



PROJECT AID



THE GAMBIA

ANNUAL

REPORT FOR

2014

REGISTERED NGO

A 57

INTRODUCTION

Project Aid The Gambia, is a German / Gambian registered International Non Governmental Organisation (NGO), whose objective is to supplement Governments efforts in providing humanity services to the targeted rural communities. The project has been involved in a series of successful ventures since its inception in 1991. Since Education, Health and Agriculture are the corner stone of any meaningful development; Project Aid therefore strives extensively hard to excel in these areas. Ultimately Jahally Health Centre has been regarded as a model clinic in the country soon after its inauguration in 1990. In the education sector our Kindergarten has been exceptional in terms of both infrastructure and academic excellence. Project Aid is also engaged in supporting five women Horticultural gardens in the villages of Jahally and Madina, Central River Region. As part of its crusade Project Aid in collaboration with German Government built a Standard Health Centre in Njaba Kunda in 2011 which witnesses a massive improvement of medical services not only for the people of Njaba Kunda but for the whole of NBR. The Administrative Head Office of Project Aid is situated in Manjai Kunda, Kanifing Municipal Council (KMC)

CURRENT PROJECTS

JAHALLY HEATH CENTRE

As it is known by all Gambian that in the early 1990s Health Delivery services was very limited in the countryside but the desire of the project management led by the current Goodwill Ambassador of Gambia to Germany Mr. Matthias Ketteler was to support the under privileged communities who are in dire need of help. Propelled by this desire the project found its way through to Jahally with the guardianship of the late M.S.Tambadou, May his sole rest in peace.

Jahally is in CRR West, a few kilometres from Brikamaba. The community of Jahally are predominantly Sarahulis with some hand full of Fullas and Mandinkas in their midst. The Health Centre was therefore established in 1991 to compliment government's effort in realising MDG 4, 5 and 6.

Until today, the Health Centre is one of the most famous health facilities in the rural area in terms of infrastructure and quality of services. Jahally Health Centre is a non profit making health centre and therefore provides reasonable tariff that is affordable by all patients in and outside of the country. This new tariff came into being in September, 2013 and has been viewed by many as the lowest in town when one puts into accounts the service and medication put to the disposal of every patient that visit the centre.

**CHARGES FOR PATIENTS IN JAHALLY HEALTH CENTRE STARTING
1st SEPTEMBER 2013 TO DATE READS AS FOLLOWS:**

REGISTRATION

Ages	Gambians	Foreigners
Under 5 yrs	D15.00	D30.00
5 yrs - 14 yrs	D25.00	D50.00
15 yrs upwards	D30.00	D60.00

ADMISSION

Admission	Gambians	Foreigners
Discharge fee	D50.00	D100.00

LAB

Tests	Gambians	Foreigners
BF	D10.00	D20.00
HB	D10.00	D20.00
WBC	D10.00	D20.00
URINALYSIS	10.00	D20.00
VDRL	D10.00	D20.00
HCG	D50.00	D100.00
AFB/TB	Free	Free
HIV	Free	Free
DELIVERY	Free	Free

**For weekends charges are double for both Gambians and
Foreigners except for emergency cases**

Children from our kindergarten are also treated free of charge at the clinic.

STATISTIC (Out Patient)

The following data shows the number of patients seen by the centre in the different months of 2014.

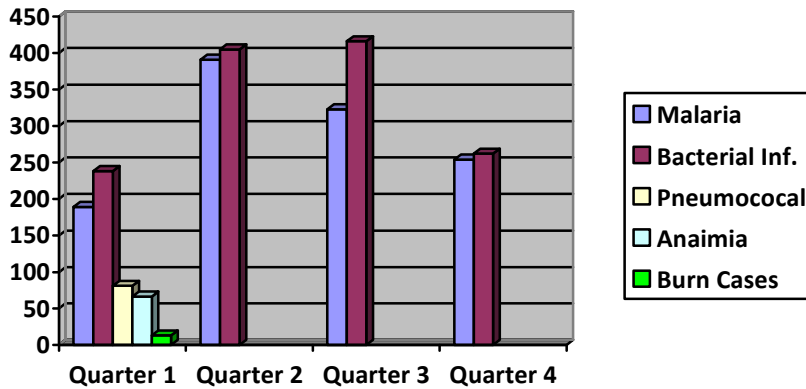
		total	male	female
2014	January	1995	789	1206
2014	February	2294	896	1398
2014	March	2031	805	1226
2014	April	1970	809	1161
2014	May	2007	762	1245
2014	June	2212	932	1280
2014	July	2058	779	1279
2014	August	2591	981	1610
2014	September	3339	1352	1987
2014	October	2378	958	1420
2014	November	1801	679	1122
2014	December	1904	791	1113
	total	26580	10533	16047

