

**PROJECT AID THE GAMBIA**



**ANNUAL REPORT  
FOR 2017**

**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. Mainly in Education, Health and Agriculture which are the corner stone of any meaningful development; Project Aid therefore strives extensively hard to excel in these areas. Ultimately Jahaly Health Centre has been regarded as a model clinic in the country soon after its inauguration in 1991. In the education sector our Kindergarten has been exceptional in terms of both infrastructure and academic excellence. Project Aid is also engaged in supporting four women horticultural gardens in the villages of Jahaly and Madina, Central River Region. As part of its crusade, Project Aid in collaboration with German Government built a Model 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. After being built, the new Njaba Kunda Health Centre was handed over to the Ministry of Health & Social Welfare in 2012.

The Administrative Head Office of Project Aid The Gambia is situated in Manjai Kunda, Kanifing Municipal Council (KMC).

## **PROJECT MANAGEMENT**

The Project Manager, Mr. Famara Fatty, and his entire office team made a joint resignation with immediate effect on May 19<sup>th</sup>, 2017. In an untrue operation led by the former management, the entire Jahaly staff of Project Aid The Gambia left their posts on May 19<sup>th</sup>, 2017 (Jahaly Health Centre) resp. on May 20<sup>th</sup>, 2017 (Jahaly Madina Kindergarten). The staff of Jahaly Health Centre resumed work on June 6<sup>th</sup>, 2017. Jahaly Madina kindergarten was reopened on November 1<sup>st</sup>, 2017, under a new headmaster team.

A new Project Manager, Mr. Mass Suso, was appointed on June 1<sup>st</sup>, 2017. Mr. Suso quit on October 31<sup>st</sup>, 2017.

A new Project Coordinator, Mr. Ebrima Camara, was appointed on November 1<sup>st</sup>, 2017.

## **CURRENT PROJECTS**

### **1. JAHALY HEALTH 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 At Large of The Republic of The Gambia 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 Jahaly with the guardianship of the late M.S.Tambadou, May his soul rest in peace.

Jahaly is in CRR West, a few kilometres from Brikamaba. The community of Jahaly are predominantly Sarahulais with some hand full of Fullas and Mandinkas in their midst. The Health Centre was established in March 1991.

Until today, the Health Centre is one of the most famous health facilities in the rural area in terms of infrastructure, cleanliness and quality of services. Jahaly Health Centre provides reasonable tariff that is affordable by all patients in and outside of The Gambia. This tariffs has been viewed by many as the lowest in town when one take into accounts the service and free medication accorded to the disposal of every patient that visit the centre.

## **CHARGES FOR PATIENTS IN JAHALY HEALTH CENTRE**

### **REGISTRATION**

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

### **ADMISSION**

<b>Admission</b>	<b>Gambians</b>	<b>Foreigners</b>
Discharge fee	D50.00	D100.00

### **LAB**

<b>Tests</b>	<b>Gambians</b>	<b>Foreigners</b>
BF	D25.00	D50.00
HB	D25.00	D50.00
WBC	D25.00	D50.00
URINALYSIS	25.00	D50.00
VDRL	D25.00	D50.00
HCG	D50.00	D100.00
AFB/TB	Free	Free
HIV	Free	Free
DELIVERY	Free	Free
Blood Sugar	D50,00	D100,00

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

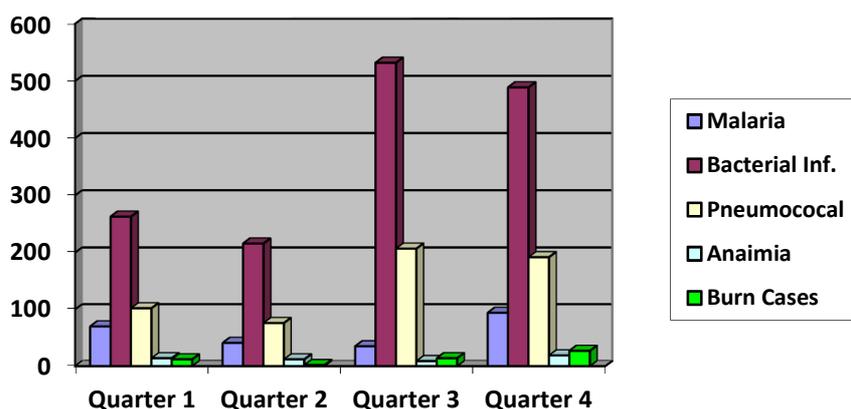
Children from our kindergarten are also treated free of charge at the clinic.

