraguay currently supported by DAHW.



**Carolin Gunesch**  
Portfolio Coordinator  
Latin America

In our Chagas work in Bolivia, we focus on the main cause of the disease: We renovate houses in order to take away the basis of existence of bugs who are the carriers of the disease; we sensitise citizens and the government with respect to implementing preventive measures, and we support a hospital in which Chagas is treated. Moreover, we promote research as much room for improvement still exists in this regard. → more on this on page 20



**Daniel Gonzalo Eslava**  
Project Coordinator

Despite the measures promoted by the National Leprosy Programme in Columbia, the Departments of Cesar, Norte de Santander, Huila and Valle del Cauca continue to have a high disease burden, which can be clearly seen in the number of new cases recorded each year patients, but also by the high degree of disabilities as a result of contracting leprosy.

→ more on this on page 21

# Bolivia

House renovations to control the Chagas disease

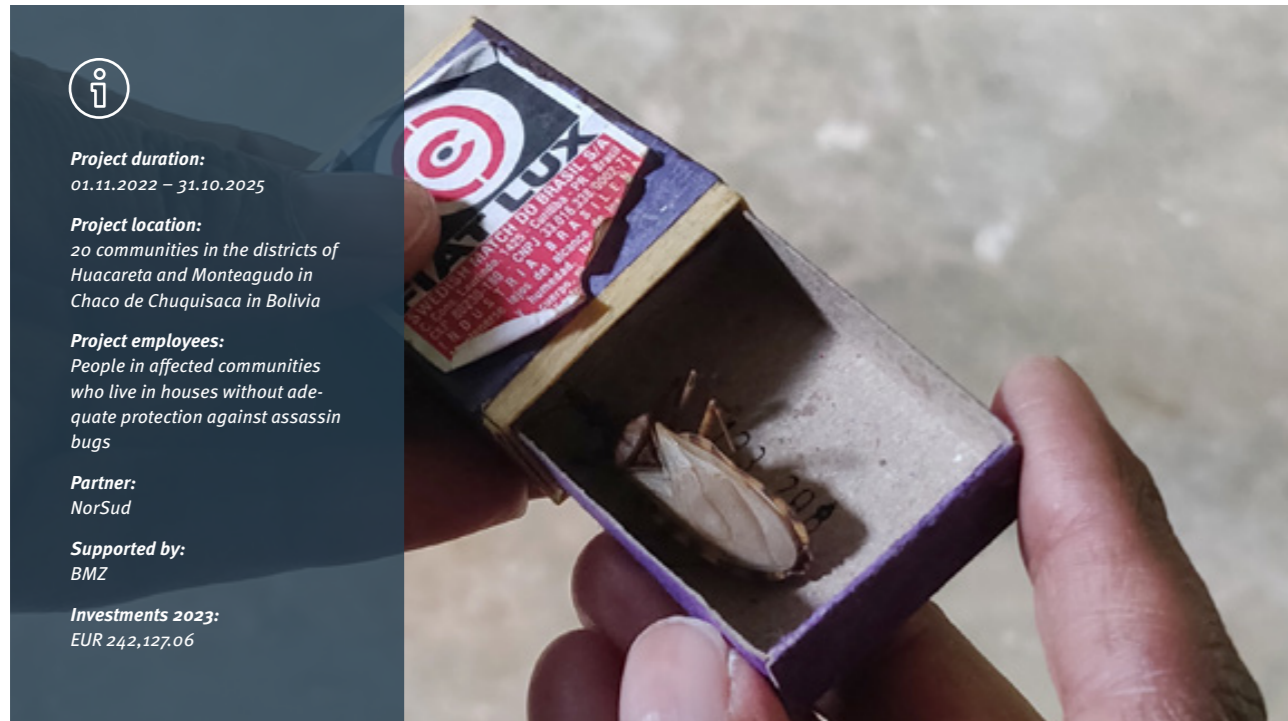


Photo: Carolin Gunesch



**Project duration:**  
01.11.2022 – 31.10.2025

**Project location:**  
20 communities in the districts of Huacareta and Monteagudo in Chaco de Chuquisaca in Bolivia

**Project employees:**  
People in affected communities who live in houses without adequate protection against assassin bugs

**Partner:**  
NorSud

**Supported by:**  
BMZ

**Investments 2023:**  
EUR 242,127.06

The Chagas disease is almost unknown in Germany – although the number of infected persons worldwide is estimated at up to seven million. About ten to twelve thousand deaths are caused annually in connection with a Chagas infection.

The creatures contributing to the spread of the disease are just a few centimetres long, move rapidly on six legs and live in cracks and roofs of simple houses in South and Central America: assassin bugs. Their bite can lead to serious consequences for humans as parasites on the bug can enter the human body via the bite and cause Chagas disease. However, bugs are not the only transmitters of these parasites – it is also possible to be infected via blood and organ donations. Pregnant women can also transmit the disease to unborn children.

A Chagas infection can lead to severe complications: Besides fever, stomach ache, diarrhoea and swollen lymph nodes, myocarditis or meningitis can also develop – often with fatal consequences. In less severe cases, the symp-

toms dissipate after about four weeks, while some continue to carry the infection within their bodies. The parasite can, for example, lodge itself in the heart, the oesophagus or the colon and cause irreversible damage – even decades after the infection.

In the Bolivian region of Chaco de Chuquisaca, the region most affected worldwide by Chagas, a DAHW project is contributing to holding transmission at bay by keeping the carrier bug out of living spaces. Houses in the affected communities are being renovated as cracks and roofs are being sealed off in order to prevent the assassin bug from entering human dwellings. Awareness building and the establishment of monitoring posts additionally ensure that a renewed infestation is quickly recognised and rectified.

The participatory and sustainable project is making significant progress. We can expect a significant reduction in assassin bug infestations – which, in turn, will also reduce the incidence of Chagas infections.

Video: DAHW expert Carolin Gunesch on the Chagas project



# Columbia

Quick diagnoses of those affected by leprosy



Photo: Daniel Gonzalez Elava



**Project duration:**  
01.01.2021 – 31.12.2023

**Project location:**  
Columbia, districts of Norte de Santander, Cesar, Valle, Huila

**Project employees:**  
People affected or at risk of leprosy in endemic areas

**Supported by:**  
Likvidace Lepry

**Investments 2023:**  
EUR 51,435.49

DAHW's leprosy work in Columbia has made significant progress: Numerous projects have contributed to reducing new infections, improving diagnosis and treatment and further training healthcare personnel.

Leprosy has a historic incidence and prevalence in the four Colombian districts of Norte de Santander, Cesar, Valle and Huila. Thus, the project aims to reduce a delay in diagnosis for leprosy patients in these areas and thereby also the development of disabilities due to leprosy infections.

Specific measures have been developed for this purpose. A study on the delay of diagnoses was initially conducted. The study showed that the relatively extensive period between the occurrence of initial symptoms and treatment begins continues to be a challenge for public healthcare systems. Therefore, an inter- and multidisciplinary approach is required to bridge these gaps.

