

Working together for Health

Annual Report 2022



Difäm
Annual Report 2022

Tübingen, July 2023

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1. Foreword

After two years of pandemic, the year 2022 brought new challenges with the Russian war of aggression against Ukraine. The war was only a few days old when the phones at *Difäm Weltweit* would not stop ringing. Ukrainian doctors practising in Tübingen wanted to send relief supplies and medicines into the crisis region. The central procurement office of *Difäm Weltweit* was able to help. From this, large-scale relief campaigns developed which accompanied us throughout the year. Initially, there were almost weekly aid deliveries of medicines and medical equipment. Later in the year, we were able to respond to very specific needs of local hospitals in Ukraine. The local network "Tübingen hilft Ukraine" (Tübingen helps Ukraine) provided significant support with the entire logistics and communication of the aid transports. The financial foundation was laid by the many donors who supported this cause. In total, aid shipments worth almost 475,000 euros were sent to Ukraine in 2022.



In addition, *Difäm Worldwide* completed 32 projects in 20 countries within the framework of the COVID Small Projects Fund with a total volume of around 400,000 euros. The Vaccination Small Project Fund was continued with 23 partners, and projects as well as procurements worth 1.3 million euros were implemented. The church networks in particular hold the trust of the people and have contributed to the success of the vaccination campaigns in many projects.

In order to learn from the "Small Project Fund" format, evaluations were carried out in eleven countries. They showed that all partners have successfully implemented the projects. We are currently conducting an overall evaluation of this very large project, which spans three years and has a total volume of around four million euros. *Difäm Weltweit* has meanwhile built up great capacities, especially in project management. We hope to be able to apply this tool to other health issues in cooperation with Bread for the World.

After the pandemic, it was a great relief to be able to visit our partners in Liberia, Sierra Leone, Guinea, Malawi, Chad and Congo again. We noticed that poverty in the countries has increased significantly as a result of the pandemic and the current global economic and financial crisis. The number of people who struggle to afford even one meal a day has increased significantly. Consequently, they are also no longer able to afford the cost of basic health care. For their own funding, many church hospitals depend on patients paying for treatment directly. It has thus become more difficult for them to continue their work, retain staff and ensure good quality care. This indirectly affects our work as well: our programmes to qualify specialised staff and strengthen health systems as a whole will have less impact in the long term as long as the financing of health facilities is not secured. This has serious consequences, especially for particularly vulnerable groups. Therefore, the topic of health financing is taking up an increasingly important space in our considerations. Digitalisation opens up new possibilities here, for example for the implementation of solidarity-based financing systems. Nevertheless, it is only one instrument, and ultimately it does not eliminate the causes of poverty. This poses great challenges for the work of *Difäm Worldwide*, and we must always ask ourselves how we can shape Christian health work in the face of new local and global challenges.

A lot has changed in the education sector as well. We now offer web-based learning and continuously train our partners. For example, we successfully completed the e-learning project in Liberia in 2022, which had started before the Corona pandemic. An external evaluation confirmed that these digital learning formats have improved the quality of care in the hospitals. Similar success has been achieved in Guinea (see below). In the meantime, we also use digital learning to train and accompany the partners in project management and monitoring. Digital learning, the networking of partners in the global south and mutual exchange have become an important addition to project implementation - and we can no longer imagine doing without them.

The communications department has continued to develop. Our new website went online and we are in the process of developing online fundraising as well. This will be of enormous importance in the future. Online income has more than doubled from €31,198 in 2020 to €66,136 in 2022. Nevertheless, print media remain an important source of information, especially for our ageing readership.

In the past year, we have established a partnership with four parishes. Through church services, confirmation ministry, parish newsletters and much more, we want to make *Difäm Worldwide* more visible in the parishes and strengthen interest in our work.

A special highlight in September 2022 was the Assembly of the Ecumenical Council of Churches in Karlsruhe. People of very many denominations from all over the world celebrated their faith and addressed important issues of global justice. *Difäm Worldwide* contributed to the ecumenical dialogue on "Faith and Health". In June 2023, the Central Committee will appoint a commission that will then take these issues forward on a global level.

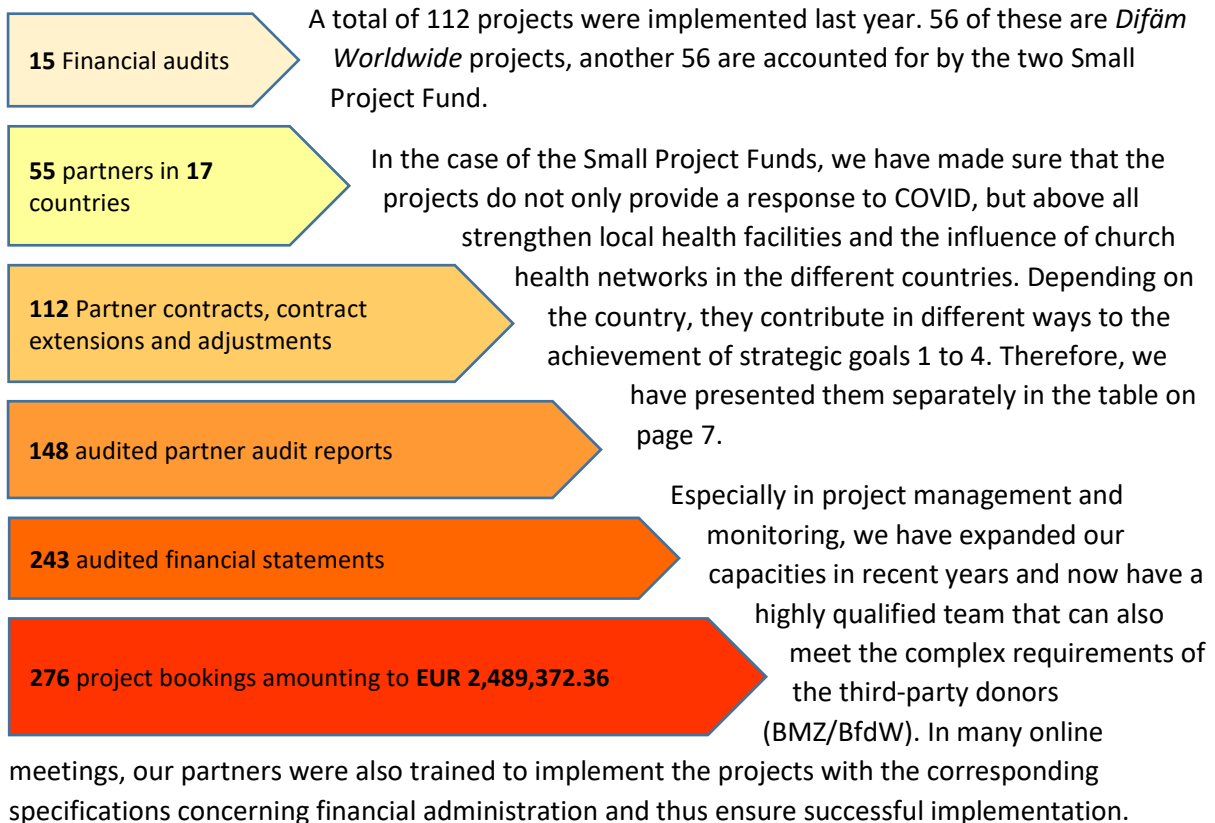
The Congo campaign, which is actually a matter close to our hearts, had to be scaled back to a minimal programme due to a lack of resources. The Thursday in Black campaign continues, but cannot be actively pursued at the moment - even though the situation in Congo needs support more than ever.

The following reports will introduce you to our project and programme work. They should also give you an idea of what goes on in the background so that our projects can be implemented well and effectively and also become visible to the public.

Dr Gisela Schneider

Project implementation and strategic framework

The fifth year of our strategic plan (2018-23) and the third pandemic year were mainly characterised by the Small Project Fund and emergency aid in Ukraine.



The chart above gives an overview of the tasks taken on by our project controlling department in this process.

In all other areas, the *Difäm Worldwide* projects continued. Compared to 2021, there are fluctuations, as the project cycles start at different times and do not run synchronously with the calendar year. In basic health work, there was a reduction of about 20 percent, but the area of health system strengthening recorded an increase of 60 percent compared to the previous year. New projects have also started in the pharmaceutical sector, so that we have an increase of 40 percent compared to the previous year.

There has been a major change in the field of counselling. Consultancy for Bread for the World is clearly declining, even though the first visits abroad with evaluation assignments are slowly starting up again. Due to contractual changes with Bread for the World, advisory services are no longer included in the project area and cannot be presented separately here.

Sabine Reichmann / Dr Gisela Schneider

Project overview

Strategic goal		Number of projects	Subsidised amount 2022 in EUR	Priority countries
1	<i>Difäm Worldwide</i> partners achieve improvement in community participation and health indicators through participatory approach	12	343.025,45	Malawi, India, Sierra Leone, Eastern Congo, Guinea, South Africa, International
2	<i>Difäm Weltweit</i> projects contribute to strengthening the local health system	21	434.705,23	Guinea, Liberia, Eastern Congo, Chad, Central Africa, International
3	People have access to good quality and affordable medicines	6	395.575,64	Sierra Leone, Liberia, Guinea, Eastern Congo, International
4	Clinical care for patients has been improved	5	128.980,06	Chad, Tanzania, Eastern Congo, Guinea
5	Emergency Responses	4	569.561,19	Ukraine, Eastern Congo, Individual Case Assistance International
COVID 19	2 Small Project Funds (SPF) 1. For COVID-19 Vaccinations 2. Emergency Aid for managing COVID-19	2 (54 Projects)	1.719.243,90	21 countries in East, West, South and Central Africa, Haiti
6a	Consulting for other agencies	1	2.456,00	East Africa
6b	<i>Training and capacity building</i>	5	106.081,12	Liberia, Eastern Congo, Malawi, International
TOTAL		110	<u>3.699,628,59</u>	

2. The Small Project Funds

The dawn of a new form of cooperation

Summary

Project number:	610
Country:	International
Target:	Rapid response to the challenges of the COVID 19 pandemic
Project manager:	Ute Papkalla
Budget:	4 million euros over three years (2020-23).

The project made an important contribution to national control of the COVID-19 pandemic in 21 countries. The approach to work with small projects being financed from a fund was a new type of work of *Difäm Weltweit*, which demanded great flexibility. Quick reactions to the emergency situation had to be made and new processes implemented. The partners also entered new territory and needed extensive advice on the application process, administration and implementation of the projects. The success of the new approach was confirmed by a conscientious evaluation: Almost all indicators were achieved, the procurement of medical goods from empty markets was possible, and it was possible to maintain the work of the health services. Despite the high effort, the great success suggests that this form of cooperation should also be sought for other health issues.

In the first half of 2020, Corona comprehensively changed the work of *Difäm Weltweit*. For the first time, *Difäm Weltweit* implemented a project fund. Bread for the World provided funds that partner organisations could call upon for pandemic prevention and control at *Difäm Weltweit*. The fund had a fixed framework that was strongly determined by the client, but had to be designed administratively and technically by *Difäm Weltweit*. The project comprised small projects of 40,000 to 100,000 euros up to a cumulative ceiling of 2.3 million euros. In addition, one million euros was available for procurements. Another share was to be used for web-based training. The four-million-euro project, which ran from May 2020 to April 2023, increased *Difäm Weltweit*'s turnover by 30 per cent annually. Whereas *Difäm* previously had seven partner countries in which it implemented projects, there were suddenly 21. Whereas in 2019 there were 54 projects supported by *Difäm Weltweit*, in 2020 there were suddenly 50 "normal" projects plus 32 COVID projects. Furthermore, these 32 new additions had to be counted as third-party funded projects, whose administration had to meet the high administrative demands of the German federal Ministry of Economic Cooperation and Development.

New processes and forms

Difäm Weltweit set up a new, comprehensive series of documents for the application, contracting and accounting of the projects. Flowcharts explained processes, responsibilities and procedures, and regular meetings kept the team up to date. Since the COVID 19 small project fund was created in an emergency situation, it initially had to be managed with the existing staff resources. It was only in the course of the project that new staff were recruited, especially for project management, in order to distribute the workload.

Part of the beneficiary organisations were the traditional partners of *Difäm Weltweit*. However, around half were unknown partners that had previously been supported by Bread for the World. *Difäm Weltweit* had to intensively advise all partners on the conception and application of its projects, as little knowledge about the new virus existed worldwide in spring 2020. Therefore, since the beginning of the pandemic, the partners and especially the numerous church health facilities were first kept up to date on the latest technical developments via webinars and since spring 2021 via podcasts. Everyone worldwide had to pass a steep learning curve in order to be prepared for digital communication - it was no different for the partners of *Difäm Weltweit*. Classical training was impossible because of the virus, so computers, screens and internet access had to be provided in order not to lose touch with the world. Zoom, teams and Moodle became common terms that only a few had known in January 2020.

Procurement in empty markets

The fund's procurement budget accounted for 25 per cent of the total volume. At the beginning of 2020 and under the impression of the pictures from Wuhan and Bergamo, the international markets at that time were almost empty, urgently needed goods such as masks, gloves, pulse oximeters and oxygen equipment were in short supply. Nevertheless, *Difäm Worldwide's* central procurement office was able to secure 4,369 pulse oximeters and 240 oxygen concentrators for the partners in Africa. Fifteen partners in eleven countries received these important diagnostic and treatment devices and



distributed the pulse oximeters to 437 and the oxygen concentrators to 131 health facilities. In the Central African Republic, only two church facilities were able to measure blood oxygen saturation before the project, but 17 were able to do so as a result of the project. In Guinea, only three church health services were able to do so before the project began, but the procurement increased this number to 40. For example, the project enabled three Anglican Church health facilities in Burundi to treat with oxygen administration. In Liberia,

the number increased from six to 13 facilities. The deliveries were accompanied by training via the internet to improve the diagnosis of oxygen deficiency and treatment with oxygen.

Almost all indicators achieved

The COVID project's framework of objectives consisted of three goals:

1. Project partners promote short- and medium-term prevention and treatment of COVID-19 in their local target communities.
2. The competences of medical-pharmaceutical personnel of the project partners for the prevention and treatment of COVID-19 patients are strengthened.
3. The medical-pharmaceutical equipment for prevention and treatment of COVID-19 of the project partners is improved.