## STATISTIC (Out Patient)

The following data shows the number of patients seen by Jahaly Health Centre in the different months of 2017:

		total	male	female
2017	January	1,307	431	876
2017	February	2,955	1,033	1,922
2017	March	3,229	1,182	2,047
2017	April	1,819	590	1,229
2017	May	1,692	635	1,057
2017	June	1,680	675	1,005
2017	July	3,143	1,288	1,855
2017	August	3,088	1,252	1,836
2017	September	4,340	1,319	1,984
2017	October	5,568	2,168	3,400
2017	November	2,731	1,052	1,679
2017	December	1,819	621	1,198
	<b>Total</b>	<b>33,371</b>	<b>12,246</b>	<b>20,088</b>

There are three consultation rooms in Jahaly 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 2017.



There is one pharmacy where all prescribed drugs are dispensed by the pharmacist assistant. The outpatients can also use 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 one adult ward where all adult male and female patients are admitted and one children's ward mainly for children.

Three private rooms are attached to the adult ward with one room for the nurse on duty. Both wards have a capacity of 30 beds in total. Two flush toilets and two showers in each ward to keep a high hygienic standard.

Two office space within the OPD building one of which has again been allocated to MRC since March 1<sup>st</sup> 2015 to conduct a new study of Rotavirus Vaccine Impact & Effectiveness, after a successful completion of their two year research work on pneumonia sepsis and meningitis in children less than five years of age and as well as PRINOGAM Research in 2013. The other room has been reassigned to a team of nurses from Brikama-Ba on Infant Welfare Clinic to conducts procedures at the centre once or twice a month since the Ebola threat seems to dwindle down no case has ever been found in the country.

The electricity supply in the health centre comes from one main source of solar energy which has been re-energized in 2014 under review with the importation of 24 new solar panels, extra inverter and their accessories from Germany to strengthen the capacity based due to ever increasing demand of the facility. These solar energy source is also responsible of pumping water from two boreholes that supply clean pipe born water to the entire facility and as well as to the attached moringa plantation 24/7.

## **STAFF STRUCTURE UNDER THE CLINIC**

There are thirty staff in Jahaly Health Centre including cleaners and gardeners. Below is a table showing the number of staff and their designation:

<b>STAFF</b>	<b>NUMBER</b>
SEN Midwife	1
State Enrol Nurse -General	2
Nurse Attendants	10
Nurse Attendance on Training- SEN	2
Assistance lab technicians	2
Drivers	1
Watchmen (day & night)	2
Gardeners (clinic & moringa )	6
Cleaners	3
<b>Total</b>	<b>29</b>

2017 was a successful year for the clinic as all our sponsored trained nurses contributed in containing the huge amount of patient, the clinic received. This can be seen on the statistic and records provided for of treated patients, the number of nurse attendance at the clinic has also increased to cope with the rising demand of service due to the increase number of patients seen at the facility each day.

A complete renovation on the entire infrastructure of the clinic was done in 2017. Any form of defect was repaired, all buildings (in and out) were repainted.

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 two students at the SEN Course in Bansang School of Nursing from 2016 - 2017 as stated in the statistics above. The project follows the idea that human resource development is a key point to assure quality service. In 2017 series of trainings and workshops were conducted by the department of state for health and social welfare in which the staff took part and equipped with different skills to better their capacity to handle patients in a more efficient and professional manner.

Project Aid has also accorded the nursing staff with professional training from the hands of Dr Azadeh a senior gynaecologist and lecturer at the Gambian university who has been hired by the project to serve as a medical adviser and by extension also conducts series of training program for the medical staff and as well as caring for chronically ill patients in the area during the year under review.

## 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. In 2017 the government posted an experienced midwife in Jahaly Health Centre. All critical labour cases are referred to Bansang Hospital.

## DELIVERY

Jahaly Health Centre is not left behind in terms of conducting proper and quality delivery to women. Sixty two babies were delivered from Jan-Dec 2017.

### Number of Deliveries conducted by Jahaly Health Centre from Jan-Dec 2017

MONTH	MALE	FEMALE	STATUS	TOTAL
January	2	6	all alive	8
February	5	2	all alive	7
March	7	5	1 FSB	12
April	4	1	all alive	5
May	2	2	1 MSB	4
June	0	1	all alive	1
July	1	3	all alive	4
August	2	1	all alive	3
September	3	1	all alive	4
October	1	2	all alive	3
November	2	3	all alive	5
December	5	1	all alive	6
<b>GRA. TOTAL</b>	<b>34</b>	<b>28</b>		<b>62</b>

FSB = Fresh Still Birth  
MSB = Macerated Still Birth

## ADMISSION

Conditions that cannot be handled at the outpatient area are admitted in the ward. These include mostly cases of malnutrition, burns, severe malaria, severe diarrhoea, pneumonia, sepsis, dysentery, etc. In 2017 458 patients were admitted in the wards with various illnesses as stated earlier.