The project ultimately contributed to improving diagnosis capacities of healthcare personnel and also provided edu-

cational information to those affected and their relatives. Theoretic and practical workshops for patients and their families were developed and held. Those affected received information via brochures on how to avoid disabilities. Moreover, basic care products were handed out as, e.g., caring oil or safety glasses, to prevent (further) disabilities.

Not least so-called social players in communities were trained in order to contribute to early detection of new leprosy cases – among these (former) patients themselves: They were integrated in active case search as well as in providing social support for newly diagnosed patients. So-called "leaders" that have been specifically trained are able to detect leprosy symptoms as well as accompany and provide consultation for patients until the diagnosis is confirmed. This support is of utmost importance if one considers that leprosy has remained a highly stigmatised and greatly feared illness until today.



Video: 60 years of DAHW in Latin America

# Legacies and individual donations: helping sustainably



Photo: Mario Schmitt  
Information events as here in Togo are part of the DAHW strategy to end leprosy. Financial security allows for long-term planning.

## Legacies: Support beyond death

Through timely planning and precaution, we can commit ourselves to matters close to the heart even beyond our lifespan. In the past year, DAHW and those affected in project areas once again benefited from bequests and legacies. Mr. Ernst Mönch, bequeather of an especially generous legacy, has been there for other people throughout his lifetime, recalls his confidant and the executor of his will. He himself lived modestly, but was always generous and ready to help others. It was certainly not Ernst Mönch's goal to make a name for himself as he preferred to remain in the background. It was nonetheless important for him to support people with his estate and act as a role model so as to motivate others to donate.

With Ernst Mönch's generous contribution, we can support projects in Togo and Pakistan with the goal of eradicating leprosy. Financial security afforded by such bequests allows us to sustainably implement long-term programmes.



Photo: Solome Najjingo/UCMB  
In Uganda, mobile X-ray machines that can be transported as a backpack make it possible to examine patients in remote areas.

## Individual donations: Effectively taking on responsibility

Supporters as well as companies want to make a difference with large donations and effectively take on responsibility. It is their desire to make sustainable perspectives and larger development steps possible with regard to our project work. Many generous donors have long been familiar with our work and have fully placed their trust in us. For some it is important to support very specific projects.

In the past year, a project was successfully promoted through major donations. The project aims to enable detection and treatment of tuberculosis in remote regions – for people who are unable to reach the nearest hospital due to long distances and their physical condition. Mobile X-ray machines have been acquired in order to make diagnostics possible on-site. Donations in the amounting to € 74,000 were used to purchase diagnosis software and provide further training for healthcare personnel. Thus, the quality of life of those affected could be significantly enhanced.



Contact information for individual donations/inheritances/legacies

Friedrich Klußmann  
Telephone: 0931 7948-161  
E-mail: testament@dahw.de



Contact for individual donations/corporate cooperations

Claudia Berns  
Telephone: 0173 7293897  
E-mail: Claudia.Berns@dahw.de

Video: Florian Hundhammer, Team Manager Donor Dialogue, on the DZI donation seal



# DAHW research projects



DAHW's research work has contributed to achieving milestones such as the development of a leprosy therapy or the introduction of prophylactic treatment. Our projects utilise artificial intelligence for early leprosy detection as we continue to have our finger on the pulse of the times.

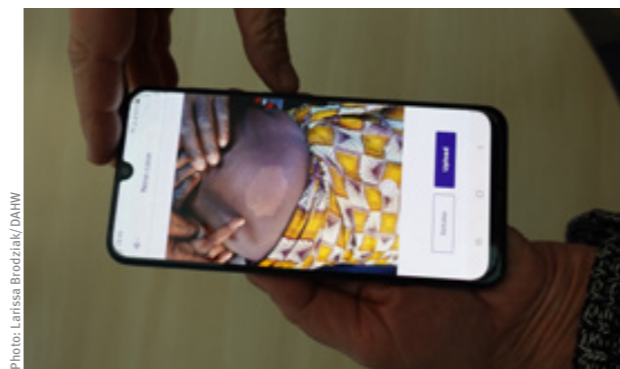


Photo: Larissa Brodzialek/DAHW  
DAHW and the US company Belle Torus Corporation have entered into a cooperation in order to jointly confront skin diseases in Senegal.

How can a leprosy infection be detected without access to medical facilities? This is an urgent question for example in the former "leprosy villages" (see page 24) in Senegal. Leprosy remains endemic in these areas. Since some of these communities are very remote, there are essentially no examination and diagnosis options for inhabitants.

The DAHW already bridged this gap a long time ago with so-called "skin camps" during which mobile examination centres are set up in villages. Healthcare personnel is now receiving support through artificial intelligence: The cooperation, entered into in 2023 between DAHW and the US company has made it possible. Thus, Belle Torus Corporation developed a smartphone app that supports the identification of certain skin diseases. On-site healthcare personnel clicks photos of skin lesions and upload these into an app for analysis purposes. If the AI software detects a lesion that closely resembles leprosy, the image is examined further by trained experts and another examination is ordered in case of uncertainty. For many Senegalese affected by leprosy, this is a valuable opportunity to receive

certainty about their illness – and further treatment following the diagnosis.

Mahamath Cissy, DAHW Office Manager in Senegal, believes this technology offers an important contribution in the fight against leprosy. "With the use of artificial intelligence in Senegal, access to preventive treatments and care can be expanded – specifically in remote and rural areas," he emphasised. "Moreover, the technology reduces concealment of the disease and its transmission within communities."

Yet, the DAHW also keeps an eye on large-scale health-policy challenges of our time: "Artificial intelligence is also on the rise in the healthcare sector," as DAHW Research Coordinator Dr. Christa Kasang who is in charge of the project stated. "We want to avoid focusing merely on diseases that are prevalent in the northern hemisphere." This is especially true of so-called neglected tropical diseases (NTDs), which include leprosy as these are often overlooked in research. "We therefore "train" the AI system in our projects so that neglected poverty-associated diseases are also taken into account during further development."



Dr. Christa Kasang  
Research Coordinator of DAHW



Video: Dr. Christa Kasang on the possibilities of artificial intelligence

# The “leprosy villages” in Senegal are history



Everyday life in a so-called VRS in Senegal. Since these “villages for social reintegration” had not been managed by regional municipalities, they did not have the same access to infrastructure developments as other communities. Now that the special VRS status has been rescinded, new legislation must be implemented specifically.

The DAHW is celebrating a remarkable achievement in its battle against discrimination, stigmatisation and exclusion: “Leprosy villages” shall be a thing of the past in Senegal. The government in the West African country has announced this in June of 2023. DAHW played a decisive role in the process.

For nearly fifty years, legislation in Senegal had allowed the establishment of “villages for social reintegration” (“villages de reclassement social des lépreux”, VRS). These villages accommodated people who lived and continue to live with leprosy as well as their families.

