

## MCF - Financial Report

### Financial Year 2019 – 2020 (1. 4. 2019 – 31. 3. 2020)

#### Income

Donations:	65857,13 E
Distribution from the foundation's custody account:	€ 3391.52 E
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	69248,65 E

[Special donation for the Enquête 30000,00 E ]

#### Expenses

Samentacom:	44662,91 E
	(of which 7352,91 € for medicines)
Yenfaabima / Piéla:	5175 E
	(including 375 € for medicines)
Support for the distribution of the film "Maladie du Démon":	500 E
Administrative expenses (account management, asset management, tax consultancy):	1294.46 E
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	51632,37 E

[Special expense Enquête Phase 1: 19000 E ]

#### Explanations:

This year the donations were very high compared to last year. We have carried the surplus over into the current fiscal year, in which we have so far spent 22475 for the same purposes as indicated above. The next step will be to finance the pharmaceuticals for Samentacom in the amount of about 14000 E for two years (see "Planning" below).

All activities for the foundation are voluntary. This includes travels to Africa, which we finance privately. Exceptions are tax advice and asset management, which we have placed in professional hands to provide security, but also to give the donors security. This results in a service charge ratio (measured against expenses) of 1.83%.

We state the costs for the Enquête separately because we do not want to finance them from normal donations. This is a one-off campaign to map the prayer camps in Côte d'Ivoire (Phase 1) and to

investigate how many patients are there and what is happening to them on the ground (Phase 2, qualitative investigation of a representative selection of camps). We expect the results of Phase 1 in the next few weeks. After that phase 2 will be conceptualized. We may have to find a partner organisation because we do not want to exceed the 30 000 E

The study is important because it can for the first time provide an insight into the situation of numerous patients in the country (and beyond) and thus make these people visible both regionally and nationally. We hope that this will advance the socio-political and human rights discussion in the country and also internationally. This in turn is necessary so that the development of social psychiatry can be placed in public hands.

### **Our planning:**

1. We have made a commitment to Samentacom of 166 250 E for 5 years, without the cost of medicines. We would like to extend the project, but only to a limited extent, e.g. to 20 health centres distributed throughout the country (currently 9, although the size of the centres varies greatly). We want to support a model project, not psychiatric care in Côte d'Ivoire as a whole. For this reason, Samentacom constantly involves the public authorities and tries to raise awareness of mental and epileptic disorders.

2. In the next few weeks we will pay about 14000 E for medication for two years to Samentacom. We cooperate very well with "Medeor e. V." ([www.medeor.de](http://www.medeor.de)). The organisation procures the medicines at low prices, organises transport and even contributes to the costs.

The delivery of the anti-epileptic drugs is now handled by the Spanish foundation Recover (<https://fundacionrecover.org/fundacion-recover-organiza-un-viaje-de-neurocooperacion/>) (see also Samentacom's annual report).

From 2022 at the latest, our funding of the medicines for Samentacom should be phased out, at least that's the plan. We have held numerous discussions with the National Pharmacy Agency (NPSP), we supported the data collection of the drug demand, etc. In fact, up to 75% of the cost of the drugs can be covered by the patients\* and their families (they are very inexpensive). The problem is to put this money back into a medicine fund so that the next order is secured. In the future, the NPSP is to take over the supply directly.. We are trying to get state financing for the medicines that cannot be paid by the families. This would be a great success. Incidentally, MCF is accredited in Côte d'Ivoire as a consultative organisation of the state on the basis of a corresponding agreement. This also formally secures our activities there.

3. We will continue to be involved in Burkina Faso, to a much lesser extent than in Côte d'Ivoire We will continue to support Yenfaabima ([www.yenfaabima.de](http://www.yenfaabima.de)) in Piéla by financing half a position of a psychiatric nurse and by contributing to the costs of medication with about 1500 € / year. We would like to support the centre more, but for a long time now there has been an application with the authorities, which should allow the centre a training function. This would enable the staff\* in the health centres to be trained and the work could be shifted to the health centres, expanded and become more decentralised and closer to the community. This approval is pending.

4. We will continue to finance only personnel costs, technical aids and medicines, no construction measures. All buildings are expensive, even in the long term in maintenance. Even if we consider in-patient treatment to be useful from time to time, we clearly focus on community-based care in the health centres, villages and families. This requires above all information campaigns about mental health and therapeutic possibilities,, ambulatory treatments. outreach work and supervision. Usually we want to work with the existing staff in the health centres, but sometimes jobs have to be created or expanded. This is especially true for "agents de santé", who establish and maintain the connection between the centres and the patients. The agents are locally networked, receive very short training and are supervised.

In the future, we want to work more closely with the prayer camps and train the caregivers there. Whether this is successful will be decisive for the future of the project.

Due to this orientation we cannot show any new houses, facilities etc. and we have to hope that the inconspicuous outpatient therapeutic work will also be noticed by donors.

5. We will try to work together with partner organisations in order to secure the work, as far as necessary, also in the long term. But the main focus will be to convince the state of the obligation to provide community mental health care. Sustainability is a major problem for all NGOs. It is difficult to avoid new dependencies and make oneself superfluous as soon as possible. We have this in mind.

6. We are happy to receive donations of any amount. At the end of the year we issue tax certificates. We would be pleased if you would make our work known and provide information, criticism, suggestions, cooperation, invitations to discussions (e.g. in connection with film screenings, see <http://la-maladie-du-demon.com/>) and political support.

Darmstadt, July 2020

The Management Board: Dr. Michael Huppertz, Dr. Gesine Heetderks, Dr. Mania Kroll

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