Each of these objectives was linked to two indicators to measure their achievement. The project attained almost all performance indicators. 95 percent of the 32 projects submitted all required physical and financial reports, allowing for good tracking of activities and related expenditures. On average, the 32 projects achieved 81 per cent of their self-set targets, and 80 per cent were required. Of the more than 200 users of the webinars and podcasts, 86 per cent said they applied the knowledge they gained in their practice. All medical supplies ordered internationally reached the

partners and were distributed to the health facilities. The supply of oxygen diagnostics increased by 1,095 percent in the church health services, and the availability of oxygen treatment by 84 percent. Only one indicator remained below target: instead of 80 percent of all church health facilities involved, only 66 percent achieved an improvement of at least 20 percent in their institutional infection prevention and control. Nevertheless, of the 179 health facilities that implemented such activities, a relative improvement from baseline of 33 percent was achieved on average.

Eleven of the 32 projects were evaluated locally to track whether they were relevant to the COVID response in their country context, followed a meaningful project logic and national guidelines, were truly effective and efficient, and had wider and sustainable impacts.

Important contributions to national COVID control

In terms of relevance, all eleven projects were certified as coming very early and definitely on time in this new emergency pandemic situation, where many partners were facing the threat of national expressions of COVID-19 with fear. In most cases, the projects made an important contribution to the national COVID response, even if they focused on church health services. It was particularly appreciated that the projects could flexibly follow changing national needs and priorities. In this way, they have helped many health facilities to meet infection prevention and control requirements. In addition, some projects have also supported particularly marginalised groups such as people living with disabilities.

All eleven evaluated projects were certified to have applied the national and international guidelines. According to the evaluation, the project concepts were also logical and coherent. It was particularly appreciated that there was also South-South networking via the international WhatsApp groups and that knowledge was imparted via competent partners such as the Ecumenical Pharmaceutical Network EPN or the church central pharmacy MEDS in Kenya - for example about the local production of disinfectants. It was also appreciated that human rights were protected in the projects and that the projects strived for equal gender inclusion and support.

Despite COVID, health services continued to work

In order to assess effectiveness, the evaluators naturally referred to the individual objectives and indicators of the projects. Some relevant results can be singled out. For example, the projects that worked directly with health services were certified as having contributed to sustaining the work of health services through their activities. This is a very important point because it is known from other epidemic crises that fear and dwindling confidence prevent people from seeking medical help in case of illness. Intensive infection prevention and control reduced the infection rate among health workers so that staff continued to come to work. Patients took note of the efforts to protect them from the virus and improved equipment, and acknowledged this with stable utilisation rates. The

oxygen concentrators supplied reduced the cost of such treatment for the patients. This had an effect not only with regard to COVID-19, but also for other needs - for example, during and after childbirth or for other respiratory diseases. Staff felt empowered by the technical support via the WhatsApp groups and podcasts, and particularly liked the linking of knowledge transfer with the delivery of medical equipment.

Some projects worked primarily with communities and effectively involved them in the implementation of activities. In many communities, the knowledge base on COVID-19 was improved. Especially among people with disabilities, the information and distribution of masks, disinfectants and hand-washing buckets led to a reduction in stress, fear and ultimately violence in households stressed by the lockdowns.

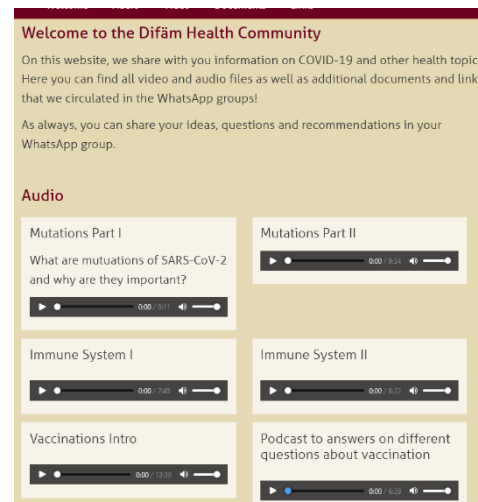
However, all projects had to deal with very persistent misinformation and rumours. Many people in the partner countries did not believe in the existence of COVID-19 and distrusted the effect of the vaccines. This was supported by some revivalist churches and even by compatriots living abroad.

Through the supply of hand washing kits, hand hygiene has become more firmly established in the health facilities and in the communities. Some projects even reported a decrease in parasitic and diarrhoeal diseases due to better hand hygiene and fewer respiratory diseases due to the use of the masks. In addition, some projects achieved comparatively higher vaccination rates among the population in the project's catchment area.

Huge need, limited resources

The project evaluations also showed that the overall demand was much higher than the small-scale projects could provide. The partners could only provide training and equipment to a limited number of health facilities. Time and again, infrastructure problems such as unreliable power supply hindered the use of the medical equipment supplied. The disadvantage of African countries in the allocation of vaccines also posed major challenges for many partners. After successful awareness-raising and education on COVID-19, there was too little vaccine available in many places. At the beginning of the project, the stigmatisation of people suffering from COVID-19 was also very significant. This was not always addressed early enough.

International procurement was an important component of the project. It was judged efficient by the partners in the local evaluations because the medical products supplied were in line with needs and of good quality. It was particularly emphasised that international procurement was also justified because personal protective equipment or oxygen diagnostics and treatment were not available on national markets in the early phase of the pandemic. However, it was noted that deliveries of medical devices sometimes took a very long time. The partners appreciated the transparency and teamwork with which *Difäm Weltweit* carried out the procurement, but also the technical and administrative support of the projects. However, the partners would have liked to have had more funds available for project activities such as training or education. In some cases, the local churches had to co-finance the small projects. The projects were repeatedly hindered by the national lockdowns and the assembly bans, which severely hampered travel to the project area and the



implementation of trainings. Overall, however, the impression prevailed that many people were reached with the limited funds.

A form of cooperation for the future

Long-term effects can of course only be assessed to a limited extent in small projects with a short duration. In many cases, the hope that promising beginnings will lead to lasting changes prevails. For example, in many places there is now more knowledge and a new understanding of how a viral disease spreads - especially among people with less education. Already, the quality of health services in church facilities seems to have improved. In addition, the oxygen equipment is also improving the treatment of other diseases. There is also hope that households will improve their hygiene in the long run.



Actually, sustainability was also not assessable through the country evaluations and should not be investigated. Nevertheless, some of the evaluators gave the outlook that the transfer of knowledge and the provided equipment can lead to sustainable changes. As an example, capacity building for local production of soap and disinfectants was mentioned, which was in full swing even after the end of the projects. However, it was also reported from some countries that some of the medical devices were no longer functional and also the infection prevention and control committees dissolved in some hospitals. Similarly, various handwashing stations in the communities were not maintained. However, such setbacks were rare and they motivate to get to the bottom of the causes.

In the final balance, a new form of cooperation has found its way into *Difäm Worldwide* with the Small Project Fund against COVID-19, which has made an important contribution to national control of the COVID-19 pandemic in 21 countries through 32 small projects. Such a form of cooperation is also promising for other health issues. With a larger number of similar projects on one topic, synergy effects and the possibility of mutual learning arise. *Difäm Weltweit* will therefore strive to be able to implement such fund projects in the future as well.

Ute Papkalla

COVID-19 vaccination programmes

Summary	
Project number:	670
Countries:	International
Objective:	Establish vaccination programmes against COVID-19
Speaker:	Carina Dinkel
Expenditure:	1.33 million euros (total budget 3 million euros)
<p>The volatile pandemic situation made it difficult to plan COVID-19 vaccination programmes in the partner countries. However, the short project durations made it possible to react quickly to the dynamic changes in the framework conditions. The Monitoring and Evaluation (M&E) specialist is a central factor for success. She provides the project management with the necessary data basis. The specified indicators have either already been exceeded or are on target. By the end of 2022, 24 contracts have been signed with partner organisations from 15 countries. Overall there is evidence that the confidence in the effectiveness of the vaccination as well as the vaccination rate has increased. The projects are backed up by procurement for proper storage of vaccines, which also strengthens the local economy</p>	

When the Small Project Fund was planned to improve access to COVID-19 vaccines and vaccination preparedness in Africa, the supply of vaccine to African partners was not yet assured. At the same time, the Delta wave claimed many lives worldwide. When the project officially started, the Delta variant had been replaced by the Omicron variant, which has since been prevalent worldwide in various subtypes. It mainly affects the upper respiratory tract, which is reflected in a shift in symptoms towards nasopharyngeal symptoms (sneezing, runny nose). Pneumonia and severe organ involvement are less common, but still possible. The virus is thus more contagious, but much less dangerous. Due to the decrease in severe courses, the necessity of vaccination is increasingly being questioned. However, it still protects against severe courses, and it has been shown worldwide that the drop in life expectancy during the pandemic correlated clearly with a low vaccination rate. In other words, the higher the vaccination rate, the less life expectancy declined. From a medical point of view, vaccination also made sense in view of the fact that a new variant can emerge at any time, causing more severe and deadly courses of the disease.

In 2022, due to the milder courses of the Omicron variant in our partner countries, the restrictions were mostly completely lifted. Thus, motivating the population for COVID-19 vaccination was a major challenge. Therefore, it was increasingly useful to promote it in the context of existing vaccination programmes. Also the issue of mere vaccine equity was expanded to include equitable access to all essential medical supplies. The fight against the still circulating and sometimes very aberrant fake news in social media was another major challenge for the partners.

In 2022, a total of 24 contracts were signed with partner organisations from 15 countries within the framework of the Small Vaccination Project Fund. A good 1.1 million euros of the 1.3 million euros

available for small projects have already been committed as a result. At the start of the project, 5 out of 15 partners with medical facilities were involved in the national immunisation campaigns. By December 2022, 12 out of 15 medical partners were already involved in the national campaigns. The Ecumenical Pharmaceutical Network (EPN) trained and supported other organisations to lobby for an involvement in the immunisation campaigns. The indicator of an 80 percent increase in the number of Christian organisations involved in national campaigns has thus already been exceeded. Dr



Kambale Tsongo Kaki, head of CECA 20's medical work in the Democratic Republic of Congo, cooperated in the Aru health zone with the local branch of the Order of Malta and so achieved inclusion in the national vaccination campaign. With 8,531 people vaccinated so far, CECA 20 has already come very close to its goal of vaccinating 10,000 people in a very rural and difficult-to-reach, crisis-ridden environment. The cooperation is highly appreciated by government agencies and other local actors and is bearing further positive fruit: "We have now become visible

with what we are doing," Dr. Kaki sums up.

In order to be able to store the vaccines properly, investments in improving the infrastructure and cold chain capacity were vital. The necessary materials and goods were acquired within the framework of a procurement component of approx. 1 million euros within the Small Project Fund. Based on a recommendation from previous procurement projects, the focus was heavily shifted from international to local procurement in order to reduce the carbon footprint and strengthen the local economy. Around 0.9 million of the available 1 million euros have already been spent or budgeted here. 11 partner organisations in five countries benefited from the international procurement. The internationally procured goods have all arrived in the countries of destination by the end of 2022. In order to ensure sustainable use and a long service life, local specialised companies were mandated to commission and maintain the equipment and to train users in hospitals and other health facilities on the WHO-prequalified refrigeration units for vaccine cooling.

Due to the dynamic pandemic situation and the initially still unclear situation about the access to vaccines, the small projects were planned with short durations of usually only six to twelve months. With each extension, it was thus possible to adapt the activities to changing pandemic situations or to needs arising from the baseline data collection. Monitoring and evaluation of the small project fund benefited immensely from the capacities of the M&E specialist who was hired with KPF funds. This enabled a timely evaluation of the large amounts of data and feedback to the partners with simultaneous capacity building in the interpretation of the collected data. For example, data from partners in the Democratic Republic of Congo in particular showed that the vaccination rate among women was significantly lower than that among men. In project extensions, the partners then focused more on this target group. For the Difäm project controlling department, the short project durations and the frequent extensions and additions to contracts are associated with an immense amount of work. However, this agile management has a very positive effect on the activities of the partners and their achievement of objectives, as well as on the achievement of objectives for the project as a whole.

A KAP survey (Knowledge-Attitude-Practice) was conducted to measure behavioural and attitudinal change in the target group. The following results are based on 1568 data records from the baseline and 1693 data records from the endline and are provided by the project partners CEPCA (Cameroon), DOM ECC and Pole Institute (both DRC), EPN (Burundi) and Tin Naabi (Burkina Faso), as by end of 2022, those partners have already completed their projects. Around 10,000 data sets are expected for the overall evaluation across all projects. Due to the size of the samples, it can be assumed that the data is representative for the population in the respective project region.

Confidence in vaccination has increased over the course of the project. The willingness to be vaccinated has also increased significantly.

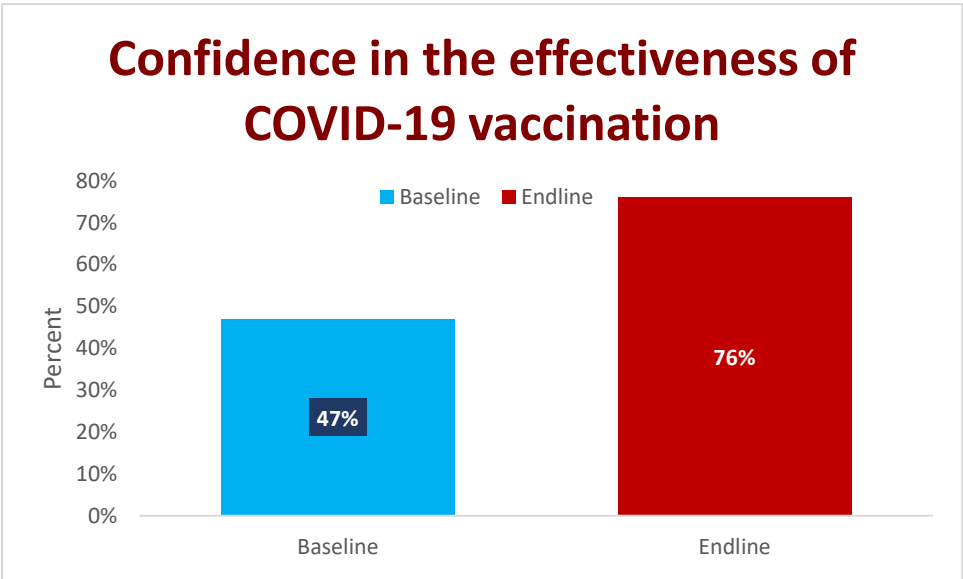


Figure: During the course of the project, confidence in the effectiveness of vaccination increased strongly.