However: The VRS are overpopulated, lack basic utilities such as electricity, water, toilets or access roads. Moreover, the term “VRS” is strongly stigmatised. Anyone originating from such a village can expect to be mocked and ostracised.

For Minister of Health and Social Action Marie Khémessie Ngom Ndiaye, the leprosy situation changed in the early summer: There are only about 55,000 Senegalese who still

suffer from leprosy, she declared in parliament, a very low rate. As a consequence, the law would have to be repealed as it

constitutes stigmatisation. The Senegalese living in these villages are honourable citizens.

In a short speech, Member of Parliament Aissatou Ndiaye wholeheartedly thanked DAHW for its efforts over the past decades. Since: DAHW – together with other partners – was decisively involved in lobbying and advocacy work, which lead to the repeal of the law. Moreover, DAHW has supported the residents of VRS over decades – by providing medical services and social infrastructures.

The measure taken by the Senegalese government to rid the land of this discriminating law is a huge step forward in our global efforts to support people affected by leprosy and other diseases of poverty. Now, as Mahamath Cissy, DAHW Office Manager in Senegal emphasised, it is about reintegrating the communities into regional municipalities. It is the only way to restore social justice after ostracising these villagers over decades and cutting them off from the development of the rest of the country.

The DAHW with its employees and partners on-site celebrate this milestone together with the citizens of Senegal – and especially with people who have been and still are affected by discrimination and stigmatisation.



Mahamath Cissy, Technical Consultant and DAHW Office Manager in Senegal

Video: Mahamath Cissy on the new situation of VRS



# Humanitarian aid – DAHW active in earthquake area



Basic healthcare in Syria: In many parts of the country, the medical infrastructure remains precarious. In the aftermath of the earthquake in February, these needs became more apparent than ever.

## Earthquake in Syria in February of 2023

Terrible images went around the world after the earth shook in Syria and Turkey: Thousands of buildings collapsed resulting in the death of tens of thousands of people.

The humanitarian situation in Syria remains catastrophic, as the DAHW partner organisation International Medical Corps, which is active on-site, has stated. The difficult economic situation, shortages of electricity and water confront the people in these areas with severe challenges. Moreover, there are not enough social services in affected areas and a lack of facilities providing psychosocial support. A truly dire situation in light of the trauma left behind in the wake of the earthquake.

In Syria, DAHW supports survivors and other affected persons with a project, financed through BEH (Alliance Development Works). The work is focussed on the region of Hama, where a large number of people have taken shelter after fleeing their destroyed communities.

A family centre has been established, offering inclusive services, protective measures for those affected as well as psychosocial support. In the region of Dara’a, funding is also flowing into a primary care health centre. Educational information campaigns sensitise the public for topics of gender-specific violence, family planning and birth.



Video: Expert Susan Höfner on the DAHW strategy for humanitarian aid



Earthquake in the region of Herat in Afghanistan: On account of severe aftershocks, treatment rooms were no longer safe, and the injured had to be treated in the open as here in the regional clinic in Herat.

## Earthquake in Afghanistan in October of 2023

In the past year, a severe earthquake also occurred in Afghanistan, another DAHW project country, causing many deaths and injuries. Whole villages were destroyed; families were forced to sleep in the open, and the situation in hospitals was tense: Many injured people were treated in the courtyards of clinics as severe aftershocks made treatment indoors impossible.

Many survivors lost everything. At the time, the partner organisation Union Aid said: “Our colleagues see these people – they simply need everything: water, food, shelter, warm clothing. How can we ask them what they need when we can see that they have absolutely nothing?”

With funding provided through BEH, the DAHW financed rapid emergency aid, providing especially food, hygienic kits and warm clothing. Since winter was already approaching in October – it was about offering people provisions and protection from the first snow. Moreover, the food situation in Afghanistan remains catastrophic. Rapid relief was indispensable, especially for women and children.



Susan Höfner, Consultant for Humanitarian Aid and Inclusion

# Reaching milestones together: DAHW in alliances



The international development cooperation lives from exchanges, from shared experiences, reciprocal impulses and lived-out team work. DAHW is part of numerous alliances, which have, once again, achieved great things in 2023.



Photo: Dr. Christa Kasang  
Focussed cooperation in Berlin: A meeting of the German Network Against Neglected Tropical Diseases (DNTD) with DAHW as one of its founding members.

“Together we are stronger” – a principle once again elucidated by the fruitful cooperation with the **International Federation of Anti-leprosy Associations (ILEP)**. Its members work closely together on many projects, coordinate with policy-makers and stakeholders and achieve important milestones through new and innovative approaches. Thus, in 2023, the assessment tool NISC (NTD Inclusion Scorecard) was completed within the context of cooperation with ILEP. NISC can determine whether NGOs adequately include people affected by NTDs.

The **WASH Network** once again provided an important forum in 2023 in order to politically prioritise the importance of proper water supply and sanitation – since, with respect to NTDs, there is often a strong correlation between proper WASH infrastructures (water, sanitation, hygiene) and infection transmission and successful treatment.

DAHW is also a founding member of the **German Network Against Neglected Tropical Diseases (DNTD)**. In 2023, an expert consultation was held with important political players. Moreover, in June, the DNTD was represented at the WHO con-

ference on NTDs and, in October, at the World Health Summit. The **Leprosy Research Initiative (LRI)** celebrated its ten-year anniversary in 2023. In the past year, 65 applications were evaluated and eight projects accepted for its research promotion programme. Moreover, for the first time, two capacity strengthening grants were awarded to junior researchers.

Our inclusion consultant was elected co-spokesperson of the Working Group Disability and Development of the **Association of German Development and Humanitarian Aid NGOs (VENRO)**. The focus was also on the introduction of a human rights concept and the inclusion marker of the Federal Ministry for Economic Cooperation and Development (BMZ) as well as on preparation for the Global Disability Summit 2025 and the associated civil-social involvement.

At the **International Disability and Development Consortium (IDDCC)**, we were involved in the Working Group for Inclusive Health and Community-Based Inclusive Development.

In 2023, the work of **Alliance Development Works (BEH)** was highly influenced by earthquake crises and the war in Ukraine (see p. 25 and 27). BEH also dealt with the question of how to better reach potential donors.

In 2023, the **Memento-Bündnis [Memento Alliance]** once again contributed by raising awareness for neglected tropical diseases as it held an expert consultation and awarded the Memento Prize.

And not least the **inheritance initiative “Leaving Behind a Good Legacy – The Principle of the Apple Tree”** developed an inheritance calculator for those who are interested. Vernissages and concerts also offered an opportunity to start the discussion.

# DAHW in the Alliance Development Works: active in Ukraine



Russia’s war against Ukraine has consequences far beyond Europe as it has led to increased food insecurity in Africa, a development that our projects take into account. For the first time, we are now also active in Ukraine – with funding from Alliance Development Works.