## 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.

Number of referrals from January to December 2017:

MONTH	Jan	Feb	Mar	Apr	Mai	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
# REF.	17	11	25	22	12	10	15	19	14	21	19	7	192

The total number referred for the year amounted to 192 Patients

## 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 three hundred and two clients (302) out of which 86 are men and all the clients are in their active reproductive stages.

## 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. In October of 2017 an amount of D3000 was given to Jahaly football team by the project chairman as part of his annual support to the youths in sport and building good relation between his staff and the youth of the community by extension to advocate good health through sport.

## LABORATORY REPORT-JANUARY-DECEMBER 2017

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.

Number of children, **above 5 years and adults** tested at the lab for malaria microscopy, White blood cells count, Haemoglobin HCG for pregnancy, AFB for TB and Urinalysis.

	AFB/TB		BF		WBC	HB	HIV		VDRL		Urinalysis	HCG		RDT	
	Pos	Neg	Pos	Neg			Pos	Neg	Pos	Neg		Pos	Neg	Pos	Neg
Jan	3	7	25	451	46	137	0	0	16	16	111	34	21	1	51
Feb	2	14	13	435	110	168	0	0	23	26	120	58	24	7	131
March	2	14	19	405	216	127	0	0	37	29	100	35	21	5	284
April	4	0	12	262	153	195	0	0	60	21	98	28	18	25	449
May	2	5	0	164	104	152	0	0	52	7	59	18	9	4	95
June	2	1	0	160	35	112	0	0	50	9	41	15	8	0	135
July	4	7	1	146	157	187	0	0	46	18	75	37	33	0	553
August	2	11	14	125	228	216	0	0	12	60	69	8	56	14	540
Sept.	0	10	6	180	350	84	0	0	33	36	76	51	30	0	51
Oct.	0	10	58	405	510	309	0	0	44	45	114	42	37	9	427
Nov.	1	6	25	412	348	325	0	0	45	55	72	28	27	0	0
Dec.	0	11	2	103	128	195	0	0	21	54	50	31	29	0	0
<b>TOTAL</b>	<b>22</b>	<b>96</b>	<b>175</b>	<b>3,248</b>	<b>2,385</b>	<b>2,207</b>	<b>0</b>	<b>0</b>	<b>439</b>	<b>376</b>	<b>985</b>	<b>385</b>	<b>313</b>	<b>65</b>	<b>2,716</b>

## **DENTAL CLINIC 2017**

The dental clinic was in-cooperated into Jahaly 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 cooperation with the University of Witten/Herdecke in collaboration with WHO (prof. J. Frencken). During this period five (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, the trained ones have either left the country or quitted for one reason or the other.

In 2017 we were able to reopen the dental unit, a former COHW (community oral health worker) was convinced to come back to the project.

Since August 2017 patients with dental problems don't need to travel long distances, up to 150 km for a professional treatment.

Number of dental treatments from August to December 2017:

		<b>total</b>	<b>male</b>	<b>female</b>
2017	January	-	-	-
2017	February	-	-	-
2017	March	-	-	-
2017	April	-	-	-
2017	May	-	-	-
2017	June	-	-	-
2017	July	-	-	-
2017	August	85	44	41
2017	September	124	52	72
2017	October	141	57	84
2017	November	151	63	88
2017	December	98	40	58
	<b>Total</b>	<b>599</b>	<b>256</b>	<b>343</b>

## **2. JAHALY-MADINA KINDERGARTEN**

The project has successfully gone through another year of success in the history of our institution. 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, uniforms and medical services etc, which are traditional done by the institution since the beginning.

Unlike other provincial kindergartens, the enrolment figures in Jahaly-Madina Kindergarten still continues to overwhelm the project despite the supposed competition with the two existing 'Madarassas' (Quranic Schools) of Jahally and Madina. From November 1<sup>st</sup>, 2017, alone 192 new students were enrolled out of which 105 were girls and 87 were boys. This huge number further compelled the project management to maintain a double shift system (morning and afternoon classes).

As of now (May 2018) the kindergarten population stands at 282 students out of which 152 are girls and 130 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 as the students and staff continues to make use of the facility as and when necessary.

In the area of infrastructural development the school is well equipped with good quality chairs and tables to create a conducive and comfortable learning environment for the kids.