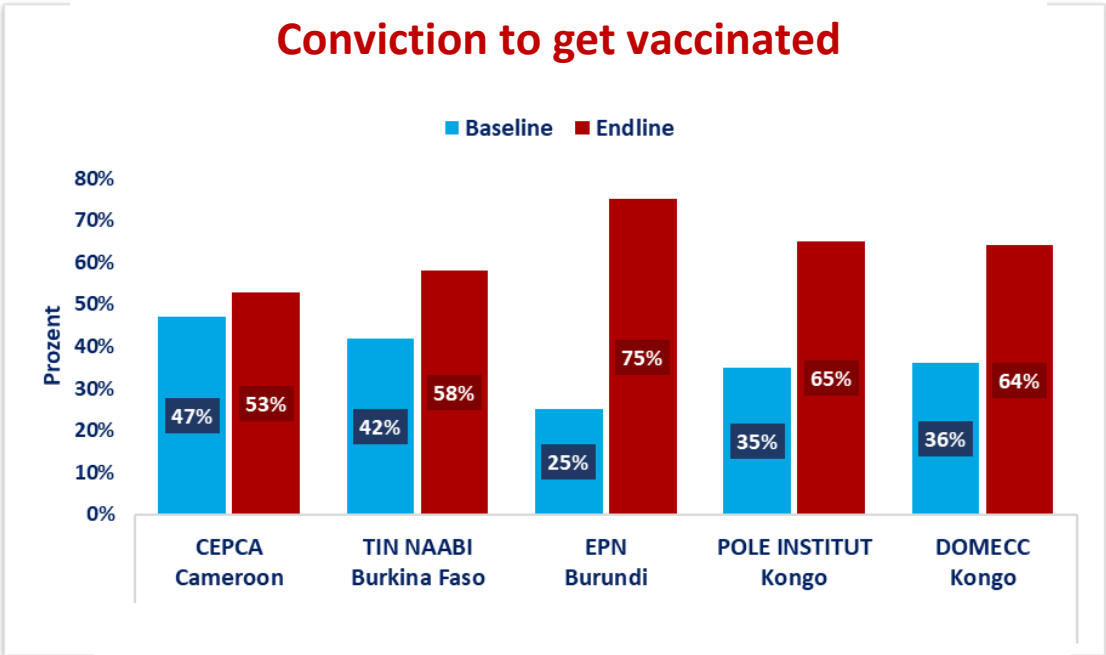


Figure 1: In the partner countries, many people were convinced to get vaccinated.

The increase in the preparedness for vaccination is also supported by further data showing increased confidence not only in the effectiveness but also in the safety of vaccination. This confidence increases the likelihood of recommending vaccination to others. If these results continue in the ongoing projects, it can be assumed that the indicator of a 20 percent increase in vaccination readiness will be far exceeded.

There has been a clear improvement not only in the willingness to vaccinate, but also in the number of people actually vaccinated.

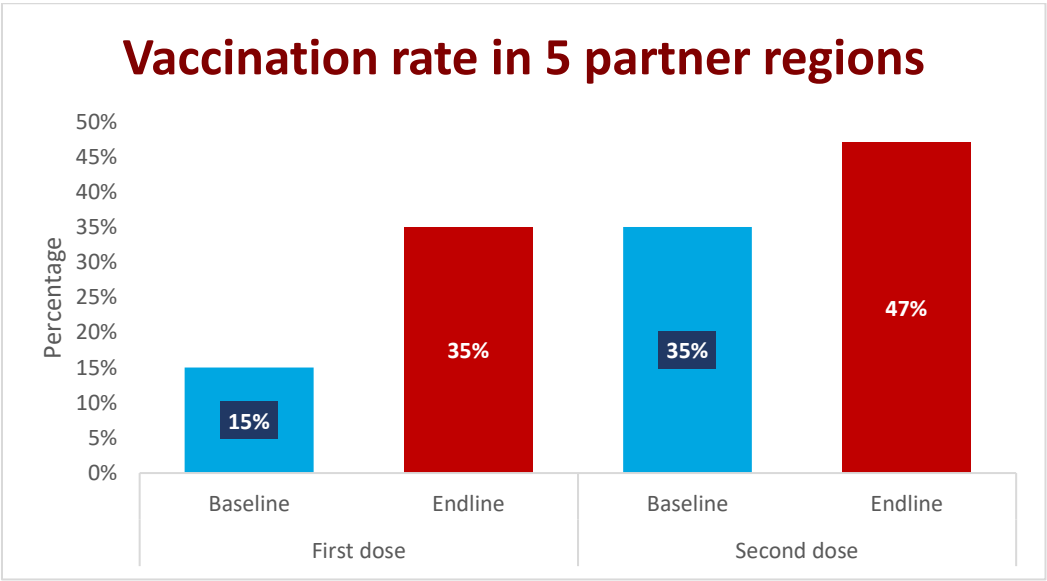


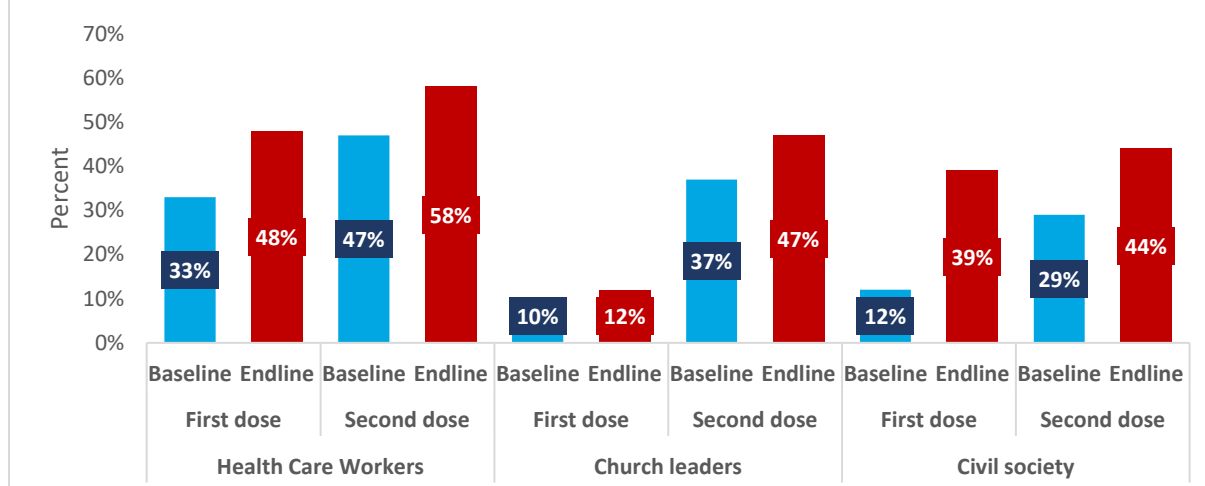
Figure 2: Vaccination rates also recorded a strong increase.

* Calculated on proportion of people who have already received the first dose.

Of course, there was also a global increase in vaccination rates during the project period, independent of the projects in the Small Project Fund. However, the vaccination rates collected within the projects are in some cases significantly higher than the national rates. In the case of some partners, due to their strong commitment and the absolutely solid and consistent data, it can be assumed that the interventions of the partner organisation are decisive for the above-average vaccination rate. This is clearly evident, for example, in Burkina Faso with the partner organisation Tin Naabi: 15 percent of the total population is fully vaccinated in Burkina Faso according to Ourworldindata of 18 December 2022. In Tin Naabi's intervention region, the figure is just under 50 percent (based on a representative sample). The partner organisation operates in an extremely rural environment that is shaken by Islamist terror. Nonetheless, awareness was intensively raised through social media and high-profile campaigns, and with a focus on internally displaced people a particularly vulnerable group was included.

Figure 3: The comparatively high vaccination rate among health workers is encouraging.

Vaccination status by target group: Baseline-Endline (N=3.261)



Overall, the vaccination rate of health staff across all completed projects is 58%. Here, too, the required indicator of 50 percent has already been met, although there are significant differences between the different countries and the individual partner organisations. A more detailed analysis will be possible once the outstanding data is available.

Within the framework of the Small Project Fund, some salient points of Christian health work such as interfaith competencies, the strengths of Faith-Based Messaging and the large networks are evident in the following examples:

In **Tanzania**, an inter-faith initiative has developed under the project partner ELCT, involving many Christian denominations and BAKWATA (Baraza Kuu la Waislamu wa Tanzania = National Muslim Council). Under late President Magufuli the issue of Corona could only be dealt with on a low profile, discussing the topic silently in normal outreach clinics, patient talks and by opening “fever wards”. This broad interfaith initiative made it possible for the Christian bishops to stand up publicly against Magufuli’s COVID policy. Under President Samia Suluhu Hassan, the activities could then be significantly expanded. Synergies also emerged here between the palliative project funded by *Difäm* and the EKFS and the project under the vaccination SPF, as the structures of the palliative programme could be used to reach an extremely vulnerable group.

In **Togo**, it became apparent that the involvement of religious authorities is an important resource in communicating issues that are seen in a much more multidimensional way in partner countries than in the Western understanding: In an entire area, vaccinations were consistently not accepted because an influential spiritual fetish cult rejected them. The state health authorities could not convince the very influential members of this cult. However, after discussions with PMDCT Christian health workers in Zouvi community with the leader of the cult, where spiritual concerns and religious concepts were also discussed, the cult leader allowed himself to be vaccinated publicly. This resulted in a change of attitude throughout the district. The success of the PMDCT was also acknowledged by the Ministry of Health on its social media channels.

The importance of *Difäm Weltweit*'s technical advice and support for the partners, as well as the provision of information material, became clear at the ACHAP conference in Rwanda, where almost

all partners of the SPFs were represented. *Difäm Weltweit* is the only supporting organisation that offers not only money but also technical information adapted to local conditions and needs, M&E support for data evaluation and activity planning as well as technical project support. This was praised by all represented partner organisations as very helpful and also empowering and reassuring in the pandemic.

Carina Dinkel

3. Primary Health Care

Antenatal care and safe birth in Congo

Summary

Project number:	652
Country/countries:	Democratic Republic of the Congo
Target:	Making pregnancy and childbirth safer
Speaker:	Gabi Hettler
Expenditure:	10.348,- Euro

In the Aru region, volunteers educate people about the need for prenatal care and the benefits of giving birth at the health centre. The project is designed according to the ASSET method, which uses existing resources and turns people into actors in implementing their own solutions.

Difäm Worldwide has been supporting the medical work of the CECA-20 church for a long time. A few years ago, Dr Kambale Tsongo Kaki, the head of the coordination office for the medical work, had the opportunity to get to know the ASSET¹ approach. This approach, in which the local population is



consulted and involved, excited him. As a result, in 2019 and 2020, a project to improve women's health using the ASSET approach was implemented in the Lume, Massambo and Mwenda health zones. This region is politically very unstable, with warlike conflicts occurring time and again. So sometimes it was not possible for the team to travel to the project region because it was too dangerous. Therefore, the new project has now been implemented in the Aru region since 2021. The participation of the population is a fundamental requirement laid down

in the Congo Health Development Plan. One of the five pillars described therein is the promotion of community work. Through the SALT method², communities are encouraged to find local answers to

¹ ASSET stands for:

Appreciate - Recognise that there are local resources and strengths that people bring to the table

Stimulate - Mobilise the resources that people and communities already have: not recipients of aid, but actors in health care.

Strengthen -The things that people bring to the table strengthen and support them.

Engage people - Involve people: Health workers and the whole community

Transform - Making a difference in the lives of individuals and communities

² SALT stands for:

S: Support, Stimulate - Support, Stimulate

A: Appreciate

L: Listen, Learn, and Link - Listen, Learn, and Link

T: Transfer- Transfer

their health problems. This is because the population should no longer be a passive recipient in solving their health problems, but play an active role in developing appropriate care services.

During a Partner visit in June 2022, the Difaem consultant visited a health centre that implements the ASSET approach. The clinic leader was the first to report what changes they have seen since the project started. Then individual villagers, in their capacity as volunteers, told about their involvement. They make regular home visits and talk to neighbours about how to keep women healthy during pregnancy and what conditions are needed for a safe birth. One could feel the pride in their work and especially in the fact that now really all women go to the health centre to give birth. A remarkable success. In the team they discussed how important it would be for them that the men accompany their wives to antenatal care. However, they still have to convince the men. And they reported on the problems with access to materials for contraception. Through the project, more women would like to practise family planning. Unfortunately, not all methods are always available. It is impressive what has already happened in the short time since the project began in May 2021. The next step will now be the construction of a maternity waiting house. There, women can wait for the onset of birth in the immediate vicinity of the health centre.

Results after 18 months of project duration:

Health centre	First pregnancy check-up	Fourth pregnancy check-up	Birth at the health centre (instead of at home)	Men accompanying their wives
	Baseline and end-2022 data	Baseline and end-2022 data	Baseline and end-2022 data	
Ameri	88% → 95%	52% → 80%	50% → 84%	19 from 421
Kumudhu	72% → 95%	36% → 75%	80% → 76%	23 from 289
Ongoyi	99% → 140%	85% → 69%	99% → 110%	9 from 526

Gabi Hettler

Water connection against teenage pregnancies

Summary

Project number(s):	621
Country:	Sierra Leone
Target:	Ensure water supply for better hygiene and safety
Speaker:	Carina Dinkel
Expenditure:	30.152 Euro (total volume: 159.018,26 Euro)

Connecting communities in Freetown/Sierra Leone to the water supply reduced the incidence of infectious diseases. Teenage pregnancies also decreased, as young women no longer have to make the dangerous journey to fetch water. For the young people in the communities, the ASSET project offered a real perspective and, among other things, alcohol consumption decreased measurably.