Ukraine is not one of the “typical” project countries of DAHW, a fact that cannot be dismissed. It nonetheless makes sense to become active there – for several reasons.

The project supports a rehabilitation clinic in the West Ukrainian city of Lviv. The partner city Würzburg plays an important role in the provision of humanitarian and medical support for people affected by the war: Many Ukrainians fleeing other parts of the country have sought shelter there. In 2022, the rehabilitation centre “Unbroken” was founded, which has, since then, treated tens of thousands of wounded, among these many children.

“There was already a great need for orthopaedic services in Ukraine before the war,” as Thomas Collein from Team Programme Development and Control reports. “This demand has increased due to the ongoing war”. At the beginning of the war, many children from warring areas came to Lviv requiring orthopaedic care. Most active war regions have now, for the most part, been evacuated, resulting in fewer new patients. “But the patients often remain at the clinic over a long period of time,” explained Thomas Collein. “Especially rehabilitation measures take time. Therefore, capacities are often tied up over an extensive period of time.”

Rehabilitation and inclusion are also part of the mandate of DAHW – and there is no doubt that this rehabilitation project is in line with our mission statement. “Based on the work we do for people affected by leprosy, a disease that, if left untreated, often results in the most severe disabilities, we have decades of experience with respect to disability, inclusion and rehabilitation,” said DAHW Executive Director Joachim Beringer. “We are delighted that we can support Würzburg’s partner city Lviv through the mayor’s initiative.”

The financial volume for this project amounts to € 812,000. DAHW provides about a third of this – drawing on funds that are available to the relief organisation as a member of Alliance Development Works. About a third of the costs is covered by our Ukrainian partner the Unbroken Foundation. Thus, DAHW involvement in the Ukraine as a BEH project is an investment that does not take away from funding for other project countries.

After a visit to Lviv, DAHW Executive Director Beringer was moved: “I am especially impressed by the courage, pride, determination and spirit of resistance of Ukrainians. In the coming years, DAHW will do everything in its power to give people a chance to preserve their dignity.” The steering committee with both mayors, DAHW Executive Director Beringer and Foundation Director Kobzarev have already decided to significantly expand the project.

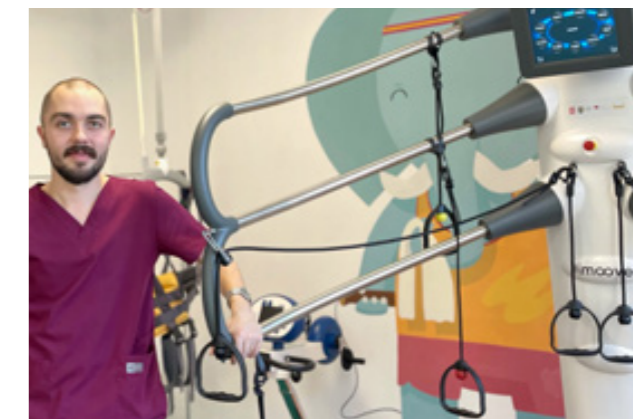


Photo: Unbroken Foundation  
Children and adolescents can rediscover their strength with modern training devices in a relaxed, friendly and, most importantly, peaceful atmosphere.



Video:  
Insight into the project in Ukraine

# Reliable support for our work: Volunteering



Working Group Haan at the 50-year anniversary at the end of April 2023. Group image with Community Consultant Ulrike Peters and Pastor (ret.) Gabriele Gummel. Founding member Norbert Montag with DAHW's honorary certificate



Friends of the junior organisation jungeDAHW: The leadership duo of Alexandra Weinert and Tom Czarnota with DAHW Executive Director Patrick Georg after signing the cooperation contract

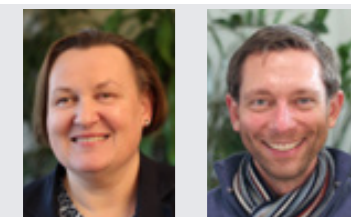
It is truly a special occasion where we can celebrate anniversaries with those who are active and express our gratitude for the many decades, years, days and hours of commitment for the benefit of people in DAHW project countries. For example, after 50 years of charitable efforts by Working Group Haan “Water for Pokhara”: Everything began with a mission doctor, working in Nepal whose wife was from Haan. The leprosy station in Pokhara urgently needed a water line which the group managed to provide within two years. The active parties remained active and have achieved much good over the course of 50 years. The work and accompaniment for those in need continues with a renewed focus.

We are happy for “our” volunteers when their commitment is recognised. Thus, Marie Luise and Wolf-Dieter Friedrich received the “Lower Saxony Order of Merit for their exemplary acts of neighbourly love” in Buxtehude. At the end of April, the Leprosy Working Group St. Laurentius Langförden in Vechta celebrated its 50-year anniversary; the following January, member Gerlinde Lampe was honoured with the

“Cross of Merit (on ribbon)”. And the International Children’s Festival, an event carried by volunteers, received the “Heimatpreis Bayern” [Bavarian Homeland Prize]. “A lively society needs people who are ready to take on responsibility for each other and develop a culture of togetherness.” The tender of the Bavarian state government describes the basic thought for the Children’ Festival very accurately.

The future of volunteering is based on a sense of balance, and we are happy and grateful for involvement from the younger generation. By signing an open-ended cooperation contract, “jungeDAHW” as the junior organisation of DAHW has taken on a life of its own. The members take decisive action and ensure that events can be held. Our cooperation with the “Johnnys” in Lahnstein, pupils from the Johannes-Gymnasium, is another great partnership that was shaped by DAHW involvement from Priest Richard Ott, SSCC. As a pupil, our Executive Director Patrick Georg found a connection to DAHW in this manner.

No matter whether waffle stalls, candle sales, market and campaign booths or independently organised events such as the flea market and jumble sale in Würzburg, balloon competitions, pedals, cycling tours for peace, ravioli eating, Easter candles or much more: We are happy to have our volunteers at our side. Their enduring and consistent work not only contributes to our medical and social work – it also provides motivation and reassurance to us here in Germany and all employees worldwide.



Do you want to get involved in our work? **Our Volunteering Consultants Beate Gemballa and Sönke Stiller** look forward to meeting with you. [www.dahw.de/ehrenamt](http://www.dahw.de/ehrenamt)

Video:  
A special greeting from Münster



# Global learning Self-reflection, conveyance of knowledge, taking action



Educational work is a central concern for DAHW. Educational Consultant Saanika Amemba conveys the content of global learning to a broad audience by means of school visits, lectures and networking.

Access to healthcare and well-being is a fundamental right – but there are great global inequalities with regard to its implementation. An urgent need for action follows from this. The DAHW’s educational programme aims to convey this message and provide impulses for potential action. Insights and first-hand of experts in the countries of the Global South play a decisive role.