Being cognisant of the fact of offering training and courses, kindergarten teachers still continues to avail themselves to training opportunities offered by the project through Mrs Patricia Ceesay, the Project's Educational Adviser. Mrs Ceesay in her training concentrates in all areas of teaching and learning of young children with particular emphasis on material production and as well as other valuable teaching techniques to name but a few.

In the area of health and feeding, the kindergarten still continues to provide free medical services and feeding to the 282 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. To support the existing needs of feeding the students of the kindergarten on a daily basis, Project Aid has created another vegetable garden just opposite of the kindergarten compound with a dimension of 70 by 100m. Six (6) wells – with a size of 6m deep and a square meter of 1m by 1m each - were installed in the garden. Four (4) local women have been employed by the Project to water the plants on a daily basis.

Not only do the kindergarten provided free medical services and feeding to the young stars but also supplied all the 282 included the new intakes with one new school uniform free as traditional of the institution. As the uniform materials are not available locally, the project buys and sew uniforms in Kombo and transport them to Jahaly every year for easy access.

The kindergarten has not also lose sight of their agricultural obligation. A school garden is 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 products are used to supplement the school canteen in order to provide adequate balanced food for the children. 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.

### **3. AGRICULTURE**

As the project operates in three intervention areas namely Health, Education and Agriculture it is 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, Jahaly 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 2017 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.

The tractor can be hired from the villagers, the collected money is used by the project for diesel and maintenance.

### **4. MORINGA PLANTATION**

It is common knowledge that all the activities of the Project are being financed by our overseas donors mainly from Germany.

It is however worth noting that these donors may not stay with us forever and as such the project needs to put plans in place to finance its activities in the events of donors withdraw for whatever reason. As a consequence of this fear the German sponsors conceived the idea of developing a moringa plantation whose products can be sold to further finance the project activities e.g. procurement of drugs ect. This idea was implemented in 2012 in Jahaly next to the Health Centre and at present around 8,000 trees were planted. Four (4) gardeners are 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.

These plants were found to possess huge medicinal values of incredible effect on human being and animals the idea came up to powder leaves for a sale in Europe. Because of problems keeping the expected hygienic standard, this ideas was given up.

In 2017 the project concentrated to press a very valid oil from the Moringa seeds. This oils mostly is used to produce a body soap of a very high standard.

## **5. SMOKE FREE OVENS**

The smoke free oven project has not been very active the last years since the last construction of 150 ovens in Jahaly and Madina which were jointly funded by Project Aid and Sheck Farage Foundation in 2013-2014. However plans are in place to improve on these ovens in 2018 as 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.

## **6. OVERSEAS MEDICAL TREATMENT FOR SICK GAMBIAN CHILDREN**

In 2012 Project Aid went into 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 2012 the first badge of three (3) 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 Gambia on one hand and as well as for Peace Village and Project Aid on the other hand.

In 2017, thirteen (13) Gambian children were taken to Germany for overseas treatment, fourteen (14) returned after undergoing a successful treatment.

### **NUMBER OF CHILDREN ADMITTED TO / RETURNED FROM OVERSEAS TREATMENT FROM 2012 TO 2017**

<b>Year</b>	<b>2012</b>		<b>2013</b>		<b>2014</b>		<b>2015</b>		<b>2016</b>		<b>2017</b>	
	<b>A*</b>	<b>R*</b>										
<b>patients</b>	<b>3</b>	<b>0</b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>7</b>	<b>7</b>	<b>10</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>14</b>

A\* = admitted to Germany R\* = returned to The Gambia

In total fifty and six (56) Gambian Children have so far benefited from our overseas treatment program which is progressing steadily with an impressive number on the waiting list. The remaining eight (8) are progressing very well and expected to be back as soon as the treatment is

successful complete. 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.

Not only do Peace Village helps The Gambia in the treatment of sick children but also support the medical facilities with hospital materials and equipments through Project Aid. This was amply demonstrated in 2017 when some containers were sent in loaded with 5 tons of mentioned materials and equipment through the project for onward transmission to the Gov't.

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

In Friedensdorf [English - Peace Village] program they 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
- congenial 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 eleven (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 Peace Village 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 them 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, stay together with all other small patients, attend rehabilitation programs such as physiotherapy, water gyms etc. Peace Village pays attention that the cultural values of all children are respected (e.g. there is no pork at their 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. Peace Village usually manages 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. (Peace Village has quite some Afghan kids who can speak Portuguese, because their new friend is from Angola and vice versa!)

Before Peace Village decides 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, June 2018**

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Ebrima Jobarteh (Project Coordinator)