In 2022, the first phase of the ASSET³ youth health project in Sierra Leone was completed. It is implemented in six communities in the Western Urban and Western Rural district of Freetown in Sierra Leone. The communities were chosen because of their particularly poor living conditions and infrastructure. Especially many young people - the primary target group of the project - did not



complete school, have no work and do not see any future.

Right at the beginning of the project, after the form of cooperation had been clarified, there was great commitment on the part of the young people. The young people and their communities decided the area of water supply to be top priority for improvement and tackled this challenge with great enthusiasm and a lot of their own work. By the end of the project, a total of four water reservoirs had been established with connections to the municipal supplier, and two reservoirs had been connected to existing water sources. These are now filled by solar-powered pumps to ensure a permanent water supply for a health station, among other things. In

addition, several existing wells were secured, renovated and equipped with e.g. flamingo pumps so that water can be drawn easily and without the risk of pollution. The improvements had a direct impact: For the first time ever, no cases of cholera were registered in the health stations of the

³ ASSET stands for:

Appreciate - Recognise that there are local resources and strengths that people bring to the table.

Stimulate - Mobilise the resources that people and communities already have: not recipients of aid, but actors in health care.

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Engage people - Involve people: Health workers and the whole community

Transform - Making a difference in the lives of individuals and communities

communities in the rainy season of 2021 and 2022, as sewage and faeces from the higher-lying parts of the city are no longer flushed into the wells of the lower-lying communities during floods. It was expected that the improved water supply would lead to a decrease in infectious diseases. However, the partners' reports and the external evaluation showed other positive effects: Teenage pregnancies registered in the health facilities dropped from around 500 per year to just under 150, a 70 percent decrease. At the same time, the number of school dropouts due to pregnancy in schools fell from 51 to 3 per school year (a decrease of 94%). These figures are even more impressive in the context of the global increase in teenage pregnancies recorded during the Corona pandemic.

For the young women and also the community leaders, however, this was no surprise. One woman reports: "We always had to walk long distances to fetch water, mostly at dawn. The way outside our own communities was very unsafe. Even if we arrived safely, the water attendants usually charged more than we could give and we had to pay with our bodies." Now the water access points are managed by the village community itself. Since the drinking water is obtained from the municipal supplier, with whom official contracts have been signed, the water has to be paid for. The price for a jerry can was set by the community so that a reserve can also be built up to pay to maintain the built up infrastructure.

In addition to the water supply, another risk factor for unhealthy behaviour identified was mainly the lack of prospects and future. This is especially affecting people who have very limited opportunities to earn money due to disability or lack of qualifications. Through various qualification measures (e.g. classes for teenage mothers in tailoring or catering), income opportunities were created for 60 people. Those in need, for whom the hard and dangerous work in the rubbish dumps was too difficult, were identified by the communities on their own. The ideas for skills training for income generation were also developed by themselves. Overall, the self-defined and implemented measures led to positive self-perception and empowerment of the youth. So within the project they created a real alternative to "hanging around uselessly", which leads to addictive behaviour and risky sexual behaviour. Alcohol consumption was reduced by 30 percent through the project, and the use and acceptance of health services for young people more than doubled. The number of HIV tests carried out in the health facilities also increased by around 30 percent. The external evaluation confirmed that around 26 percent of the young people had themselves tested for HIV within the 18-month project period.

Not all indicators could be achieved, since, in order to obtain a reduction of drug addiction, no offer or cooperation for drug detox and rehab could be established. Nevertheless, the project is rated as good and above average by the evaluator in terms of relevance, efficiency, effectiveness, impact and sustainability. In November, the follow-up project already started, in which the communities aim to improve sexual and reproductive health and rights (SRHR). Among other things, they are focusing on the situation in schools with regard to monthly hygiene and sanitary facilities. The successful interventions for the qualification of girls are being expanded and it remains exciting to see what further actions and interventions the local people will develop to improve SRHR.

Carina Dinkel

Summary

Project numbers:	612 / 697
Countries:	Malawi / India
Target:	Improving mental health services
Speaker:	Olaf Hirschmann
Expenditure:	109.335,- / 33.183,- Euro

In India and Malawi, large parts of the population have little access to mental health care. In both countries, however, it has been recognised that mental health is an essential building block for overall well-being. Therefore, efforts are being made to improve the situation. *Difäm Weltweit* supports hospitals in Nkhoma/Malawi and Raxaul/India in building competence and capacity to improve mental health care.

Shadrek, 27, had been using cannabis uncontrollably for many years. As a result, he developed psychosis and was admitted to Nkhoma Hospital in Malawi three years ago. Malawi is a small landlocked country in south-east Africa with a population of about 19 million people. In total, there are only four psychiatric hospitals available there. The majority of the population, most of whom live in rural areas, do not have access to basic mental health services. There is a lack of trained professionals, as few are interested in psychiatry. Even in the mental health clinics, the majority of staff are general practitioners and health workers. There are a few nurses trained in caring for the mentally ill, but therapy places and medication are scarce. Yet the need is great: according to estimates, almost 30 percent of Malawi's population suffers from mental disorders. Addiction problems, depression and the resulting suicides are widespread. Nkhoma Hospital is located 50 kilometres from the capital Lilongwe and is supported by *Difäm Weltweit*. It has developed into a mental health centre in recent years and Shadrek got the professional help he urgently needed here.

People with mental health problems in Malawi are often stigmatised, neglected or even hidden by their families. If at all, they receive inadequate treatment. In addition, local and traditional interpretations of illness make the path to therapy even more difficult: In this African country, anyone who is depressed or schizophrenic is often regarded as bewitched. However, the hospital does not cure bewitchments, because in this world view, the traditional healer is responsible for the supernatural and magical. Some patients even go back to the traditional healer after being treated in hospital because they find the medical treatment too long or ineffective. Shadrek, however, has strictly adhered to the drug treatment regimen since treatment began and his condition has stabilised.

In India, the situation in Mental Health is similarly precarious: Shreemikhi, 18 years old, is a very intelligent girl who had brilliant report cards up to grade 10. Even the teachers came to her home to congratulate the family on their smart child. The father, however, was not happy about it and lamented in public what the education of girls was worth at all. If only it had been a son! Shreemikhi was deeply hurt and when her father even threatened to marry her off, it threw her into a serious mental crisis.

India is home to over 1.3 billion people, but mental health is not considered a priority and resources are limited. But even there, many people suffer from mental disorders. For example, more than 100,000 people die by suicide every year. In India, there are about 4,000 psychiatrists, but this means that, in purely mathematical terms, one doctor is responsible for 325,000 people. Thus, most people with mental illness do not receive adequate treatment. Stigmatisation and discrimination against people with mental illness are widespread. This is further exacerbated by a lack of awareness of mental health problems in the population and a lack of access to mental health services. Causes of mental crises are often domestic violence, family conflicts, poverty and last but not least forced marriages, as Shreemikhi was now facing.

Raxaul is a small town in Purba Champaran district in the Indian state of Bihar. It is located on the India-Nepal border next to Biganj and is a crossing point of roads and railways to Nepal. Duncan Hospital in Raxaul has been systematically expanding services anchored in the community since 2014 with the support of *Difäm Weltweit* and

in collaboration with the government Mental Health Programme. The programme also took up Shreemikhi's case and succeeded in enrolling the girl in a course to train as a nurse at Duncan Hospital. The father was proud that his daughter had received such a high-quality education in a reputable institution and even took out a loan so that the education would not fail due to the course fees. Forced marriage is also off the table for now. Shreemikhi has thus become a role model for many girls in the village who no longer submit to the conservative, rigid power and gender structures, but want to determine their own lives.



Mental health is a crucial aspect of overall well-being that affects people in all countries, including Malawi and India. Although very different in terms of population, economy and culture, both countries face major challenges when it comes to mental health care. However, many efforts have been made in both countries to improve it in recent years.

Nkhoma Hospital in Malawi has trained 35 general practitioners in Mental Health over the past two years. 100 village health volunteers have been trained, as well as 100 traditional leaders and 100 traditional healers. These now work hand in hand with the hospital and know where their spiritual powers end and modern medicine must take over. The government has also taken steps to increase the number of mental health professionals and to raise awareness about the importance of mental health. Shadrek has now opened a small shop and is financially self-sufficient. He has become a shining example that mental disorders are not witchcraft, but can be treated as successfully as physical ailments.

Duncan Hospital has reached 4,500 people in the last six months alone with its family programmes and Suicide Prevention Day. Domestic conflict cases were successfully intervened in 23 cases. In Duncan, too, they work together with traditional healers and train the health staff. Meticulous efforts are being made to improve the living situation of those affected and their relatives. This is done by providing access to income-generating measures or simply by helping them to obtain

identification documents that open the way to government support. The government has also started a programme to train primary care workers to recognise and treat mental illness.

Despite limited resources in Malawi and India, the two countries are trying to improve the situation and provide access to mental health services for the population. However, much more needs to be done to ensure that people with mental illness receive the diagnosis, treatment, care and support they need. This includes increasing funding for mental health services, reducing stigma and raising awareness of the importance of mental health. In doing so, *Difäm Weltweit* supports its partners worldwide in project and programme work, but also in lobbying and advocacy work directed at governments. Because it is only through the cooperation of all governmental and church partners as well as the communities that we can ensure that there are more success stories of ambassadors of change that are heard and become more visible in both countries.

Olaf Hirschmann

4. Strengthening the health system

Nursing education in Congo

Summary

Project numbers:	565, 644, 677
Country:	Democratic Republic of Congo
Target:	To support the training of nurses
Speaker:	Gabi Hettler
Expenditure:	approx. 85,000.- Euro

In the Democratic Republic of Congo, the churches play an important role in health care. With their own health facilities, the churches support the state in closing the gaps in the comprehensive health care of the large, war-torn country. *Difäm Weltweit* is involved in financing various projects in church nursing schools. Among other things, the conversion to competence-based learning was promoted and the expansion of premises and infrastructure was supported.

The World Health Organization describes health system strengthening as follows:

*A well-functioning and harmonious health system is based on trained and motivated health workers, well-maintained infrastructure and a reliable supply of medicines and technologies, supported by adequate funding, strong health plans and evidence-based policies.*⁴

The elements described by the WHO are like individual pieces of a jigsaw puzzle, between which helpful synergy effects arise, and which only as an assembled whole result in a well-functioning health system.

The churches in Congo contribute to this through their health work. However, there is still a long way to go .

⁴ www.who.int/data/gho/data/themes/topics/health-systems-strengthening

As the second largest state in Africa, the Democratic Republic of Congo covers an area of 2,344,885 km² and is thus 6.6 times the size of Germany. Around 105 million people now live in the Congo. It is a great challenge for the government to maintain and expand a well-functioning health system on this large area with a poorly developed road network. Despite immense mineral resources, Congo is one of the poorest countries in the world. The reason for this lies in exploitation, corruption and wars that have been going on for decades. On the list of the "Human Development Index", Congo ranks 175 out of a total of 189 countries. Accordingly, the annual health expenditure per capita is extremely low at 20.57 US dollars. In comparison, Germany spends 5,055 US dollars per capita and year.⁵

The health system in Congo is based on the principles of Primary Health Care (PHC). This means that there is a health worker in every village as the first point of contact for problems. A central health centre with better trained staff is responsible for several villages. The next level up is then the district hospital, where doctors normally work and caesarean sections can be performed. In addition, there are reference hospitals where more detailed diagnostics are possible and where experts in different fields are practising. When the PHC system is well established, it enables "health for all" - as formulated as a goal in the WHO Declaration of Alma-Ata in 1978. However, most low-income countries are still far from achieving this. Congo, for example, has been divided into 8,504 health areas. In 238 of these, there is as yet no health centre at all.⁶

The World Council of Churches estimates⁷ that church health facilities account for 20 to 60 per cent of Africa's health care. In addition, there is the training of health workers and various community-based health and development programmes.

Difäm Weltweit has been supporting the medical work of the churches for a long time. In recent years, the focus has been on the training of staff in the churches' own nursing schools and the



construction of suitable classrooms. For example, two new classrooms were built for the CECA 20 church at the nursing school in Aba (project 644, 2021). The nursing school in Ariwara received four new classrooms and one classroom was completed in Adi (Project 565, 2019). Through the support of an American missionary society, CECCA 16 was able to start the construction of a large classroom for their school of nursing (IEM) in Nebobongo. Unfortunately, they were only able to finance part of the 43,100 US dollars needed until completion. Therefore,

with the help of a major donor, *Difäm Weltweit* has made the completion possible - in project started in December 2021 and finished in autumn 2022 (project 677).

A suitable learning environment is important for the students. The electric light, which is now available through solar panels, enables them to still study in the evening. It is to be hoped that value-based attitudes will also be imparted by the consistently highly motivated school leaders. Because for

⁵ en.theglobaleconomy.com/Democratic-Republic-of-the-Congo/Health_spending_per_capita

⁶ Plan National de Développement Sanitaire (PDNS) 2019-2022

⁷ www.oikoumene.org/de/news/wcc-supports-health-and-wellness-in-africa

future work in often remote areas, both are needed: sound practical knowledge and a high level of motivation.

IEM Nebobongo offers three different degree programmes: Midwifery, Nursing and Biomedical Laboratory Technology.

The provincial government has recognised that IEM Nebobongo offers good training. Therefore, together with a state school based in Isiro, it was selected to participate in a project to reform nursing education. A competency-based approach to health worker training has already been implemented for 14 years at individual nursing schools in Congo, where it is showing good results. The approach focuses on developing the skills that students need to build during their training. The training of these nurses takes at least four years.

In October 2019, *Difäm Weltweit* financed the further training of IEM teachers and practice supervisors. In a five-day workshop, the participants learned how to implement the competence-based approach in training. Since then, this new approach to teaching has been applied. The teaching staff receive further training every year and are closely supervised.

The nursing school team is still in the process of gaining experience with this new way of teaching and learning. They are highly motivated to implement competence-based learning. An expert from Kinshasa who conducts an evaluation with simultaneous training visits them annually.

There are already synergy effects. The nursing schools in Adi, Aba and Ariwara also want to introduce the competence-based approach and have already taken the first steps. Specialists from Isiro can now come for basic and advanced training. This is significantly more cost-effective.