Thus, the DAHW Inclusion Expert Grace Mwasuka provided information at DAHW partner schools in Germany regarding challenges and milestones in the area of children’s rights and inclusion in Tanzania. Educational Consultant Maria Hisch and Saanika Amemba, in turn, visited schools in Tanzania and brought the educational project Children’s Worlds with them, asking the children many questions and discussing these topics with reference to Germany.

DAHW Educational Consultant Saanika Amemba offers differentiated perspectives on countries of the Global South. The native Indian reports both on neglected tropical diseases and on the complexity of the social situation in India, the country with the highest number of leprosy cases worldwide, as well as on other countries. In order to promote critical discussions in schools on global inequality, the DAHW educational concept was expanded to include global topics such as racism. Interactive lectures and workshops encourage pupils to reflect on their own role in the global context and think about opportunities for taking action within the context of sustainability. In 2023, we



Reciprocal school-visits: Sometimes social worker Grace Mwasuka from Tanzania visits German schools; other times DAHW Educational Consultant Saanika Amemba travels to schools in Tanzania – as here in Kogaja.

reached over 500 pupils with interactive lectures and workshops through our educational programme. At the same time, pupils and teachers from partner schools got involved by holding extraordinary campaigns in order to promote DAHW projects. Also in India, at the University of Mumbai, Saanika Amemba held lectures and shed light on how the global DAHW network contributes to combating diseases.

In addition to school offers, DAHW also provided extracurricular education offers within the context of lifelong learning. In June of 2023, the digital lecture series “Health Talks: Food for Thought” commenced. Health experts from the Global South reported on socio-economic change in their home countries and provided insights into the challenges and opportunities of global healthcare. Just in the last half year, we reached over 120 interested parties. The digital educational unit One Health reached 6,000 users and conveyed correlations between the health of humans, animals and the environment as well as their respective roles in the global fight against diseases.



**Our Educational Consultant**

Saanika Amemba visits schools as well as extracurricular groups, and conveys knowledge on the topic of global learning through her lectures and further training. Information: [www.dahw.de/Bildung](http://www.dahw.de/Bildung)

Video:  
Our digital educational platform



# Roots and change: The DAHW from Bisidimo to the present



At the DAHW, tradition and progress are closely linked: With our projects we keep our finger on the pulse of the times and continue to set benchmarks – we are also aware of our roots and remain true to our original mission. This was demonstrated in 2023, yet again.

## Event series Close-up: Pioneering work – now and then

Important topics from our project work are regularly illuminated in the DAHW “Close-up”. In July, “pioneers” reported on what it was like to follow the DAHW motto to reach locations “where the road ends”: Franz Söllner, 1958, as a farmer in Bisidimo, talked about the development work in Ethiopia. Global Health Advisor Dr. Saskia Kreibich subsequently reported on the current approaches of DAHW within programmes. Impressive lectures that motivate people to be courageous and try new things.



Photo: Judith Matthiasch



Photo: Johanna Schultheiß

## DAHW Co-Founder Irene Kober: enjoying the Children’s Festival at 98 years of age

“I designed the logo at my living room table,” as recalls Irene Kober before posing at the photo point with DAHW Executive Director Patrick Georg at the Children’s Festival. The *grande dame* of DAHW arrived with daughter and grandchild, talking cheerfully. She also insists on regularly visiting DAHW’s central office. She only stays at home when the roads are icy – and on her birthday in January, the bouquet of flowers is, of course, delivered in person.



Photo: Private archive Franz and Theresia Söllner

## A look back at the beginnings: The couple Söllner opens its archive

“He asked me: Will you go to Africa with me? I knew: This was essentially a marriage proposal,” as Theresia Söllner recalls. She said yes – and, in the sixties, accompanied her husband Franz to Bisidimo where they helped establish the first DAHW project. The couple has now provided DAHW with about 100 slides from their private archive. The photographs offer insights into the reality on-site at the time and show how much the situation has changed since then. Thank you for this treasure trove of photos!

Online overview:  
Historic milestones of DAHW



# Foundations: living memories of our role models

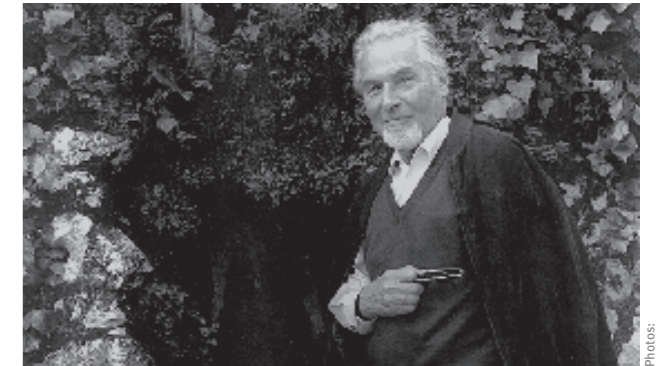


Leprosy doctor, nun and founder of MALC as well as co-founder of DAHW, long-term treasurer and President of the Hermann Kober Foundation: The foundations established by DAHW are a reminder of people who have achieved great things as they continue to serve as role models to this day.



Photo: Bernd Hartung

Dr. Ruth Pfau 2010 in Pakistan: The German doctor and nun remains a shining example for DAHW’s employees to this day.



Photos:

Hermann Kober is one of the founders of DAHW. The Kober Family remains closely connected to our organisation across generations.

The accomplishments of Hermann Kober and Dr. Ruth Pfau will forever be linked with DAHW and honoured by the organisation. The eponymous foundations invest their capital sustainably and with monumental impact. Annual payouts support specific DAHW projects.

## Ruth Pfau Foundation

In 2023, the Ruth Pfau Foundation continued to support projects of the Marie Adelaide Leprosy Centers (MALC) in Pakistan, drawing on the solid earnings from the foundation capital and incoming donations. In this manner the foundation secures the work of a lifetime done by Dr. Ruth Pfau. For the currently paid out € 200,000, the funding continues to be dedicated to bon public health, specifically in the areas of leprosy, tuberculosis and eye health. A project for improved medical care for mothers and children was also expedited, which contributes to the overall improvement of health. Moreover, MALC supports local environmental projects and promotes an inclusive environment for people with disabilities.

## Hermann Kober Foundation

Support through the earnings of the foundation’s capital remained stable in 2023. In the past year, EUR 18,000 were provided for renewing the water supply for the hospital and surrounding buildings in Bisidimo, Ethiopia.

After the passing of (ret.) President of State Parliament Barbara Stamm, who had been active on the board of the Hermann Kober Foundation since 2008, a seat on the foundation’s board was vacant. It was filled in the interim by Ms. Maria Hisch until the next election of the entire foundation board. The choice was a unanimous decision.