The Statistic below shows the registered patients in 2014 according to age groups

ages	total	male	female
under 1	3926	2096	1830
1-2	5234	2528	2706
3-5	3205	1530	1675
6-10	2002	989	1013
11-14	950	459	491
15-19	1531	355	1176
20-29	3152	604	2548
30-39	2284	504	1780
40-49	1414	389	1025
50-59	1053	321	732
60-69	930	341	589
70-79	671	326	345
80-89	195	78	117
90-99	30	11	19
over 100	3	2	1

2014 has seen 26580 Patients while in 2013 the figure stand at 27,619 giving a difference of 1039 patients in favour of 2013. From inception to date efficiency and reliability remains the key motor of our clinic and we hope to improve on that philosophy year after year.

There are three consultation rooms in Jahally Health Centre which accommodate patients from the regions of CRR, LRR, URR and some part of Cassamance in Senegal. The most common diseases treated are presented in the graph below in four quarters in 2014.



There is one pharmacy where all prescribed drugs are dispensed by the pharmacy assistant. The outpatient also have a laboratory where investigations are carried out on patients such as blood film for malaria test (BF) haemoglobin estimation(HB), white blood cell count(WBC), HCG, Acid fast bacilli (AFB) for sputum spearing for tuberculosis, sickle cell and venereal disease research laboratory(VDRL) to investigate syphilis. There are two wards namely adult ward where all adult male and female patients are admitted and children's ward mainly for children. There are three private wards attached to the adult ward with a duty room for the nurse on duty. The two wards have a capacity of nineteen and eleven beds respectively. There are two flush toilets and two showers in the former and two flush toilets and one shower in the later. There are also two office space within the OPD building offered to the two MRC teams both of whom have just concluded a two year research work on pneumonia sepsis and meningitis in children less than five years of age and the other team on PRINOGAM Research. One of these offices have been identified to serve as an isolation room for any possible Ebola case while the other is still kept for MRC who look to start another 39 months of Rotavirus vaccine impact and effectiveness study in our health Centre. The electricity supply in the health centre comes from one main source of solar energy and two boreholes that supplies clean pipe born water to the entire facility and as well as to the attached moringa plantation 24hrs each day.

STAFF STRUCTURE

There are thirty-three staff in the health centre including Artificial Restorative Treatment (ART) staff plus gardeners. Below is a table showing the number of staff and their designation:

STAFF	NUMBER
CHN Midwife	1
State Enrol Nurse -General	4
Nurse Attendants	10
Nurse Attendance on Training- SEN	1
Assistance lab technicians	2
Community Oral Health Workers	1
Assistance COHW	1
Drivers	1
Watchmen (day & night)	2
Gardeners (clinic & moringa)	7
Cleaners	3
Total	33

It was the later part of 2014 that 3 of our sponsored SEN Nurses successfully completed their training at Bansang and joined the staff at the clinic surging the number of trained nurses to 5 as we speak. As can be seen on the statistic above the number of nurse attendance at the clinic has increased to cope with the rising demand of service owing to the increase number of patients seen at the facility. The renovation on the entire infrastructure of the clinic has this year being maintained to standard by repairing any form of defect or damaged meted to the facility by either staff or natural courses. The two Flat Screen TVs- one in the main ward and the other in the registration hall which are connected to satellite disks for national and international news have also been maintained during the year under review.



CAPACITY BUILDING

Currently the project is sponsoring one student SEN Course at Bansang School of Nursing as stated in the statistics above. As the project is with the view that in human resource development training is paramount if standard and quality service is to be assured. Therefore the project left no stone un-turned in pursuit of this philosophy in the year under review. In the same year series of trainings and workshops were conducted by the department of state for health and social welfare in which our staff were a part and were equipped with different skills to better care and handle their patients in a more efficient and professional manner. The Project has also accorded the nursing staff with professional training from the hands of one Dr Ashadeh who has already conducted series of training programs including Ebola Sensitisation and as well as caring for chronically sick patients in the area during the year under review. So the project has in no way lost sight of the capacity building component in her drive for quality and better services for her people.

