

**PROJECT AID THE GAMBIA**



**ANNUAL REPORT  
FOR 2016**

**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 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 five 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 2011/2012 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**

### **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 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 Jahaly with the guardianship of the late M.S.Tambadou, may his sole rest in peace.

Jahaly is in CRR West, a few kilometres from Brikamaba. The community of Jahaly 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, cleanliness' and quality of services. Jahaly 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 Gambia. This new tariff came into being in March of 2015 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 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

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

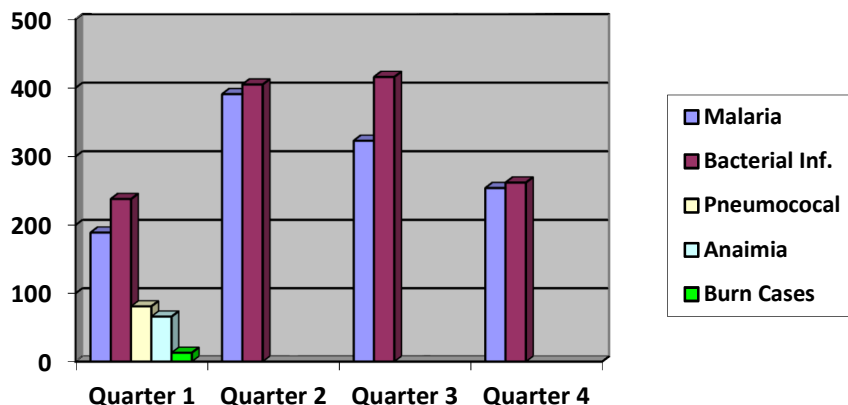
Children from our kindergarten are also treated free of charge at the clinic.

**STATISTIC (Out Patient)**

The following data shows the number of patients seen by the centre in the different months of 2016.

		total	male	female
2016	January	1983	858	1125
2016	February	2421	1077	1273
2016	March	<b>2960</b>	1191	1790
2016	April	<b>2457</b>	1032	1425
2016	May	<b>3352</b>	1404	1958
2016	June	<b>3451</b>	1321	2130
2016	July	<b>3851</b>	1766	2085
2016	August	<b>4107</b>	1906	2201
2016	September	<b>3092</b>	1130	1832
2016	October	<b>2981</b>	1241	1740
2016	November	<b>2860</b>	1180	1680
2016	December	<b>2725</b>	1107	1618
	<b>Total</b>	<b>36240</b>	<b>14355</b>	<b>20857</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 2016.



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 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 conducts at the centre once or twice a month since the Ebola threat seems to dwindle down since 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 the year 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 the 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 UNDER THE CLINIC

There are thirty-two staff in the health centre including cleaners and gardeners. Below is a table showing the number of staff and their designation:

<b>STAFF</b>	<b>NUMBER</b>
CHN Midwife	1
State Enrol Nurse -General	3
Nurse Attendants	12
Nurse Attendance on Training- SEN	2
Assistance lab technicians	2
Drivers	1
Watchmen (day & night)	2
Gardeners (clinic & moringa )	7
Cleaners	3
<b>Total</b>	<b>33</b>

2016 was a successful year for the clinic as all our sponsored trained nurses contributed in no small measure in containing the huge in flock of patient that the clinic received this year. As can be seen on the statistic above the number of nurse attendance at the clinic has also increased to cope with the rising demand of service owing to the increase number of patients seen at the facility each day. 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 structures by either staff or natural courses. The repainting of all the building is also on the way to keep a beautiful and serene atmosphere that the facility is known for. 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 two students at the SEN Course in Bansang School of Nursing from 2015- 2017 as stated in the statistics above. 2 other nurses have been earmarked for the same training in 2017. The project is with the view that human resource development is paramount if standard and quality service is to be assured. Therefore the project left no stone un-turn 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 their capacity to 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 Dr Azadeh a senior gynaecologist 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. 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

Jahaly Health Centre is not left behind in terms of conducting proper and quality delivery to women. We have delivered seventy one clients from Jan-Dec 2016.

### THE TABLE BELOW SHOWS THE TOTAL NUMBER OF DELIVERIES CONDUCTED BY THE CENTRE FROM JAN-DEC 2016

MONTH	MALE	FEMALE	STATUS	TOTAL
January	4	3	all alive	7
February	3	2	all alive	5
March	2	5	all alive	7
April	2	3	all alive	5
May	4	3	all alive	7
June	3	2	all alive	5
July	4	2	all alive	6
August	1	3	One dead	4
September	4	0	all alive	4
October	6	3	all alive	9
November	1	2	all alive	3
December	4	5	all alive	9
GRA. TOTAL				<b>71</b>

In 2016 there was one fresh still birth delivered in the health centre and no maternal death was recorded. 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 outpatient are admitted in the ward. These include malnutrition, burns, severe malaria, severe diarrhoea, pneumonia, sepsis, dysentery, etc. In 2016 there were 479 patients admitted in the wards with various illnesses as stated earlier.

## REFERRALS

Jahaly 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. Azadeh 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 Azadeh 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 2016.**

MONTH	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
# REF.	11	18	23	23	22	19	12	12	11	14	14	18	197

*The total number referred for the year amounted to 197 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 two hundred and forty-five clients (245) out of which 45 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 2016 a number of football gears were shared among teams in Jahally and Madina by the project chairman to support the sport cooperation between his staff and the youth of the community and by extension to advocate good health through sport.

**LABORATORY REPORT-JANUARY-DECEMBER 2016**

The information below shows the 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. The charges for each of these tests are tabulated above on the clinic’s tariff. In Total 17,813 tests were done in 2016.