## Information & donations

Further information: [www.dahw.de/stiftungen](http://www.dahw.de/stiftungen)  
Ruth-Pfau-Stiftung: [www.ruth-pfau-stiftung.de](http://www.ruth-pfau-stiftung.de)  
Hermann Kober Foundation: [www.dahw.de/hermann-kober-stiftung](http://www.dahw.de/hermann-kober-stiftung)



Video:  
Mervyn Lobo on Dr. Ruth Pfau



# Organisational chart



**General meeting**  
On 31.12.2023, the assembly had 80 ordinary members

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

**DAHW executive board**  
Patrick Georg  
Joachim Beringer

**Committee Secretariat**  
Elke Herbst-Tilgner

**Administrative department**  
Sebastian Fath, Compliance (as of 01.05.2023)



Photo: Thorsten Reppner

**Administrative department**  
Nicole Hohmann, Legal Adviser's Department

**Administrative department**  
Johanna Schultheiß, Media Spokesperson/  
Organisational Communication

**Programmes, development & control**  
Dr. Saskia Kreibich, Team Management  
Thomas Collein, Team Management  
Sahayarani Antony (until 31.08.2023)  
Anil Fastenau  
Constanze Friedl (as of 15.08.2023)  
Carolin Gunesch  
Heike Himmelsbach  
Susan Höfner  
Dr. Christa Kasang  
Imran Khan (as of 01.05.2023)  
Juliane Meißner-Matz

**Programmes, controlling**  
Theresia Düring, Team Management  
Florian Bauer (as of 15.11.2023)  
Amel Gherri (as of 01.10.2023)  
Ramona Höfer  
Susanne Knoch  
Anna-Lena Masold (as of 01.01.2023)  
Chantal Menjivar-White (until 30.09.2023)  
Sabine Schöll (until 30.09.2023)

**Management of regional offices**  
East Africa: Ahmed Mohammed  
West Africa: Omar Touré  
Latin America: Alberto Rivera (until 30.09.2023),  
Martha Barbosa (as of 01.10.2023)

**Further programme or project offices**  
DAHW also operates additional offices as needed for the implementation of programmes or projects.

**Wage structure 2023** Employees are paid according to the collective agreement for public service (TVöD-VKA) depending on the requirement and training profile as well as according to the level of responsibility up to group 14. The gross amount increases in stages over the years within the same group as professional experience and seniority are principally taken into account until finally reaching the highest possible amount within the group. Higher classifications may result due to changes and growing responsibilities within the old area of activity.

**Visibility**  
Kristina Popp, Team Management  
Saanika Amembal  
Larissa Brodziak  
Sascha Eichholz (as of 01.08.2023)  
Maria Hisch (until 31.07.2023)  
Judith Mathiasch  
Birgit Seubert

**Acquisition of new donations**  
Sonja Chikwendu (Münster office)  
Manuel Koch

**Donor dialogue**  
Patrick Georg, Team Management  
Florian Hundhammer (Co-Team Management)  
Jürgen Belker-van den Heuvel (as of 01.11.2023)  
Sonja Chikwendu (Münster office)  
Sylvia Deppisch (until 31.03.2023)  
Sandra Dittrich  
Priscila Franco Aguilar (until 31.08.2023)  
Beate Gemballa  
Corinna Holzheimer  
Friedrich Klußmann  
Diane Lovasz  
Michael Schnitzler (until 31.08.2023)  
Matthias Schwarz  
Lilija Tenhagen (Münster office)

**Finances**  
Klaus Czech, Team Management  
Claudia Ehrenfels (as of 01.08.2023)  
Simone Ehrenfels  
Doris Nickel-Weipert (as of 01.04.2023)  
Elke Sengfelder  
Christiane Wiesen

**Internal services**  
Matthias Schröter, Team Management  
Martin Amend  
Christoph Appel  
Christian Beyer  
Alexandra Brückner  
Astrid Dülk  
Snjezana Juric (Grafrath)  
Michael Welter  
Tobias Willmroth

	Gross wages full-time <sup>1</sup>		
	until	from	employees
Assistance:	€ 2,242	€ 3,587	7
Case handlers:	€ 2,910	€ 4,748	11
Consultants:	€ 3,180	€ 4,950	18
Med. professionals, department management:	€ 3,492	€ 6,560	12

18 employees work on a part-time basis, 4 employees within the context of minimal employment (mini-job), 1 employee in semi-retirement. Compensation for the board is regulated outside of the normal pay scale and amounted to a gross wage of EUR 114,999.60 per member of the executive board in 2023. Members of the supervisory board work on a voluntary basis. They do not receive any expense allowances, but are reimbursed for actual costs upon request.

# Champions for DAHW



Joint efforts for safeguarding and compliance

At DAHW, transparency, safety for employees and project participants and proper procedures are given the utmost priority. In 2023, the two new employees responsible for this area worked together closely in order to satisfy this standard.



Participants of the Safeguarding Champions Training in Nepal 2023

Thus, in the area of compliance, a legal cadastral register was created with norms that are of utmost importance for the work of DAHW. Moreover, a project-related analysis was performed that highlights financial, project-immanent and compliance-related risks. We thereby want to make it possible to already assess challenges in this area at the beginning of projects in order to deal with these in a timely manner.

Moreover, an in-person and online training on the topic of protection against violence was held – and respective templates for improving legal compliance in contract law have been created.

In the past year, a new approach was developed in the area of safeguarding in order to contextualise and comprehend safety concepts – both from the viewpoint of people for whom DAHW works as well as for the programme offices in project countries. So-called Champions Training was initiated: Selected employees from all project countries came and continue to come together for training and then return to their place of work and, in turn, train their colleagues at the respective offices.

Initial training brought employees from programme offices and partners from Pakistan, Nepal and India together in Nepal. The feedback was very positive as participants announced that respective training sessions would be held at local offices: with the goal of establishing a culture in which everyone can feel safe.

*“Safeguarding training has equipped me with both theoretical and practical expertise that I can pass on to my organisation. Thus, I am able to develop safeguarding guidelines and implement these in order to protect my team and the community in which I work.”*

Participants of Champions Training in Nepal 2023

The departments Safeguarding und Compliance have worked closely in order to create a whistleblowing platform where inappropriate behaviour within DAHW can be reported anonymously. In line with these measures, the Code of Conduct as well as guidelines have been updated and augmented as needed. Training sessions have been also prepared.

– **Quality management:**  
[www.dahw.de/qualitaetsmanagement](http://www.dahw.de/qualitaetsmanagement)



**Sebastian Fath**  
Compliance

**Imran Khan**  
Safeguarding



Video:  
Insights into Safeguarding Training in Nepal

# Long-term impact:

## Financial stability for sustainable projects



Support through donations is at the heart of our earnings. All the more important is a stable donation flow on which we can rely. Ultimately, a sufficient supply of funding for DAHW projects in the countries of the Global South is always at the forefront. We have always been able to secure sufficient funding, not least through income from legacies and inheritances.

As a non-governmental organisation in development cooperation, we rely on partnerships as well as on sustainable and long-term structures. However, we are also facing challenges that we must confront in times of fluctuating dona-

tions. Our reserves form the foundation for far-sighted planning and stable support.

In addition to donations, we are also grateful for contributions from legacies and inheritances. The enormous trust invested in us by those who bequeath their wills honours us as this allows us to achieve a sustainable impact beyond the lifetime of the donor.