MATERNITY UNIT

The labour ward consists of two delivery beds, two baby cots and one post natal bed for observation of post delivery mothers for six hours and it's equipped with a sterilizer. However only normal deliveries are conducted in this health centre despite having a well trained and experience midwife. All abnormal labour cases are referred to Bansang Hospital to be attended by obstetricians as the case maybe.

DELIVERY

Jahally Health Centre is not left behind in terms of conducting proper and quality delivery to women. We have delivered seventy-nine clients from Jan-Dec 2014.

THE TABLE BELOW SHOWS THE TOTAL NUMBER OF DELIVERIES CONDUCTED BY THE CENTRE FROM JAN-DEC 2014

MONTH	MALE	FEMALE	STATUS	TOTAL
January	4	1	all alive	5
February	6	4	all alive	10
March	4	6	all alive	10
April	3	1	all alive	4
May	3	0	all alive	3
June	4	1	all alive	5
July	6	4	all alive	10
August	2	5	all alive	7
September	8	5	12 alive	13
October	3	4	all alive	7
November	3	6	all alive	9
December	0	4	All alive	4
GRA. TOTAL				87

Unlike in the year 2013 there was one fresh still birth delivered in the health centre in 2014 and no maternal death was recorded as well. Out of the total figure delivered half of them were teenagers and deliveries were conducted either by our trained midwife in the centre or by the senior nurse attendants who benefited from on-job training and were locally certified to conduct safe and normal vaginal deliveries.

ADMISSION

Only conditions that cannot be managed at the out patient are admitted in the ward. These include malnutrition, burns, severe malaria, severe diarrhoea, pneumonia, sepsis, dysentery, etc. In 2014 there were 587 patients admitted in the wards with various illnesses as stated earlier. Out of these figure 17 patients were non-Gambians and there was no death case recorded throughout the year.

REFERRALS

Jahally health centre is a minor health centre according to the World Health Organization's (WHO) definition. The health centre does not treat surgical cases, orthopaedic cases and urological conditions as these are conditions beyond the limits of the staff and such cases are naturally referred to Bansang Hospital for further attention. However in the last part of 2013 there came a plan for a gynaecologist in the name of Dr. Ashadeh who is already the project's medical adviser to be paying frequent visit to the health centre with the view to diagnose and treat patients with critical conditions. This initiative is still ongoing and Dr Ashadeh has since seen a lot of patients and has conducted some minor surgeries on few patients urgently requiring the service. The year under review has seen some remarkable improvements in bringing medical services to the door steps of the common people.

THE TABLE BELOW SHOWS THE NUMBER OF REFERALLS FROM JAN TO DEC 2014.

MONT	Ja	Fe	Ma	Ap	Ma	Ju	Ju	Au	Se	O	N	De
# REF.	06	13	13	26	16	11	19	27	15	10	22	07

The total number referred for the yr amounted to 185 Patients out of which 66 were male and the balance accounts for female patients. Most of these patients were sever anaemia cases followed by malnutrition.

REPRODUCTIVE AND CHILD HEALTH/BIRTH CONTROL

Healthy children together with a healthy mother make a smiling family. A mother can take good care of her children only when, food, shelter, clothing as minimal basic human needs are achieved followed by physical and mental well being, economic burden is minimised, poverty reduced, better educated. Currently we have enrolled one hundred and sixty-five clients. Some of the male clients declined registration. Out of the total registered, 75% of the clients are female and 25% are male. 100% of all the clients are in their active reproductive stage.

ACTIVITIES

General cleaning and environmental sanitation of the health centre still remains a priority to the health staff. The staff together with cleaners engaged in general cleaning periodically to make the health centre a good place to live in hence cleanliness is next to Godliness. The staff formed a joint football team with the teachers in the kindergarten in order to create a sense of unity and corporation amongst themselves. Sport particularly football and general physical exercise are part of the daily activities for the staff as football matches are often organised with others teams in the neighbourhood to maintain harmony and fitness for good health. Sector head meetings are held frequently where important matters pertaining to the up keeping of the health centre and staff welfare are discussed amongst other things

LABORATORY REPORT-JANUARY-DECEMBER 2014

The information below shows the number of children above 5 years and adults tasted at the lab for malaria microscopy, White blood cells count, Haemoglobin HCG for pregnancy, AFB for TB and Urinalysis.