With the start of the school year 2022/2023, 107 pupils have enrolled at the IEM Nebobongo, a jump in numbers. For comparison: in the past years, the number was always around 70. This actually positive development brings challenges, because now the space in the boarding school, which is already in need of renovation, is no longer sufficient. Thanks to a donation from a major donor, it will be possible to build a new boarding school in 2023.

Gabi Hettler

Difäm Commitment in Guinea - Synergistic Growth

Summary

Country:	Guinea
Target:	Strengthening of equipment and competence in church-based Health facilities
Project manager:	Ute Papkalla
Budget:	Approx. 1 million euros in 11 projects over several years.

Based on the desolate condition of the health facilities in Guinea, *Difäm Worldwide* launched various projects. On the one hand, the respective communities were motivated to contribute to the revitalisation of their health facilities. On the other hand, a renovation and training programme was set up to strengthen the competence of the staff. E-learning was used at an early stage, which proved to be a stroke of luck in the COVID pandemic. *Difäm Worldwide* also promoted the establishment of the church health network RECOSAC-G, which creates nationwide and sustainable structures for health cooperation.

"Our start in Guinea in 2016 was tremendously participatory," recalls Gisela Schneider about the beginnings of *Difäm's* engagement in the West African country. "We brought together participants from all levels of the health system during an open space conference, both service providers and patients." This was absolutely necessary, as the country had just emerged from the continent's worst Ebola outbreak to date - as had neighbouring Liberia and Sierra Leone. It quickly became clear that the population's trust in the health care system had been severely damaged. *Difäm Worldwide* set itself the task of helping to rebuild trust through the church health services.

In the United Nations' 2021/2022 Human Development Report, Guinea ranks 182nd on the index. This puts the country far at the bottom of the ranking, which includes factors such as gross national income, life expectancy and the length of average schooling. This was also Ute Papkalla's experience when she visited Guinea for the first time in 2016 with the partner organisation TINKISSO: "In the N'zérékoré region, both public and church health services were incredibly desolate. The mostly state-run health posts were dilapidated, there was neither light nor water, and no medical equipment worth mentioning existed. The hospitals were only marginally better off. In the two Methodist and Catholic houses, operations were performed on wooden tables."

The first project of *Difäm Worldwide* and TINKISSO, funded by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), then also focused on this region and specifically on the border prefecture of Yomou. Using *Difäm Worldwide's* ASSET approach, which invites community ownership and participation, the cooperation of community members with their medical facilities was strengthened. The residents contributed to the renovation of the church hospitals as well as the health posts. Project funds financed the supply of solar electricity, water and medical equipment. Meanwhile, more than 20 health posts are the pride of their surrounding villages. The skills of the health staff have also been built, especially in mother and child care. Senior staff at each post have been equipped with a mobile phone on which they can read up on details of care or watch videos in the "Delivery without Risk" app.

This basic health project has since been transferred to another donor, but continues to be co-financed by *Difäm Worldwide* and has expanded to the entire prefecture of Yomou and the neighbouring prefecture of Lola. In addition, *Difäm Worldwide*, together with TINKISSO and supported by GIZ, has been implementing clinic partnerships in the prefectural hospital of Yomou and the two church hospitals since 2017. Initially, the focus was on prenatal ultrasound diagnostics, and since 2019 on neonatal resuscitation. Yet another donor, the Diocese of Rottenburg-Stuttgart, enabled the construction of a maternity clinic at the Catholic hospital in Bowé.

In the course of these projects, it became increasingly clear that the quality of health care must be further strengthened. To this end, the Guinean government had developed a quality assessment system that all public hospitals were to undergo. However, since only individuals from the public institutions were trained in it, the desired success failed to materialise in the remote region of N'zérékoré. *Difäm Worldwide* convinced GIZ of the idea of putting the assessment system and the corresponding training into the form of

an e-learning course and training public and church employees in it. With the onset of the Corona pandemic, this project idea proved to be a forward-looking stroke of luck. Classroom training could no longer be offered, but our partner hospitals had telecommunication equipment and internet access. Since 2020, health workers have now been trained in the basics of quality health care while learning how to use a computer and the internet. Mother and child health is also supported here, because the quality certificates that the hospitals have to provide also refer to the standards for a safe birth.



Then, when Ebola broke out again in the region in 2021, digital training materials were no longer unknown to the partner hospitals. But the infrastructure also needed to be strengthened. With the support of the Diocese of Rottenburg-Stuttgart, *Difäm Worldwide* and its partner TINKISSO built fences around the facilities. Entrance huts with isolation rooms helped to control the flow of patients, to check those seeking help for signs of the disease and, if necessary, to isolate those who had fallen ill. Ebola is now under control again, but the good network of health facilities, the close contact with the municipal and regional health offices and the continuous fruitful cooperation with the communities have created an ideal basis to take up new issues as needed.

Guinea is a predominantly Muslim country and the church institutions were not well connected to each other or to the state in the past. The Open Space Conference of 2016 also showed that concerted action was urgently needed here. That is why *Difäm Worldwide* got involved in founding a network of church health facilities, which was registered as a non-profit organisation under the name RECOSAC-G (Réseau Confessionnel Sanitaire Chrétien de Guinée) in the same year. Through its partner RECOSAC-G, *Difäm Worldwidet* now has access to church health facilities in other regions. Currently, RECOSAC-G has 46 members.

In addition to the projects in the N'zérékoré region, *Difäm Worldwide* and RECOSAC-G generally improved the equipment of church health facilities by providing medical equipment and consumables and also made a first attempt to integrate the large facilities into the digital health

reporting of the state. Only if the church sector can prove which services it provides for the health care of the population, can it ever hope to be supported by the state for this.

Church health care in Guinea is a subsystem within the state health care system. Here, too, it is a question of personnel, infrastructure, financing of services, the supply of medical products and drugs, reporting and proper management. The RECOSAC-G network can turn these screws and make the needs of church health care visible to the state. RECOSAC-G is now extending the state's e-learning-based quality system to other members. In the COVID pandemic, personal protective equipment and oxygen diagnostic and treatment equipment were distributed among members through RECOSAC.

Health care for the Guinean population is still far from an acceptable standard. But through two partners and an intelligent combination of funding and projects, the church health sector has developed further. Each project in itself is limited in its resources. In combination, however, challenges can be tackled from different sides and answered optimally through synergies.

Ute Papkalla

5. Pharmaceutical development cooperation

Summary	
Project numbers:	550, 680, 681, 688, 700, 709
Countries:	International
Objective:	Provide access to medicines, ensure quality
Project manager:	Christine Häfele-Abah
Expenditure:	395,575 euros
<p>In 2022, the Department for Pharmaceutical Development Cooperation worked with church umbrella organisations, central pharmacies and organisations in 15 countries (13 countries of the Minilab Network and Guinea as well as Tanzania). In particular, the development of the three faith-based central pharmacies or procurement structures in Liberia, Sierra Leone and Guinea was planned and advanced, flanked by numerous trainings and pharmaceutical supervisions in the health facilities. The highlight in 2022 was the Ecumenical Pharmaceutical Network (EPN) Forum in October in Nairobi/Kenya with over 100 participants from 22 countries. It was held for the first time again in presence after the last meeting in 2018. Docked onto the EPN Forum, the Minilab Network Meeting was held with a practical focus in the laboratory of our partner MEDS. Ukraine Emergency Aid (690) also played a major role in <i>Difäm's</i> pharmaceutical work since February 2022.</p>	

Establishment of faith-based central pharmacies in West Africa

In June 2022, the three-year project funded by Bread for the World on "Improving pharmaceutical care in church health structures in selected project countries" (*Difäm* project no. 550) ended. Within the framework of this project, the church partners in Liberia, Guinea and Chad were strengthened in the implementation of pharmaceutical training and supervision in their health facilities and in the area of pharmaceutical supply. The minilab network as well as support in the area of cytostatic care at the Cancer Care Center of KCMC in Moshi were also part of this large project. It became apparent that despite visible successes through improved expertise (e.g. in stock management and quality assurance), further support was urgently needed. The reason was, in particular, that the framework conditions for the supply of medicines had become even more difficult. The main reasons for this were problems with international supply chains, increased prices and economic challenges of the population. The availability of medicines in the faith-based health facilities in Guinea was only 24 percent in May 2022!



CHAL pharmacist David Sakui conducts a visual inspection of a medicinal product with a training participant using a checklist

A follow-up project has been planned in which Bread for the World is providing 75 per cent of the funding. This follow-up project (700) has been running since July 2022 and focuses on setting up or expanding the faith-based central pharmacies and procurement structures in Liberia, Guinea and Sierra Leone. The Christian Health Association of Sierra Leone (CHASL) had for some time expressed an urgent need for support in the supply of medicines and is already carrying out other joint projects with *Difäm*..

With partners in Liberia, Guinea and Sierra Leone, we achieved the following in 2022:

- In **Liberia**, after extensive research, inventory management software was installed to enable the Drug Supply Unit (DSU) of the Christian Health Association of Liberia (CHAL) to improve inventory monitoring and procurement planning. A business plan was also prepared with external advice to focus on the sustainable operation of the DSU. A newly recruited local DSU manager (pharmacist) is responsible for the profitability of the CHAL DSU and may need to address new procurement and sales strategies as well as changes to the internal CHAL structure. In order to reduce operating costs, a solar installation has been requested for the warehouse in Monrovia, as was previously done for the newly built warehouse in Gbarnga. In order to make pharmaceutical supervision at the facilities more efficient and to maintain regular contact, CHAL trained and utilized so-called "Country Field Officers", who keep an eye on the health facilities in their respective regions and visit them regularly.
- In **Sierra Leone**, a feasibility study was conducted in February 2022 prior to the concrete planning of the central pharmacy. In the second half of the year, CHASL started renovating and equipping the existing premises to have sufficient storage space available. An additional container on the CHASL premises will also be included. This will house the offices of the new Medicines Supply Unit (MSU) staff - a pharmacist, an accountant and a warehouse manager. At the moment, demand enquiries from CHASL health facilities are still underway with, as well as obtaining and reviewing medicines quotations from local suppliers.



Importing medicines (as is the case with the CHAL DSU) is currently not possible for CHASL in Sierra Leone due to stringent licensing requirements.

- In **Guinea**, the network of faith-based health facilities (RECOSAC-G) conducted further supervision and training for health facility staff in 2022 - especially focusing on medicines procurement. Correct stock management (measured by correctly completed stock cards) has improved from 24 per cent to 67 per cent within 2022. Drug availability has also increased slightly as RECOSAC-G has advocated for all 45 church facilities to now be allowed to purchase directly from the government central pharmacy, PCG (which was not the case for all previously). Five institutions have been selected to start pooled procurement with. However, before the first procurement cycle can start, further research is needed on supplier selection and the economic implementation of the project. The establishment of a fully comprehensive central pharmacy is not possible in Guinea for the time being, as the national guidelines do not allow this and the structure of RECOSAC-G is also not yet mature enough.

Difäm provides the two new central pharmacies or procurement structures in Sierra Leone and Guinea with a basic stock of medicines worth 50,000 euros (SL) and 30,000 euros (Guinea). These medicines costs are **not** co-financed by Bread for the World.

The three partners in Liberia, Guinea and Sierra Leone will continue to receive support until at least June 2024 to advance the operation of their drug supply units for their health facilities and then to be able to continue as economically and sustainably as possible.

Engagement in the Ecumenical Pharmaceutical Network

In 2022, *Difäm* continued to work closely with the *Ecumenical Pharmaceutical Network* (EPN) based in Nairobi. The EPN currently has 136 members: 31 Christian Health Associations (CHAs), 19 Drug Supply Organisations (DSOs), international and national non-governmental organisations, large hospitals as well as individuals.



EPN held an Africa-wide three-day online advocacy event on vaccine equity in 2022 within the Small Project Fund on COVID vaccination (see above) involving All Africa Council of Churches (AACC) and African Christian Health Care Platform (ACHAP), with 130 participants. Represented alongside Christian Health Associations (CHAs), Drug Supply Organisations (DSOs) and some church leaders were WHO-Afro, Africa-CDC, UNAIDS, the Kenyan Ministry of Health and the World Council of Churches (WCC). In addition to direct access to vaccines, the main issues raised were Africa's dependence in the event of a crisis and the continent's lack of capacity to produce medical supplies. Christian health organisations expressed their willingness to actively contribute to the promotion of capacities for research and development as well as production and to provide data. During the event, a Call to Action was developed, which 32 organisations signed.

The highlight of the year for EPN was the organisation of the eighth EPN Forum from 10 to 14 October 2022 in Nairobi. The last Forum took place in Kampala/Uganda in 2018. Due to the pandemic, a three-year compulsory break followed. It was therefore very important for the EPN members to meet and exchange ideas in person again. A total of 126 participants from 22 predominantly African countries travelled to the meeting. For *Difäm*, pharmacist Christine Häfele-

Abah took part as Chairperson of the EPN. The EPN Forum, which usually takes place every two years, brings together EPN members, partners and donors to share experiences, gain knowledge and learn about best practices in health services within and outside the network. The members discuss and develop ideas and make important decisions regarding the network's activities. The Forum is usually flanked by a pre-event and ends with the EPN Annual General Meeting. The first EPN Forum took place in Tübingen in 2006 on the occasion of the 25th anniversary celebrations of the network.



EPN Board Members (from left): Vuyelwa Chitimbire (Zimbabwe), Richard Neci (EPN Director), Joanita Namutebi (Uganda), Christine Häfele-Abah (Board Chair), Ngah Edward Ndze (Cameroon), Florence Bull (Sierra Leone), Stephen Kigera (Kenya).

The topic of the EPN Forum 2022 was "The Future of Health Care in the Global South", with a focus on sub-Saharan Africa. The Minilab Pre-Conference launched the Forum on 10-11 October 2022 (see Minilab Network section below) and concluded with the Annual General Meeting on 14 October 2022.

The members and partners exchanged views on the following main topics:

After more than two years of the pandemic, the discussion focused on how COVID-19 has affected basic medical and pharmaceutical services. Church central pharmacies reported on their problems in procuring medical supplies, protective equipment and medicines. And it was discussed how resources can be used more efficiently together, e.g. through pooled procurement.