The DZI donation seal confirms our purpose-oriented, economical and effective use of funds and our focus on providing the greatest possible transparency and impact.

Video: DAHW Executive Director Joachim Beringer on the profit and loss account 2023



## Balance as of 31 December 2023

### Assets

	2023		2022	
	€	€	€	€
<b>A. Fixed assets</b>				
<b>I. Intangible assets</b>		<b>95,174.00</b>		<b>100,730.00</b>
<b>II. Tangible assets</b>				
1. Properties, rights equivalent to real property and structures	14,902,694.26		15,173,279.26	
2. Other assets, operating and office equipment	202,399.00		238,105.00	
		<b>15,105,093.26</b>		<b>15,411,384.26</b>
<b>III. Financial assets</b>				
1. Securities for fixed assets	10,472,730.76		10,463,349.53	
2. Other loans	17,896.22		17,896.22	
		<b>10,490,626.98</b>		<b>10,481,245.75</b>
<b>B. Current assets</b>				
<b>I. Inventories</b>		<b>720.80</b>		<b>1,213.15</b>
<b>II. Accounts receivable and other assets</b>				
1. Trade accounts receivable	8,581.35		3,070.00	
2. Other assets	9,167,342.96		9,847,015.95	
		<b>9,175,924.31</b>		<b>9,850,085.95</b>
<b>III. Cash in hand and at bank</b>		<b>11,361,704.35</b>		<b>5,168,264.43</b>
<b>C. Accruals and deferrals</b>		<b>5,945.19</b>		<b>44,879.15</b>
<b>D. Excess of plan assets over post-employment benefit liability</b>		<b>724.10</b>		<b>913.68</b>
<b>Total assets</b>		<b>46,235,912.99</b>		<b>41,058,716.37</b>



Photo: Susan Höfner

### Liabilities

	2023		2022	
	€	€	€	€
<b>A. Equity capital</b>				
<b>I. Reserves for charter-related purposes</b>	<b>31,083,790.49</b>		<b>30,928,216.45</b>	
<b>II. Net income/loss for the year</b>	<b>302,031.95</b>		<b>155,574.04</b>	
<b>Total equity capital</b>		<b>31,385,822.44</b>		<b>31,083,790.49</b>
<b>B. Special items from grants and subsidies</b>				
<b>I. Long-term committed fixed tangible assets</b>		<b>415,000.00</b>		<b>415,000.00</b>
<b>II. Unutilised donations, grants</b>				
Unutilised donations (status 31.12. respectively)				
› Programmes and projects financed with external funds	452,231.28		653,626.50	
› Programme and project funds/Association Development Works (BEH)	4,465,497.04		575,907.22	
› Programmes and projects financed with own funds	2,732,365.43		20,365.43	
		<b>7,650,093.75</b>		<b>1,249,899.15</b>
<b>C. Conditional donation fund</b>		<b>252,529.89</b>		<b>251,397.17</b>
<b>D. Provisions</b>				
1. Provisions for pension scheme	1,750,858.00		1,678,003.00	
2. Other provisions	945,729.64		982,469.50	
		<b>2,696,587.64</b>		<b>2,660,472.50</b>
<b>E. Liabilities</b>				
1. Trade accounts payable	223,090.04		194,242.81	
2. Other liabilities	3,607,108.23		5,197,569.25	
		<b>3,830,198.27</b>		<b>5,391,812.06</b>
<b>F. Accruals and deferrals</b>				
1. Deferred income and accrued expenses	5,681.00		6,345.00	
		<b>5,681.00</b>		<b>6,345.00</b>
<b>Total liabilities</b>		<b>46,235,912.99</b>		<b>41,058,716.37</b>

Würzburg, 13.04.2024

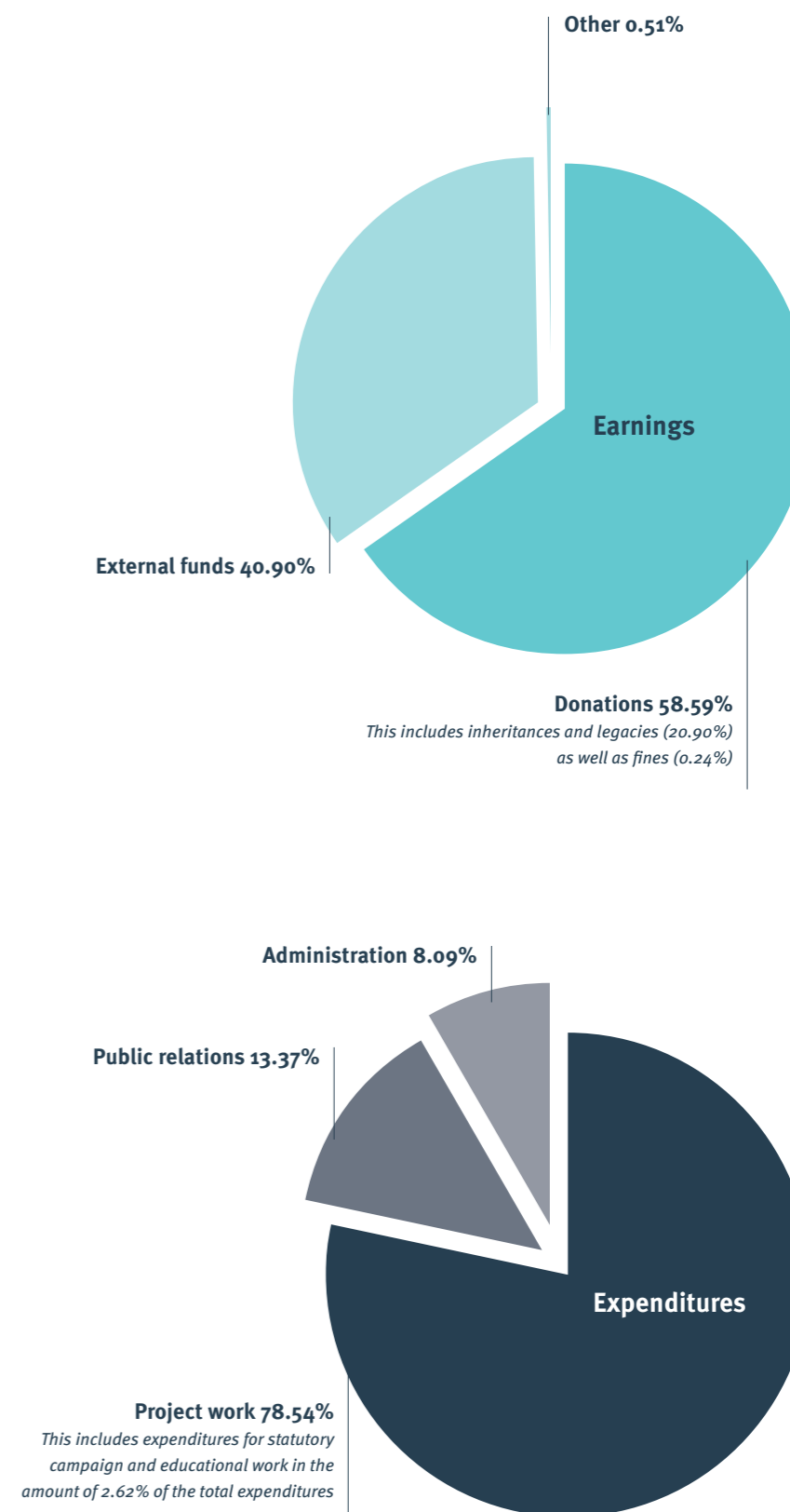
## Profit and loss statement for the time from 1 January to 31 December 2023