The charges for each of these tests are tabulated above on the clinic's tariff.

Jan-14			
Labtests	total	positive	negative
BF	513	142	371
WBC	97	-	-
HB	425	-	-
HCG	60	-	-
URINAL.	74	-	-
RPR	0	0	0
RDT	24	5	19
AFB	6	0	6
HIV	0	0	0

Feb-14			
Labtests	total	positive	negative
BF	545	97	448
WBC	129	-	-
HB	378	-	-
HCG	60	-	-
URINAL.	142	-	-
RPR	0	0	0
RDT	6	1	5
AFB	17	2	15

Mar-14			
Labtests	total	positive	negative
BF	365	26	339
WBC	171	-	-
HB	396	-	-
HCG	73	-	-
URINAL.	150	-	-
RPR	0	0	0
RDT	62	13	49
AFB	5	0	5
HIV	0	0	0

Apr-14			
Labtests	total	positive	negative
BF	302	14	288
WBC	238	-	-
HB	179	-	-
HCG	73	-	-
URINAL.	132	-	-
RPR	0	0	0
RDT	0	0	0
AFB	14	5	9
HIV	5	1	4

May-14			
Labtests	total	positive	negative
BF	421	10	411
WBC	348	-	-
HB	212	-	-
HCG	31	-	-
URINAL.	242	-	-
RPR	0	0	0
RDT	0	0	0
AFB	19	4	15
HIV	4	0	4

Jun-14			
Labtests	total	positive	negative
BF	533	23	510
WBC	229	-	-
HB	197	-	-
HCG	6	-	-
URINAL.	261	-	-
RPR	4	0	4
RDT	0	0	0
AFB	13	1	12
HIV	1	0	1

Jul-14			
Labtests	total	positive	negative
BF	504	17	487
WBC	231	-	-
HB	241	-	-
HCG	102	-	-
URINAL.	320	-	-
RPR	19	7	12
RDT	26	0	26
AFB	9	2	7
HIV	2	0	2

Aug-14			
Labtests	total	positive	negative
BF	878	66	812
WBC	587	-	-
HB	288	-	-
HCG	80	-	-
URINAL.	287	-	-
RPR	5	4	1
RDT	3	3	0
AFB	12	3	9
HIV	3	0	3

Sep-14			
Labtests	total	positive	negative
BF	1127	59	1068
WBC	683	-	-
HB	382	-	-
HCG	76	-	-
URINAL.	245	-	-
RPR	17	2	15
RDT	8	2	6
AFB	13	0	13
HIV	0	0	0

Oct-14			
Labtests	total	positive	negative
BF	882	108	774
WBC	566	-	-
HB	362	-	-
HCG	79	-	-
URINAL.	231	-	-
RPR	27	1	26
RDT	20	1	19
AFB	15	2	13
HIV	0	0	0

Nov-14			
Labtests	total	positive	negative
BF	815	141	674
WBC	520	-	-
HB	447	-	-
HCG	56	-	-
URINAL.	215	-	-
RPR	37	4	33
RDT	28	3	25
AFB	10	2	8
HIV	0	0	0

Dec-14			
Labtests	total	positive	negative
BF	674	89	585
WBC	484	-	-
HB	390	-	-
HCG	70	40	30
URINAL.	240	-	-
RPR	87	34	53
RDT	0	0	0
AFB	85	23	62
HIV	0	0	0

DENTAL CLINIC 2014

The dental clinic was in co-operated into the health centre in 1998 with the view of promoting oral health care in the area and was fully operational in 2003 after an intensive 12 weeks course which was conducted in Jahally health centre through the project in conjunction with University of Witten/Herdecke in collaboration with WHO (prof. J. Frencken). During this period 5 of our project staff were trained who eventually took charge of our dental unit. Since this period the dental unit has been operating smoothly until the beginning of 2012 when the unit was temporarily closed owing to lack of trained staff since the trained ones have either left the country or quitted for one reason or the other. However in 2014 frantic efforts were made to secure the services of one highly trained oral health worker to effectively kick start the clinic from a brief closure in 2013 owing to lack of qualified personnel. Since this period, the dental clinic has been operating to the delight of the locals who have endured a lot of pain during this closure due to lack of oral health facility in the region. From the reopening of the clinic in February 2014 there were 287 patients treated with some form of oral health issues.