Furthermore, the discussion on strengthening local production of vaccines and medicines during the pandemic has gained momentum and is supported by major international organisations. A representative of the African Union and a Kenyan drug manufacturer gave inputs and updates on this.

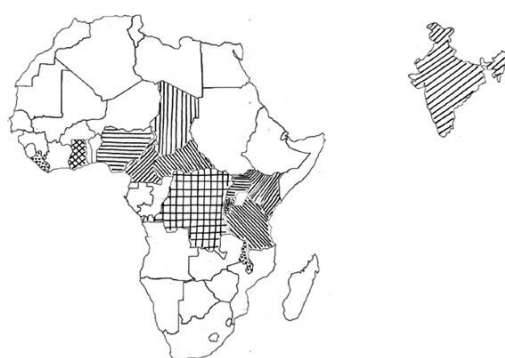
On the agenda of health challenges were maternal-child health, the control of major infectious diseases (such as malaria) and the fight against non-communicable diseases such as cardiovascular diseases, diabetes, but also cancer. The latter are becoming increasingly visible in the countries of the South, and their diagnosis and treatment is often complex. Happyness Lupamba, pharmacist of the Cancer Care Centre of the Kilimanjaro Christian Medical Centre, a reference hospital in Moshi/Tanzania, gave an exemplary lecture on this topic. She reported on the establishment of the pharmaceutical unit at the Cancer Care Centre, which *Difäm* has intensively supported, and how this has enabled safe and aseptic preparation of the toxic cytostatic infusions. This knowledge is now to be passed on to other centres in Tanzania and beyond. A brochure on the topic, jointly developed by *Difäm* and KCMC, was distributed to many interested partners during the forum.



Certainly most important for all participants was the intensive exchange and networking with other organisations and partners who all face similar challenges and can support each other. The exchange across national borders and regions and learning from each other were stimulated and intensified. They are to be pursued virtually if possible after the forum.

Minilab network

At the end of 2022, the Difäm-EPN *minilab network* comprised 18 African and one Indian partner organisations in 13 countries. 13 organisations were active in 2022 and conducted a total of 1420 **minilab analyses**. Figures 9 and 10 (following page) give an overview of the medicines tested by the partners. With 639 samples, antibiotics were the most frequently analysed group of medicines, followed by 269 antimalarials and 152 analgesics.



Partner	Country	Number of analyses	Products without quality defects	Falsified products	Substandard products	Products still under investigation
AEST	Chad	15	15	0	0	0
ASSOMESCA	ZAR	125	123	0	0	2
CADIMEBU	DR Congo	13	13	0	0	0
CBC	Cameroon	429	423	0	6	0
CDMU	India	23	23	0	0	0
CHAL	Liberia	101	99	0	2	0
DCMP	DR Congo	156	143	8	4	1
FBCMF	Nigeria	347	339	5	2	1
JMS	Uganda	24	23	0	0	1
MEDS	Kenya	19	19	0	0	0
NCHS	Ghana	23	22	0	1	0
NKHOMA	Malawi	16	16	0	0	0
PCC	Cameroon	129	127	0	2	0
Total		1420	1385	13	17	5

Figure 4: Analysis results of the Minilab network

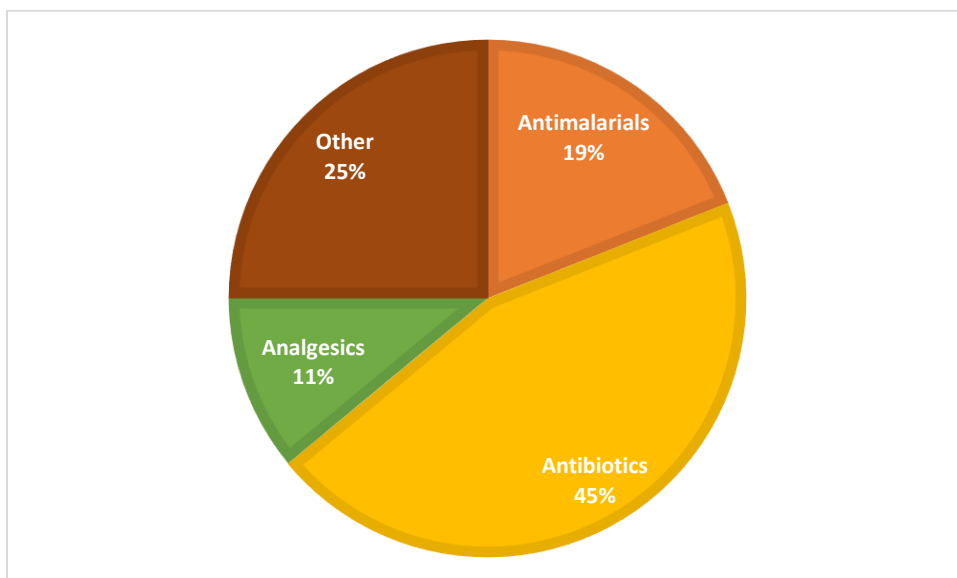


figure 5: Medicines tested in percent

The 13 confirmed cases of falsified products came from eastern Congo and Nigeria and were all reported to WHO. Two of the falsifications in eastern Congo involved antibiotics that, according to the label, came from a Belgian manufacturer (Sterop) and a well-known Dutch wholesaler (IDA) respectively. Both suppliers confirmed the suspicion of falsification and involved the competent authorities. Such cases of falsification are particularly far-reaching, as large hospital packs are involved and "good European quality" is feigned. It is not known how many health facilities ultimately purchased and used these products. Unfortunately, follow-up by the competent authorities in Congo is slow.

In 2022, the University of Tübingen published a comprehensive publication in the scientific journal "Nature" together with *Difäm*, EPN and Minilab network members. It highlights and analyses the work of the Minilab Network in 2019 and 2020. The publication was prepared by pharmacist Gesa Gnegel as part of her doctorate under the supervision of Prof. Lutz Heide. In addition to her scientific work, she was responsible for the coordination of the Minilab Network at *Difäm* until September 2022. Through the publication, the work of the Minilab Network was made better known and also met with great recognition from international organisations. Effective synergies from the cooperation with the university were again evident here.

The highlight of 2022 for the Minilab Network was the network meeting with exchange and practical training from 10 to 11 October in Nairobi/Kenya. The workshop took place directly before the EPN Forum, so that it could be attended and travel costs were saved. There were 25 participants from 15 partner organisations from 11 countries (Nigeria, Cameroon, Liberia, Guinea, Central African Republic, DRC, Rwanda, Burundi, Kenya, Tanzania, Malawi). All found it very valuable to exchange ideas in person again after a break of almost three years due to the pandemic and to carry out practical analyses together in the large and fully equipped laboratory of the Drug Supply Organisation Mission for Essential Drugs and Supplies (MEDS), also on suspicious samples brought along. The minilab network continues to grow. Four new institutions from the Democratic Republic of Congo, Malawi and Nigeria have joined. Intensified practical training was conducted as basic training for the new members. A special focus was on the necessary cooperation with the respective state authorities. There were very positive examples of this reported by authority representatives from Kenya and other international

partner countries. In East Africa, the minilab is also increasingly used by government agencies. In other African countries, this tool is less known and many authorities have hardly any capacity to carry out their own analyses and operate their own laboratories. Therefore, joint activities with the authorities are also planned within the framework of the project. In 2022, for example, a joint training was conducted in Burundi. The minilab network continues to be funded by Bread for the World (under Project 700) and also through an additional EPN project.

Quality assurance among partners was also strengthened beyond the minilab in 2022. For example, extensive online training courses (six sessions of three hours each) on quality assurance in central pharmacies were held at two-week intervals on behalf of *Difäm* by MEDS (Mission for Essential Drugs and Supplies, Nairobi - the largest Drug Supply Organization in the EPN network), in which 14 organisations from ten countries took part.

Procurement of medicinal products (Central Procurement Office)

International Procurement for Health Facilities in Africa (Immunisation PPS 670)

The staff of the Central Procurement Office were also involved in the major international procurements supported by Bread for the World in 2022. The focus here was on procurement within the framework of the Small Vaccination Project Fund (see also the report on the Vaccine KPF on page 13 ff.).

Country	Organisation	Total cost of supplies	Number of refrigerators included	Number of health facilities (beneficiaries)
DRC	REMEDA	34.508 €	2	9
DRC	DOM ECC/ DCMP	75.174 €	8	27
DRC	CECA 20	63.332 €	6	not yet distributed
DRC	CECCA 16	24.914 €	1	8
DRC	CBCA	27.446 €	2	not yet distributed
Guinea	RECOSAC-G	36.844 €	5	10
Liberia	CHAL	46.961 €	5	62
Cameroon	CBCHS	35.032 €	1	19
Cameroon	PCC	20.292 €	1	13
Cameroon	CEPCA	69.395 €	9	9
TOGO	PMDCT	18.707 €	2	21
TOTAL		452.606 €	42	178

International procurement in the Vaccine Small Projects Fund

Equipment was procured for eleven partners in five countries, mainly to support the refrigeration logistics of the vaccines (WHO-prequalified refrigerators, cool boxes).

Protective equipment and oxygen concentrators were still supplied (the latter in particular to the partners in the Democratic Republic of Congo, whose supply had not been possible in the last procurement round). After the needs analysis, prioritisation and allocation, the orders for goods amounting to approx. 400,000 euros were placed with the supplier Begeca at the beginning of 2022. Due to long delivery times and international supply chain problems, the sea freight containers could not be sent on their way until mid-2022. By the end of the year, all deliveries had arrived safely at the partner institutions and have already been distributed to a total of 178 health facilities.

Christine Häfele-Abah

6. Clinical Care

Supporting palliative care in South East Africa

Summary

Project number:	648
Country:	Tanzania
Objective:	Strengthening the care of palliative care patients
Speaker:	Carina Dinkel
Expenditure:	75.934,- Euro (total amount 255.668,63 Euro)

In the north of Tanzania, volunteer palliative care workers take over the care of seriously ill patients in their last phase of life within the framework of home visits. The project supports standardised training for the helpers and contributes to financing the equipment. To this end, a training curriculum was developed for the volunteers and a certificate course in palliative care for doctors and people from nursing professions. In addition, activities are supported that lead to the assumption of costs for home care by the National Insurance.

The project to strengthen the care of palliative patients in northern Tanzania has three components: The hands-on care of patients through home visits, improving the training of volunteer and professional staff, and securing sustainable funding for palliative care services.

Patient care

So far, 82 hospice workers have made 3,515 home visits to patients with terminal illnesses. The patients suffered from oncological diseases, HIV/AIDS and other life-limiting diseases (e.g. liver cirrhosis, chronic obstructive pulmonary disease (COPD), heart failure...). In the group of people cared for due to HIV/AIDS, there is a clear excess of women. In the other groups, the gender ratio is balanced. The target of 1,000 home visits per year has already been more than achieved with 3,515 in 18 months. This underlines the great need for home based care for seriously ill people. Many patients discontinue therapies because they can no longer be afforded by their families. In this case, palliative care is the only option to enable them to live the last stage of their lives in dignity.

Some patients were registered for the project because of their very poor general condition. When they are seen by qualified staff on a home visit, however, it sometimes turns out that the people are suffering from a well-treatable disease. Here, the palliative care team initiates further diagnostics and therapy and arranges the transition to other programmes. This is particularly common among people with HIV/AIDS who are not yet aware of their status and whose condition improves significantly after starting ART. Furthermore, this also applies to many patients with untreated heart failure.

During the home visits, the patients are cared for with regard to their medical, social and spiritual needs. An important aspect is the link to the local parishes or mosques, so that the patients do not fall out of their social network even when they are sick. In the case of complex challenges, there is a link back to local NGOs, e.g. to finance the renovation of a house or to enable school children to continue attending school even though the caregiver's income has been lost due to illness. In many cases, a local and adequate solution can be found.



If patients are classified as palliative, but their general condition is still good enough to cope with shorter distances, they are cared for in day-care events close to home. These are one-day events, often in church rooms. The patients are provided with meals and take part in a programme prepared by the hospice volunteers. At the same time, there is an opportunity to address complaints and receive medication. From the Kilimanjaro Christian Medical Centre (KCMC) as well as from the Marangu and Machame Hospitals, specialists visit the patients together with the hospice workers if necessary. The hospitals finance the transport costs for these visits from their own funds.

Further education and training

In the area of strengthening further education and training, the *Difäm Worldwide* partner organisation Evangelical Lutheran Church in Tanzania (ELCT) developed a training curriculum for "Community Hospice and Palliative Care Volunteers". It is divided into eight modules and covers the topics: Basics of Palliative Care, Communication in Palliative Care, Pain Therapy and Symptom Management, Emergencies and End of Life Care, Continuum of Palliative Care, Carers and Providers, Documentation and Field Work. 78 hospice workers took part in a refresher course.

ELCT in cooperation with KCMC also developed a course curriculum for a two-week certificate course for specialist staff. This was approved and also recognised by the Tanzanian Medical Association and the Nurse Association with continuing education points. Tanzanian doctors now receive 25 CME (Continuous Medical Education) points for successful course attendance (20 points per year are required for renewal of the medical licence). In 2022, two courses were held with a total of 25 successful participants. The participants included doctors, nurses, social workers, but also pastors. The call for applications for the next course in April 2023 has already begun.

Curriculum development and accreditation of the course have been achieved much faster than expected. This was originally only expected by the end of 2022. Due to the success of the course, it is expected to be offered more often than planned within the project period.

Securing funding

A cost-effectiveness study was developed in collaboration with the University of Bonn and with the endorsement of the National Health Insurance Fund (NHIF). The NHIF was involved from the beginning in the development of the study design for the cost-effectiveness study. This is essential to ensure that the insurance company also acknowledges the results and does not claim lack of participation.

Representatives of the NHIF were also invited to events on the development of guidelines for palliative care and contributed their needs and perspectives. Currently, there is no legal provision for the coverage of any home care services in Tanzania. If these services are to be covered, the NHIF as well as parliament must agree and initiate a corresponding change in the law.