Income	2023		2022	
	€	%	€	%
<b>Interests and purpose-related operation</b>				
› Monetary donations	5,060,358.21	37.45	5,691,840.98	32.17
› Donations in kind	380.80	0.00	190.40	0.00
› Estates (inheritances and legacies)	2,822,934.06	20.90	5,829,254.30	32.94
› Income from fines	32,329.66	0.24	30,994.00	0.18
› Government grants	2,200,720.10	16.29	2,382,444.93	13.46
› Grants from other organizations (foundations, church organizations, foreign organizations)	3,324,913.93	24.61	3,754,717.04	21.22
› Other income	68,404.93	0.51	5,206.51	0.03
<b>Total income</b>	<b>13,510,041.69</b>	<b>100.00</b>	<b>17,694,648.16</b>	<b>100.00</b>
<b>Expenditures</b>				
<b>Programmes and projects</b>				
› Africa	-4,714,162.75	31.44	-5,618,255.08	34.81
› Latin America	-766,478.47	5.11	-692,169.30	4.29
› Asia	-2,367,915.67	15.79	-2,729,851.53	16.91
› Research	-646,235.87	4.31	-667,370.68	4.14
› BEH programmes and projects	-1,030,419.74	6.87	-485,429.70	3.01
› Transregional projects	-188,362.49	1.26	-462,825.27	2.87
› ILEP cooperations	-19,200.00	0.13	-8,500.00	0.05
› Quality assurance programmes and projects	-214,360.57	1.43	-168,204.06	1.04
› Personnel and materials costs for programmes and project support	-1,436,311.10	9.58	-1,254,649.42	7.77
› Charter-related campaign and educational work	-392,732.32	2.62	-353,652.23	2.19
<b>Total programme expenditures</b>	<b>-11,776,178.98</b>	<b>78.54</b>	<b>-12,440,907.27</b>	<b>77.08</b>
<b>Public relations</b>				
› Funds for advertising and fund-raising	-669,400.82	4.46	-1,454,174.02	9.01
› Personnel and material costs for general public relations	-1,204,738.23	8.03	-1,036,097.15	6.42
› Personnel and material costs for external funds acquisition	-131,377.61	0.88	-218,759.40	1.36
<b>Total expenditures public relations</b>	<b>-2,005,516.66</b>	<b>13.37</b>	<b>-2,709,030.57</b>	<b>16.79</b>
<b>Administration</b>				
› Personnel and material costs	-1,212,396.52	8.09	-989,041.53	6.13
› Income taxes	0.00	0.00	0.00	0.00
<b>Total administration</b>	<b>-1,212,396.52</b>	<b>8.09</b>	<b>-989,041.53</b>	<b>6.13</b>
<b>Total expenditures</b>	<b>-14,994,092.17</b>	<b>100.00</b>	<b>-16,138,979.37</b>	<b>100.00</b>
<b>Commercial business operation</b>				
Income	20,853.69		9,593.95	
Expenditures	-7,814.95		-18,330.92	
<b>Result of commercial activity</b>	<b>13,038.74</b>		<b>-8,736.97</b>	
<b>Asset management</b>				
<b>Income</b>				
› Rental and lease income/Sales proceeds	1,244,137.69		791,890.54	
› Capital gains	1,005,424.65		167,998.89	
<b>Total income</b>	<b>2,249,562.34</b>		<b>959,889.43</b>	
<b>Expenditures</b>				
› Real estate expenditures	-374,381.04		-385,668.00	
› Expenditures for capital management	-102,137.61		-1,965,579.20	
<b>Total expenditures</b>	<b>-476,518.65</b>		<b>-2,351,247.20</b>	
<b>Result of asset management</b>	<b>1,773,043.69</b>		<b>-1,391,357.77</b>	
<b>Total result</b>	<b>302,031.95</b>		<b>155,574.05</b>	

This profit and loss statement was prepared according to the standards of the DZL.



## Schematic illustration



# Your donation changes lives



Support us! There are numerous opportunities.



**EUR 33** is the cost for medications in Togo required by our Buruli ulcer patients on a monthly basis. The treatment lasts several months.

Photo: Mario Schmitt



**EUR 240** is the average cost of further training for medical staff.

Photo: DAHW Sudan



**EUR 900** make it possible to medically examine 60 people within the context of a Skin Camp.

Photo: Carolin Gunesch

On account of your support, we are able to improve the health and living situations of many. Donate easily and quickly at [www.DAHW.de/Spenden](http://www.DAHW.de/Spenden) or via our donations account at Sparkasse Mainfranken Würzburg, IBAN: DE35 7905 0000 0000 0096 96, BIC: BYLADEM1SWU



Follow this link to donate online

All contact partners of our donation communication services are available at [www.dahw.de/spendenservice](http://www.dahw.de/spendenservice). Everything you need to know about donations is available at [www.dahw.de/faq](http://www.dahw.de/faq).

## Further information on DAHW German Leprosy and Tuberculosis Relief Organisation



You may request additional information about our work online: [www.DAHW.de/Informationen](http://www.DAHW.de/Informationen)

## Data privacy statement

As the responsible party, DAHW Deutsche Lepra- und Tuberkulosehilfe e.V., Raiffeisenstraße 3, D-97080 Würzburg processes your personal data for the purpose and in the best interest of providing information about our statutory goals and for fundraising in order to secure the means necessary for their implementation. Section 6 (1) Sentence 1 lit. f) of the GDPR is the legal basis. We also process your personal data for the purpose of processing donations. Section 6 (1) Sentence 1 lit. b) of the GDPR is the legal basis. If you no longer want to receive information about the work of DAHW or appeals for donations, you can at any time in writing or via e-mail ([datenschutz@dahw.de](mailto:datenschutz@dahw.de)) object to the usage of your address in accordance with Section 21 (2) of the GDPR. We will then no longer process your personal data. Extensive information on data protection at DAHW as well as the address of our data protection officer are available at [www.dahw.de/datenschutz](http://www.dahw.de/datenschutz).



Photo: Susan Höfner

## Imprint

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**Photos:** Photographs with no stated source are either from DAHW

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**Used symbols:**





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