<b>January</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	761	131	630
WBC	234		
HB	57		
HCG	55	26	29
URINAL.	127		
RPR/VDRL	55	17	38
RDT	18	2	16
AFB/TB	3	1	2
HIV			
total tests	1310		

<b>February</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	87	39	48
WBC	234		
HB	170		
HCG	199	69	130
URINAL.	80		
RPR/VDRL	110	23	87
RDT	0		
AFB/TB	4	1	3
HIV	0	0	0
total tests	884		

<b>March</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	692	64	628
WBC	240		
HB	153		
HCG	85	53	32
URINAL.	130		
RPR/VDRL	243	67	176
RDT	0		
AFB/TB	3		3
HIV	0	0	0
total tests	1546		

<b>April</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	552	72	480
WBC	128		
HB	187		
HCG	114	68	46
URINAL.	95		
RPR/VDRL	129	47	82
RDT	0		
AFB/TB	5		5
HIV	0	0	0
total tests	1210		

<b>May</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	757	107	650
WBC	153		
HB	105		
HCG	71	44	27
URINAL.	102		
RPR/VDRL	189	84	105
RDT	0		
AFB/TB	7	3	4
HIV	0	0	0
total tests	1384		

<b>June</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	624	86	538
WBC	110		
HB	136		
HCG	90	67	23
URINAL.	113		
RPR/VDRL	94	21	73
RDT	0		
AFB/TB	2		2
HIV	0	0	0
total tests	1169		



<b>July</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	704	145	559
WBC	131		
HB	128		
HCG	49	32	17
URINAL.	78		
RPR/VDRL	50	9	41
RDT	0		
AFB/TB	12		12
HIV	0	0	0
total tests	1152		

<b>August</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	810	144	666
WBC	133		
HB	152		
HCG	97	71	26
URINAL.	160		
RPR/VDRL	71	17	54
RDT	0		
AFB/TB	6		6
HIV	0	0	0
total tests	1429		

<b>September</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	863	185	678
WBC	193		
HB	148		
HCG	106	74	32
URINAL.	160		
RPR/VDRL	79	30	49
RDT	0		
AFB/TB	16		16
HIV	0	0	0
total tests	1565		

<b>October</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	2574	950	1624
WBC	73		
HB	127		
HCG	22	9	13
URINAL.	118		
RPR/VDRL	29	16	13
RDT	32	5	27
AFB/TB	6		6
HIV	0	0	0
total tests	2981		

<b>November</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	1799	372	1427
WBC	96		
HB	80		
HCG	26	17	9
URINAL.	114		
RPR/VDRL	29	10	19
RDT	0		
AFB/TB	13	4	9
HIV	0	0	0
total tests	2157		

<b>December</b>	<b>2016</b>		
<b>Labtests</b>	<b>total</b>	<b>positive</b>	<b>negative</b>
BF	683	82	601
WBC	87		
HB	63		
HCG	37	20	17
URINAL.	118		
RPR/VDRL	28	17	11
RDT	0		
AFB/TB	10	5	5
HIV	0	0	0
total tests	1026		

## **DENTAL CLINIC 2016**

The dental clinic was incorporated 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 Jahaly 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. However this reopening was also short lived as the man in charge of the dental unit (Trained Oral Health Worker) left 10 months of service. Since then all our efforts to lure another dentist either from Germany or Gambia to run the clinic never materialised. This meaning that there was no dental service provided by Jahaly Health Centre in the year under review; however efforts are continuing to search for one with the required training to reopen the unit once more again.

We are working hard to reopen the dental clinic in 2017.

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

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, continuous supply of food, uniform and medical services etc. all of which are more or less traditional of the institutional 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 Jahaly and Madina. This year alone 112 new students were enrolled out of which 67 were girls and 45 were boys. This huge number further compelled the project management to maintain the double shift which we started in the year 2013 in order to cope with the ever increasing demand for placement. This has therefore highlighted the fact that not only has our robust campaign enhanced 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 at 365 students out of which 177 are girls and 188 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 100 new metal chairs were built last year for the kindergarten kids to replace the broken chairs and while some defect chairs and tables were maintained to standard 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 still 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 365 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 112 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 Jahaly 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.

### **3. 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, 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 the year 2016 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 give 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.

#### **4. 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 Matthias 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 stay with us forever and as such the project needs to put plans in place to finance its activities in the event of donors withdrawing for whatever reason. As a consequence of this fear the project management conceived the idea of developing a Moringa plantation whose products can be sold to further finance the project activities e.g. procurement of drugs etc. This idea was implemented in 2012 in Jahaly next to the Health Centre and at present we have around 10,000 trees. There are 4 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 beings and animals we therefore wish to process the leaves into leaf powder and pods into oil and other valuables.

#### **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 Jahally 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 2017 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 outcome 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 2011 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 2011 the first batch 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.

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 2016 when some containers were sent in loaded with the mentioned materials and equipment through the project for onward transmission to the Gov't.

In 2016, thirteen (13) Gambian children were taken to Germany for overseas treatment, thirteen (13) returned after undergoing a successful treatment.

NUMBER OF CHILDREN ADMITTED TO / RETURNED FROM OVERSEAS TREATMENT FROM 2012 TO 2016

<b>Year</b>	<b>2012</b>		<b>2013</b>		<b>2014</b>		<b>2015</b>		<b>2016</b>	
	<b>A*</b>	<b>R*</b>	<b>A*</b>	<b>R*</b>	<b>A*</b>	<b>R*</b>	<b>A*</b>	<b>R*</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>

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

In total fifty and six (543) Gambian Children have so far benefited from our overseas treatment program which is progressing steadily with an impressive number on the waiting list.

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
- 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 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, 02/11/2017**

Matthias Ketteler  
(chairman)