However, the *Difäm Worldwide* partners negotiated already that individual services such as wound dressings or prescriptions can already be billed to the insurance company regardless of the patient's location (at home or in the health facility).

The achievement of the project's objectives is on track so far. Three of the six output indicators have already been achieved after the first project year. However, the data collection at the end of the project must be awaited for the impact measurement at outcome level.

Carina Dinkel

Strengthening mother-child health with family planning

Summary	
Project number:	702
Country:	Democratic Republic of the Congo
Target:	Improve mother-child health through family planning
Speaker:	Gabi Hettler
Budget:	11,842.- Euro
In Congo, family planning has been identified as an important factor in reducing the very high maternal mortality rate. The project supports education and information on family planning methods and pushes for funding to procure the materials in the health centres.	

The Democratic Republic of Congo has a high rate of maternal mortality with 648 deaths per 100,000 live births (for comparison: in Germany it is 7/100,000). This situation poses a real challenge. The provision of family planning was chosen by the Congolese state as one of the strategies to reduce maternal mortality. Unfortunately, the number of regions (including the districts of Aru and Aba) in the DRC where there are no means of contraception is very high.



The **Aba district** is located in the north-east of Congo in the Haut-Uële province, 18 kilometres from the border with South Sudan and about 120 kilometres from the border with Uganda. The standard of living and education in the region is low. Poor access due to bad roads has an impact on the infrastructure and the entire economy of the region. The income of the population comes mainly from seasonal agriculture and small livestock farming.

Aru District is also close to the border with Uganda and South Sudan. Although there are some business people due to the proximity to the border, the population mainly lives from agriculture (peanuts, cassava, maize, beans). Due to the instability in South Sudan, many South Sudanese refugees live in this region.

Despite the war in Ituri province in recent years, Aru County has remained peaceful.

The cultural value of having many children is very strong within families. At the same time, many families face disadvantages (e.g. malnutrition, recurrent illnesses) and seek help. Women who would like to delay births are sometimes unable to do so due to lack of materials.



Through the project, training on family planning was provided for 46

people organised in Ariwara (15 health centres and final year students of ITM Ariwara School of Nursing) and another training for 44 people in Aba (nine health centres, students and teachers of ITM Aba School of Nursing). All representatives of a health centre went back with educational material and different methods for family planning (FP). The next step was to educate village leaders, who in turn visited individual households to talk about family planning options. At the same time, education about family planning options was provided in church and on the radio, as well as at weekly antenatal care and immunisation sessions.

The FP methods are paid for at the beginning of the project, but are to be sold for slightly more than the purchase price.

Thus, they remain affordable for the population. At the same

time, the health centres can build up reserves to purchase new goods. Thus, they are no longer dependent on funding from the project, but can offer the service independently in the future.

A supervision took place in January 2023. As there were hardly any family planning methods in Aba district, it takes a little longer to sensitise the population. At the end of the year, people did not have money for FP methods, but only with the groundnut harvest at the beginning of the year. Therefore, some couples have already announced their need for the beginning of the year. Most couples are interested in implants, few in the three-month injection and hardly anyone in the pill.

In Aru district, supervision is still ongoing. In six centres, the service has been well received. When the village pastor talks about the importance of family planning together with the nurse, there is greater acceptance among the population. One centre is in a region where the Catholic Church is predominant. There is no interest in family planning there.

We are looking forward to seeing how this important project will develop. It will take time for the use of family planning methods to become commonplace.

Gabi Hettler

7. Emergency Responses

Ukraine emergency aid

Summary

Project number:	690
Country:	Ukraine
Target:	Deliver medicines and medical supplies to the war zone
Speaker:	Christine Häfele-Abah
Budget:	474,973 euros

Difäm Worldwide's emergency aid started shortly after the Russian invasion of Ukraine. Requirement lists from hospitals were processed and the materials were sent directly to where they had been requested with five trucks and several smaller deliveries. The transport logistics were coordinated by a very experienced logistician from Ukraine from the initiative "Tübingen hilft Ukraine".

Since Russian troops attacked Ukraine at the end of February 2022, war has been raging in Ukraine. There is no end in sight. Many refugees have come to Germany. The willingness of the German population to help and donate has been very high since the outbreak of the war.

In Ukraine, due to the war, supply routes have collapsed, infrastructure has been destroyed, and there is an increased need for medicines and medical products - on the one hand for acutely injured people, and on the other hand also for people with chronic diseases and other medical treatment needs.

At the beginning of the war, some doctors from Tübingen, who come from Ukraine and have good contacts to the medical sector there, asked *Difäm Worldwide* for support for Ukrainian hospitals. The cooperation initially ran through the Ukrainian Greek Catholic Church. Numerous lists of needs of Ukrainian hospitals were sent. *Difäm Worldwide* carefully checked the needs and processed them. Only really necessary medicines, materials and equipment were procured.



The supplies included emergency medicines, medicines for the care of chronically ill patients as well as medicines that were difficult or impossible to obtain due to the supply situation in Ukraine. In addition, hospital equipment, dressing materials, special dressings for burns, laboratory reagents and sera for blood transfusion were also procured. Later deliveries also included very special neurosurgical instruments and implants, the need for which was reported by special clinics and specialists who work together with the Tübingen University

Hospital. Due to the high number of donations received, such special needs could also be taken into account.



Difäm Worldwide was able to carry out the deliveries due to its recognition as a "Central Procurement Agency for Medicines" (§47 German Medicines Act). It ordered the medicines and materials from various manufacturers and special equipment suppliers, consolidated them, packed them and prepared the shipping documents. The pallets were loaded into Ukrainian trucks with the help of a borrowed forklift truck and volunteer helpers. A lot of improvisation was needed here, as normally deliveries on this scale are not sent via *Difäm Worldwide's*

own structures.

The transport logistics were coordinated by a very experienced logistician from Ukraine. After the initiative "Tübingen hilft Ukraine" was founded, the logistics were combined with their own deliveries and continued. In this way, the deliveries could be brought to all desired destinations in Ukraine, even to the embattled areas. All deliveries so far have arrived at the hospitals undamaged and no one was injured on the way. For this we are grateful.

In total, five larger truck deliveries as well as numerous smaller special deliveries with a total value of approximately 415,000 euros were sent in 2022. In addition, there were many donations in kind, especially well-preserved medical equipment from the University Hospital and other places, as well as consumables and laboratory reagents donated by companies.

Christine Häfele-Abah

Using sheep and farming to integrate refugees

Summary	
Project number:	655
Country:	Burkina Faso
Target:	Creating livelihoods for refugees
Speaker:	Carina Dinkel
Budget:	Total amount 16.845 Euro

Attacks by Islamist terrorist groups cause a strong movement of refugees in the north and east of Burkina Faso. Thousands of refugees are accommodated in the catchment area around the Christian hospital of the Union des Églises Évangéliques Piéla. *Difäm Worldwide* supports a concept that provides people with a livelihood through sheep breeding and agriculture, thus contributing to care and integration. The work has been honoured with a Medal of Honour by the Burkinabe government. *Difäm Worldwide* is looking for further donations and third-party funding to finance the project in the future.

For more than three years, especially the north and east of Burkina Faso have been infested by a subgroup of Boko Haram. Again and again, villages are attacked and destroyed. Above all, Christian churches and parishioners are targeted by these militias. The women are abused and released after several days. Churches are demolished and villages looted. The population flees and settles mainly in the catchment area of the Christian hospital of the Union des Églises Évangéliques Piéla in the province of GnaGna, about 450 km north-east of the capital Ouagadougou. In the city and surrounding villages these internal refugees find shelter. Mats made of millet and maize straw serve as protection from the sun and sand. About 10,000 refugees live in makeshift camps. The local church communities help according to their possibilities, which are far from sufficient. They try to care for the battered and traumatised refugees. "We feel protected here with you," the refugees say, and so people of all religions come to the area of the Christian hospital. The hospital's staff have already given ten per cent of their salaries in an initial aid campaign to help the refugees. Pastors and women's groups care for the children, the orphans and especially the traumatised women. At the same time, they themselves become targets of the extremists' attacks. On 7 May 2022, the church in Piéla was destroyed. Church services have not been held there for a long time, the security situation is too precarious. Christians meet at church members' homes to worship at short notice. Nevertheless, the raid of their church has hit and hurt the local Christians.. However, this is no reason for them not to continue their efforts to care for the refugees - Christian and Muslim.

As the security situation is very unstable, very few families have been able to return to their home villages since 2022. For the refugee families who want to stay in the Piéla area, a concept has been developed to ensure the self-sufficiency of the refugees by planting gardens and breeding sheep. At the same time, this will improve the overall food supply in the communities. Because the refugee families thus contribute to the food security of the entire village and a more decentralised accommodation is possible, the integration of the refugees into the village community is promoted.

The following speech was given by a spokesperson for the refugees:

"I am Ouôba Yempani, a displaced widow with my five children. Today is a great day for us. I take the floor on behalf of all the beneficiaries to greet our authorities, Tin Naabi officials and their partners and thank them from the bottom of our hearts. We are all happy this morning to receive this token of appreciation.

We were desperate, but your gesture this morning opens the door of hope for all of us. It will lift us out of poverty; we had enormous difficulties with food, medical care, etc., our children had left school because we had nothing left to support them. We suffered and were forced to sell the few things we still had at a low price to buy food. Our children had lost all hope of ever going back to school. Now your donation enables us to carry out income-generating activities for our food and our families' other needs, such as going to school.



Gardening and sheep rearing are activities that we can do all year round. They will really enable us to generate resources for our families. This project saves our lives. May God accompany us in the implementation so that this project will be a complete success for all of us and other families can also benefit from this help. Your prayers and donations are a great comfort to us. May God bless you abundantly."



A total of 105 families received at least one sheep. The sheep were distributed by lot, to secure equality. To the special delight of the children, they were each allowed to receive the sheep for their families. Together with the sheep, there was a refresher workshop in sheep breeding and animal care. Still sheep breeding is deeply anchored in culture and people already have knowledge in this field from childhood. At the end of the project, the

first offspring generation of sheep has already been born. According to a concept developed by the refugees, these will be passed on to the families who could not be considered in the first distribution round or whose sheep had died.

(Partial) shade, a certain soil condition or access to water is a prerequisite for the creation of gardens. Twenty families benefited from the creation of gardens. In spite of now decentralised accommodation outside refugee camps, four families did not have a suitable place to plant a garden nearby. However, a solution was found in cooperation with the municipality by allocating suitable land. After procuring the technical equipment for the gardens, especially the necessary irrigation, advice was given on the selection of seeds, also with a view to selling part of the yield. The gardens were laid out under the technical guidance of experienced garden technicians, because the success of a garden in the savannah depends to a large extent on the functioning of the irrigation system. The families learned how to lay pipes, how to plant according to the water supply and how to operate and maintain the irrigation system.

For the distribution of the garden equipment and the first round of distribution of the sheep, the senior representatives of both the city and the province were present. Tin Naabi is taking a pioneering role here with its projects for refugees. In December 2022, its commitment was officially honoured by the Burkinabe government with a medal of honour. This is not an easy achievement for a Christian organisation in an Islamic country. Pierre Mano, the leader of Tin Naabi, also expressed his gratitude to *Difäm Worldwide* in his speech: "This honour is the result of our joint tireless efforts. It encourages us on the path we have chosen; it is the path of communicating the love of God for all. We do this by supporting the suffering population in the spirit of holistic and sustainable development. The award gives us even more courage and commitment for the road ahead.

I also wear the medal on behalf of our partners, because one finger alone cannot pick up the flour. It is also your medal. I am grateful that by the grace of God I can stand here today."

The situation in Burkina Faso remains very tense. As many more patients and pregnant women need medical care and treatment due to the large number of refugees, the hospital in Piéla has asked for further support. *Difäm Worldwide* plans to continue the refugee aid in 2023 and is currently still looking for funding, e.g. through third-party funds, because the need is great. *Carina Dinkel*

Support for the refugees in Bunia

Summary

Project number: 679

Country: Democratic Republic of Congo

Objective: Support for refugees in Bunia

Speaker: Gabi Hettler

Budget: 50,000 euros

The project contributes to improving the socio-economic living conditions and well-being of displaced pregnant women living in the ISP IDP camp in Bunia. For this purpose, they receive access to health care and support in establishing income-generating activities.

The province of Ituri has been experiencing an alarming situation marked by violence and unrest for years. More than two million people are currently affected, 85 percent of them women and children. The number of displaced people continues to increase. In some areas of Ituri, particularly in Mahagi, Djugu and Irumu, there are always new waves of displacement. The majority of this displaced population is seeking refuge in Bunia, as this town is considered less insecure so far. As of early June 2021, the total number of IDPs in the province was estimated at 1.2 million. Of these, 227,000 are living in 87 UNHCR and IOM facilities. One of these is the ISP IDP camp in Bunia. More than 13,000 people live there in more than 2,000 households. Among them are very many pregnant or lactating women and children under five. Many have lost their fathers or husbands in the war. The women's lives are marked by poverty. Socio-economic dependency forces them to beg and exposes them to a high risk of violence and disease. The war in Ukraine has also drastically increased the price of food and petrol. This makes the situation even more difficult for the refugees.



Support for pregnant women

The project aims to create a sustainable perspective for the particularly vulnerable group of pregnant women. The first step is to give them access to high-quality health care. This applies in particular to prenatal care and medical care around the birth. In addition, the women are supported in earning an income through work. This increases their integration into the community and thus reduces their risk of experiencing violence.

Women in need identified

As part of the project, pregnant and sick women were first identified in order to refer them to the appropriate health facilities. There, acute therapy is carried out if needed. In addition, pre- and post-pregnancy care is offered. For economic support, business opportunities for the women are identified and supported organisationally and financially.



Help for around 300 pregnant women

The project made it possible for 319 pregnant women and mothers to give birth in a health facility. 281 women received outpatient treatment. 300 women received a hygiene kit and initial equipment for the baby. Of the 300 pregnant women in the project, 63 percent regularly attended antenatal care. 214 women had a normal birth, 84 women had to have a caesarean section.

Member of the health insurance scheme

258 women have started to sell food at the local market that has sprung up in the refugee camp, thereby earning a small income. About half of these women have started to contribute to MUSACA (the community-based health insurance) with their income, thus providing themselves with sustainable security.