MEDICAL RESEARCH COUNCIL (MRC) INCOLABORATION WITH PROJECT AID THE GAMBIA

From Pneumococcal surveillance project in 2011 - 2013 to PRINOGAM project in 2013-2014 and now to Rotavirus vaccine impact and effectiveness study expected to kickoff in March, 2015.

The relationship between Jahally health centre and MRC in respect of the above has been growing from strength to strength since the collaboration in September, 2011. As per project set criteria the children aged 0 to 59 months of age from study geo area who were admitted over night at health centre were enrolled in the initial study. After enrolment, the children are consented for blood samples. After the sample has been taken, they are then transported by project staff to Basse lab as soon as possible (within 2 hours) for blood culture. The detail is attached as below.

Important thing here to note is the two blood cultures positive for staphylococcus aureus cases where the children presented with serious illness and first line treatment which is in common practice here does not include antibiotics directed at this organism but after the result was conveyed in time and so the treatment was changed accordingly. Initially the reporting mechanism was not that optimal but now it has been improved and the results are conveyed to the health facility in real time for better management.

Interaction with staff and in-charge at Jahally is still very cordial. One project nurse is placed permanently at the centre specifically for the inpatients in the ward and OPD when and where required. That has helped a lot in building strong working relationship.

Senior project staff including epidemiologist, clinician and nursing coordinators make regular visits at the centre for QC/QA, refresher for all involved about the project set SOPs, explain activities and discuss issues and the way forward to more cordial relationship and fruitful discussions in future. It is important to highlight that the hosting of the MRC in our clinic has been for free of charge since the collaboration started in 2011. As a consequent of this cordial relationship between these two institutions MRC is looking forward to starting another research project called Rotavirus vaccine impact and effectiveness study which is due to last for 39 months.

ANNUAL REPORT OF JAHALLY-MADINA KINDERGARTEN FOR THE YEAR 2014

Once again we have successfully gone through another year of success in the history of our beloved institution under the banner of Project Aid, The Gambia. As always the Kindergarten has made tremendous strides to claim its rightful position in the cadre of Nursery Education in The Gambia since inception in Sept 2004. During the year under review lot of achievements have been registered prominent among which is the increase in enrolment, human resource development, continues supply of food, uniform and medical services ect all of which are more or less traditional of the institutional since the beginning.

Unlike other provincial kindergartens, The enrolment figures in Jahally-Madina Kindergarten still continues to overwhelm the project despite the supposed competition with the two existing 'Madarassas' (Quranic Schools) of Jahally and Madina. This year alone 162 new students were enrolled out of which 79 were girls and 83 were boys. This huge number further compelled the project management to maintain the double shift which we started in the year 2013 to cope with the ever increasing demand for placement. This has therefore highlighted that not only has our robust campaign enhances a significant increase in enrolment but also compelled the said Quranic schools to shift their operational times to the afternoon instead of morning to avoid collision which may affect their enrolment. As of now the kindergarten population stands stand at 410 students out of which 220 are girls and 190 are boys. Audio-visual classes are still an integral component of our educational strategy as the saying goes 'seeing is believing' and as the children learn faster through seeing. The satellite disks and the DVD player are still in good use by the institution and her staff.

In the area of infrastructural development the newly installed aluminium windows in all the kindergarten buildings which replaced the old metal ones in 2013 are being properly maintained throughout the year under review. Broken chairs and tables have also being replaced before the start of the new academic year and as well as new supply of teaching and learning materials.

Human resource development has also continues to be place on a higher pedestal during the year under review as the school and the project management recognises the fact that a well trained and motivated staff are bound to be more productive. Being cognisant of this fact the kindergarten teachers continues to avail themselves to training opportunities offered by the project through Mrs Patricia Ceesay, the Project's Education Adviser. Mrs Ceesay in her training concentrates in all areas of teaching and learning of young stars with particular emphasis on material production and as well as other valuable teaching techniques to name but a few. Plans are still in place to send more eligible candidates to The Gambia College to pursue the Early Child Hood Development Course as done in the case of Mr Landing Jassey and Mr Muhammed Ceesay in previous years.