Training and Capacity Building

Summary

Project: Conducting courses in tropical and palliative medicine

Speaker: Gabi Hettler

In 2022, the *Academy for Health in One World* offered courses in tropical medicine, malaria diagnostics and palliative medicine. At the beginning, the seminars were held online, but then they were gradually held in person. The number of registrations was high and the feedback consistently positive.

The *Academy for Health in One World* exists since 2015. Funding from the *Lechler Foundation* made it possible to offer additional seminars in the first three years. The following seminars were held in 2022:

Public Health and Tropical Medicine

We had hoped that in 2022 the seminar could be held in presence again. However, the Corona situation at the beginning of the year prompted us to offer it online again. However, due to the good experiences in the previous year, the hurdle for the teachers was no longer so high. The digital tools such as Slido and Miro Board make it possible to design the lessons in an entertaining way. In this way, teachers and learners enjoy teaching on the screen. The digital classroom (the room from which teaching took place) was located in the new hospice this time. With few exceptions, the teachers came to the digital classroom to teach from there. Again, a team of assistants supported us in using Zoom and the other tools.



At the end of the four weeks, the feedback from the 28 participants was consistently positive. There was a learning spiral that was planned by us as a team and was also reported back by the group. This was possible because individual topics were taken up again and again through practical case studies.

At the beginning of 2023, after a break of two years, we are again planning a seminar in presence.

One-day Seminar on Malaria Diagnostics

The one-day seminar on malaria diagnostics imparts theoretical and practical knowledge on malaria and is an offer for medical-technical assistants and doctors working at German hospitals. The preparation of smears ("thick drop") and the use of the staining technique are practised. Through extensive microscopy, the participants learn to distinguish and identify the different types of malaria. A theory unit on malaria provides background knowledge. This seminar took place twice in 2022, with a total of 16 participants.

Palliative practice

The Palliative Practice seminar took place in 2022 with 15 participants. The feedback was consistently positive. The seminar supports participants in recognising and developing their professional and personal skills in dealing with people in their last phase of life. The interdisciplinary curriculum is characterised by a particularly high level of practical relevance. The 40 teaching units are the prerequisite for taking part in the Palliative Care seminar.

Palliative Care

The three-week further training in palliative care in combination with the seminar "*Palliative Practice*" corresponds to the curriculum of the *German Society for Palliative Medicine* (DGP) and comprises 120 teaching units (with the 40 units of the seminar "*Palliative Practice*", the required 160 units are achieved). With twelve participants, the first module took place in November 2022, the next two modules will be in January and February 2023.

Upon completion of the further training, the certificate "Palliative Care. Treatment, care and support of seriously ill and dying people" of the DGP is acquired. The seminar is primarily aimed at people from the fields of health and nursing care, health and children's nursing care and care of the elderly after completing further training in "*Palliative Practice*".

In 2022, a total of five seminars were held. The total number of participants was 71.

Working with Churches in Germany

Summary

Project:	Community work
Country:	Germany
Objective:	To strengthen the anchoring of <i>Difäm</i> in the parishes.
Speakers:	Steffi Brodbeck, Carina Dinkel

The driving force and DNA of *Difäm* is its anchoring in the Christian faith. Working with parishes in the Tübingen area is therefore an indispensable part of our self-image. After the Corona break, *Difäm* intensified its cooperation, especially through the newly developed concept of partner parishes as well as confirmation classes. Other presentations on Christian health work could again be given personally on site. Through the Offering for World Mission, *Difäm projects* received about 82,000 Euros. The mobile phone campaign in favour of the Democratic Republic of Congo continues despite bureaucratic hurdles. Participation in the Assembly of the World Council of Churches was a real highlight.

In 2022, a more active congregational life began again in the churches after the Corona break. However, it could be observed that many congregations still found it difficult to plan their events like in the time before the pandemic. In addition, at the beginning of 2022, there was still considerable uncertainty about the extent to which congregational life could be personalised again this year. The confirmation classes stood out positively, which was certainly also due to the fact that these were also offered by *Difämt* during the pandemic. Very good digital and analogue formats were used here as needed.

Work with young people

The two sponsored runs with students in 2022 were particularly challenging, but also successful. They took place with the usual support of the Protestant Youth Office and the Tübingen church community. In March, the autumn 2021 confirmation run, which had been postponed by Corona, was made up for. It took place under hygiene regulations as a central large-scale event on the Neckar Island. The young people did not let themselves be slowed down even by the mandatory masks. Fortunately, they were allowed to take them off for the run itself and the hot dog meal afterwards. 98 runners from ten parishes in the Tübingen church district completed the laps of the Platanenallee. With the help of 204 supporters, they raised 14,208.87 euros. The joy of finally being able to really speed up together again was evident in the young people's faces.

In October 2022, a second confirmation run took place, again on the Neckar Island. This was the regular run of the year 2022/23. Twelve church congregations were inspired to participate. 124 confirmands as well as 27 other people and one dog had their running cards stamped. A total of 308 sponsors raised 17,635.59 euros. This is the highest amount ever raised in a confirmation run.



The offer to organise confirmation classes for the congregations continues to be very well received. It is important to the congregations that not only the mobile phone campaign is presented, but also that *Difäm* itself is made known to the confirmands. *Difäm* dealt with the topics of resource justice, consumer behaviour and worldwide Christian health work in confirmation classes a total of twelve times. Many of the young people were motivated to start their own mobile phone collection campaign.

In addition, *Difäm* was also involved in the confirmation day of the Tübingen church congregation and presented its worldwide work.

Partner communities

The concept of *Difäm* partner parishes was put into practice in 2022. Four parishes from the district celebrated a partnership service together with *Difäm* and received an official partnership certificate. In order to get to know each other better and in addition to the visits of the speakers to the parishes, visits of interested parishioners to *Difäm* also took place. The participants found it enriching to get into direct conversation and to learn about the different areas of *Difäm*'s work.

Every Sunday, the partner churches receive an intercession with a *Difäm* topic that matches the sermon text. *Difäm* sends these out monthly so that current prayer requests from the worldwide partner churches can also be brought to the partner churches in the Tübingen area. The partner churches take up this offer very well. The work of *Difäm* is also firmly present in the parish newsletters of the partner parishes.

The work with the partner communities is to be further intensified in the future. For this reason, *Difäm* will provide working materials on an annual theme and involve the communities more in events such as the One World Day. In the medium term, a network of multipliers is to be built up by dealing with common global issues, which will further increase the awareness of *Difäm* and sensitise people to the importance of our projects.

Participation in partner events was added to this list for the first time. *Difäm* staff are increasingly being asked to speak at partner organisations' events, both online and in person. The spectrum of topics ranges from inter-religious cooperation in the pandemic to the importance of Christian health work. Here we can see how partner and community work are increasingly becoming more equal and exchange is succeeding in all directions.

Making good use of mobile phones – a campaign

Difäm continues to be part of the mobile phone campaign Baden-Württemberg and is represented in the steering committee as well as in the supporting committee and the AG Bildung. A project in the Democratic Republic of Congo was supported last year with 3,106.49 euros through the mobile phone collection campaign. At the beginning of the year, we took part in a road show organised by the mobile phone campaign together with the radio station Neckar-Alb-live. Our contribution was an information stand in Tübingen and an online podium on the Congo campaign. This gave increased visibility to the mobile phone campaign as well as to *Difäm* and the Congo campaign.

Bureaucratic hurdles are increasingly hampering the continuation of the mobile phone campaign.

The main issue is whether mobile phones with batteries can be put into the collection boxes of the campaign and then transported by logistics service providers. Nevertheless, 20 filled boxes with more than 900 collected devices were handed in at *Difäm*. The contents of the mobile phone campaign continue to be a central component of the educational work with children and young people.

The Assembly of the World Council of Churches

Difäm was invited to participate in the Assembly of the World Council of Churches (WCC Assembly). In addition, we were able to help organise the meeting day of the Württemberg Working Group for World Mission in Bad Liebenzell and had two events in the framework programme of the VV. The main focus, however, was the participation and moderation of the "Ecumenical Dialogue" on health and healing under the topic: "Who lives? Who dies? Who cares? The churches' role in health & healing today".



This ecumenical dialogue (ED) was prepared in advance in five online meetings together with the speaker at the WCC, Dr Mwai Makoka. At the AGM, about 50 delegates participated in the three sessions and adopted a joint statement. It points out the central role of the churches in health matters and emphasises in particular new challenges such as the issues of climate and health, mental health as well as the consequences of digitalisation on the one hand and the increasing poverty in the global south on the other hand. In June 2023, the WCC Central Committee will appoint a commission to work intensively on these issues over the next eight years. In November 2022, the results of the WCC VV were discussed together with Bishop Petra Bosse-Huber of the Evangelical Church in Germany (EKD) and the moderator of the Central Committee Bishop Heinrich Bedford-Strohm together with representatives of different churches, ministries and universities. The aim was to make the topics discussed in Karlsruhe relevant for the life of churches and congregations in Germany. Here, the image of the pilgrimage from Busan is to be taken up and transformed into a "pilgrimage of justice, reconciliation and unity".

What remains of Karlsruhe 2022 (www.karlsruhe2022.de)? Above all, it is the encounters with people from very different regions and churches and the testimony of praying and celebrating together that built bridges and made dialogue possible - even across deep divides. The conflict between the Russian Orthodox Church and the Ukrainian Orthodox Church, which were represented despite the war, was just as palpable as the conflict over Israel and Palestine. Nevertheless, it was always possible to emphasise what was common and unifying and to remain in dialogue. Under the motto: "The love of Christ moves, reconciles and unites the world", other topics were addressed, such as climate change, dealing with indigenous peoples and traditions or dealing with other religions. One of the very moving moments was when Prof. Azza Karam (PhD), the general secretary of Religions for Peace, asked the general secretary of the WCC on her knees: "Is this love of Christ only for you or is it also for us?". At that moment, the famous pin could be heard in the plenary hall filled with over 4,000 people. *Difäm* will consider, in the context of the development of the strategic plan, to what extent the topics of the WCC Assembly can be taken up further and, in particular, how we can make better use of the broad network of the WCC for our work.

Steffi Brodbeck, Carina Dinkel, Dr Gisela Schneider

Thursdays in Black – engaged for women in DRC

Summary

Project:	Thursdays in Black
Country:	International
Objective:	Combat sexual violence in Congo
Coordination:	Dr. Gisela Schneider

The Congo campaign goes back to the commitment of Nobel Peace Prize winner Dr Denis Mukwege. Through actions such as "Thursdays in Black" or presence in various events, the population and politics are sensitised to the issue. However, the media space has become increasingly narrow in the wake of the crises in Europe. Nevertheless, the campaign will be continued, as the outbreaks of violence are still part of everyday life in Congo, which women and children in particular suffer from.

For many years, Dr Denis Mukwege has been travelling around the world to put the issue of sexualised violence against women and children in eastern Congo on the political agenda. He also calls for women and children to be given free access to health services if they are survivors of sexualised violence. In addition, he urges legal support for survivors in order to be able to take up the prosecution of individual perpetrators or groups of perpetrators.

Within the framework of the Kirchentag 2019, Dr Mukwege has drafted a resolution together with a team from *Difäm* and Bread for the World. Among other things, it includes the demand to end the impunity of perpetrators of sexualised violence in the Democratic Republic of Congo - especially in the context of war crimes. It also calls on the global community to work for an end to human rights violations against women and children - especially against the background of the high economic interests in Congo's raw materials. Especially tantalum, coltan and cobalt are to be mentioned here. His call also took up the concern of the UN's "Mapping Report", which is now over ten years old. The same applies to UN Resolution 1325, which called for an end to sexualised violence as a weapon of war more than 20 years ago.

In the first phase of the campaign, signatures were mainly collected to put the issue on the political agenda in Germany. In June 2021, 11,815 signatures were handed over to the then Human Rights Commissioner of the Federal Government, Dr Bärbel Kofler.



The second phase of the Congo campaign (2021/2022) will focus on awareness-raising measures. The aim is to arouse interest among the population and to anchor the concern for more justice for women in Congo. To this end, *Difäm* has joined the worldwide campaign "Thursdays in Black", which originates from the World Council of Churches and campaigns for a world without sexualised violence.

A dedicated logo was designed and the Congo Campaign website was updated so that visitors to the website can find out more and join the campaign.

In addition, the campaign participated in the following public events and promoted its cause:

- Fair Trade exhibition in Stuttgart in April 2022 together with the mobile phone campaign Baden-Württemberg
- Catholics' Assembly 2022: Information stand and strengthening of ecumenical cooperation in the campaign network
- Participation at the human trafficking conference in Schwäbisch Gmünd with an information stand, a workshop and the closing service.

It could be observed that since the outbreak of Russia's war of aggression against Ukraine, public interest in the Congo campaign has declined significantly and the opportunities to advocate for it in the political space have also diminished.

We have nevertheless continued the "Thursdays in Black" campaign and are taking up the campaign's cause in many events at universities and communities.

Outside of church events, the Congo Campaign presented itself on the following platforms:

- Information evening of the Congo Campaign as part of the Roadshow mobile phone campaign Neckaralb Live (27.1.22)
- Congo working group of the mission agencies of the Protestant regional church and partner churches and working groups (12.3.22)
- Day against Violence against Women in Tübingen City Hall (28.11.2022)

No direct lobbying activities were carried out in 2022. Legally, this would also present us with challenges: *Difäm*, as the campaign's sponsor, would have to register in the lobby register. Such an entry has not been made so far, as it goes hand in hand with the disclosure of funds and donations, which could have a negative impact on fundraising and confidentiality. Church organisations are exempt from this requirement, but not independent institutes.

Future of the campaign:

The Congo Campaign's concern remains highly topical. The new escalation of violence in North Kivu near Goma and also in the Ituri region are clear evidence of this. Therefore, we will continue the "Thursdays in Black" campaign.

However, since we are currently unable to fill a position for coordination and the member institutions in the network do not see themselves in a position to support it either, this campaign will continue to run at a low level. As far as possible, we will also raise the issue within the framework of the mobile phone campaign in Baden-Württemberg and include it in our public relations work.

Dr Gisela Schneider