In the area of Health and Feeding, the kindergarten still continues to provide free medical services and feeding to the 410 registered children despite the fact of being phased out of the WFP'S school feeding programme under the Department of State for Education. It is however worth mentioning at this juncture that feeding such a huge number of children on a daily bases has not being plain selling for the project due to the sky rocketing commodity prizes and unfortunately all our efforts to lure WFP back has so far fallen on deaf ears.

Not only do the kindergarten provided free medical services and feeding to the young stars but also supplied all the 162 new intakes with one new school uniform free as traditional of the institution. As the uniform materials are not available locally, the project therefore buys and saw them from Banjul and transports them to Jahally every year for easy access.

The kindergarten has not also lose sight of their agricultural obligation as their vegetable garden has been very much part of their activities during the year under review as it served not only as an elementary agricultural lessons for the pupils but also its produces were used to supplement the school canteen in order to provide adequate balance diet for the children. The bananas and pawpaw also continue to play a pivotal role in boosting the nutritional status of these children for adequate growth.

It is indeed an understatement to assert that the year under review has been truly eventful especially when one takes stock of the high enrolment, capacity building, free medical service, free feeding, free supply of uniforms and the admirable academic standard. In fact in my candid opinion, the year under review has been one of success that will be remembered for years to come.



AGRICULTURE

As the project operates in three intervention areas namely Health, Education and Agriculture it is therefore just apt for us to shed some light on the developments that took place in this sector over the year under review. It's already established that the project is supporting the operation of four vegetables gardens in the two communities, Jahally and Madina to be precise for many years now.

However there was no much activity from the side of the project in respect of these gardens due to the fact that much of its job has been done over the pass years. Therefore the year 2014 was another cooling year for the project allowing the women to get the best out of the gardens as much as they could.

Not only does the project gives support to the people of the community in horticulture alone but also provided them with a Tractor with all its accessories to support them in all their agricultural ventures at a very minimal cost if any at all. It must however be said that the year under review has not seen much of the tractor's activities due to some mechanical problems but efforts are still on the way to secure a new tractor.

The school community garden on the other hand has not been very productive either for the year under review as the women of the community failed once again to leave up to their promise and thus the garden lies as a wide elephant for much of 2014. It must be said that recently they have started working in the garden with the support from the kindergarten committees and we hope that they continue to work to the end for some harvest to be realised for the kindergarten kids.

MORINGA PLANTATION

It is common knowledge that all the activities of the Project are being financed by our overseas donors mainly from Germany spearheaded by Matthia Ketteler as the chair of the Project and also The Gambia's Goodwill Ambassador at Large. It is however worth noting that these donors may not last forever and as such the project needs to put plans in place to finance its activities in the events that these donors withdraw for whatever reason. As a consequence of this fear the project management conceived the idea of developing a moringa plantation which products can be sold to further finance the project activities eg procurement of drugs ect. This idea was implemented in 2012 in Jahally next to the Health Centre and at present we have around 10,000 trees ready to be process and sold. There are 5 gardeners employed to work exclusively on the plantation since its inception watering, weeding and applying natural manure to the plants which was mainly (animal dung & groundnut shells). As these plants were found to possess huge medicinal values of incredible effect on human being and animals we therefore wish to process the leaves into leaf powder and pods into oil and other valuables.



SMOKE FREE OVENS

The dream of the project to introduce the smoke free ovens came in to reality in the late part of 2013 when the project together with Sheck Farage Foundation finally signed a contract to foot the cost of the construction works. This project started in late 2013 and was completed in April of 2014 during which period 150 ovens were constructed in the villages of Jahally and Madina. This initiative is quite meaningful for the project as it has surely reduced the accident of innocent children falling into the fire as the case frequently was.

- + The consumption of firewood will also be greatly reduced saving the forest from deforestation.
- + Smoke related illness affecting the cooks (women) will also be a thing of the past.
- + With the danger of all the above odds eliminated the ultimate out come will be economic sustainability for the beneficiaries which are the aims and the objectives of the project management.

OVERSEAS MEDICAL TREATMENT FOR SICK GAMBIAN CHILDREN

In 2011 Project Aid forged a co-operation with a German NGO called Peace Village/ Friedensdorf International to airlift sick Gambian children who cannot be treated locally to Germany for a better medical attention. In June of 2011 the first badge of three sick Gambian children left for Germany where they attended first class medical attention for their different illnesses. Eleven months later they all returned home safely completely cured from their life threatening sickness which became a ground breaking moment for the parents and the Government of the Republic of The Gambia on one hand and as well as for Peace Village and Project Aid on the other hand.

In August of 2013 a second badge of five sick Gambian children namely also left our shores for Germany. Two months later another three sick Gambian children joined the crew in Germany with some critical medical conditions constituting of the third badge to benefit from our co-operation. In the year under review 12 children left for Germany in two badges of 6 children each. The first badge left in March 2014 while the second badge left in December of the same year. In total twenty-three (23) Gambian Children have so far benefited from our overseas treatment program which is progressing steadily with an impressive number on the waiting list. It is important to highlight at this juncture that this treatment program is absolutely free of charge for the children and their parents as Project Aid and Peace Village foots the entire bill from start to finish.



Below are the criteria for selection in to this program and as well as information about Friedensdorf.

In Friedensdorf [English - Peace Village] program we can admit children for medical treatment under the following conditions

- Social indication: parents are financially not in the position to arrange overseas treatment
- Necessity: the child suffers an illness or injury that is life-threatening or means a serious limitation of function; treatment is not available/affordable in Gambia/Senegal as it is now taking a child from its family and natural surroundings is always the very last resort!!!
- Parents/guardians must guarantee they will accept the child back into the family without any discussion and make no effort for the child to remain in Germany
- Treatment is possible in Europe and has a good perspective for success

Experience has shown that the following causes are likely to be accepted if the needed operation is not available at home:

- Osteomyelitis (infection of the bone or bone marrow)
- Conditions after burns, for example with fire, gas or any explosion. Usually with scar contracture that limits function of hands/leg or closing of eyes/nose/mouth
- congenital disorder/malformation such as analatresia (malformation of rectum), urogenital malformation (e.g. hypospadias or bladder extrophy) but also of orthopedic kind such as club foot)
- Cleft palates or ankylosis [stiffness] of jaw

Unfortunately not admitted are:

- any neurological or cardiology problems or any form of cancer, as treatment cannot be arranged for free in Germany and the success rate is not always high Children that suffer a problem due to cerebral palsy or Spina bifida cannot be accepted. The problem might look like an orthopedic one at first, but usually no easy improvement can be achieved by simple surgery

Further framework:

- Children must be 11 years or younger. They must not be breast feeding by the time of admission;
- Parents must agree that child travels without parents/guardian and the guardianship will be transferred to Friedensdorf during the entire time in Germany. Guardianship automatically ends upon the child's return to the home country
- Parents must guarantee that the family will not undertake any initiative for the child to stay in Germany or have any private contacts, for example to family/friends living in Europe. Since every child in the program will be treated equally, unfortunately no such contacts can be allowed
- Peace village is never "obliged" to admit a child. Even if all formal requirements are met, last decision is on us who is selected
- The Gambia guarantees to admit every child back home in the country. Under no circumstances any child remains in Germany

Upon return every child is given a small financial aid for reintegration and a bag with clothing and personal belongings.

While in Germany the child will either be admitted in hospital or live with the other children in peace village. The children will not stay in any private family.

Around 240 children, going and coming from hospitals all over Germany, here they stay together with all other small patients, attend rehabilitation programs such as physiotherapy, water gyms etc. We pay attention that the cultural values of all children are respected (e.g. there is no pork at our meals etc)

Children are luckily very fast to pick up a new language if needed. After few weeks many children can speak basic German. If needed to explain treatment etc we usually manage to find interpreters. If several children come from the same country, they are often able to translate for one another due to different durations of stay. Funnily enough after some month children do not only learn to speak Germany but also other languages spoken at Peace village. (We have quite some Afghan kids who can speak Portuguese, because their new friend is from Angola and vice versa!)

Before we decide to admit a child, it is best to have as much medical material available as possible. Best is always a recent x-ray, ideally along with a medical report.

Manjai, 05/01/2015

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