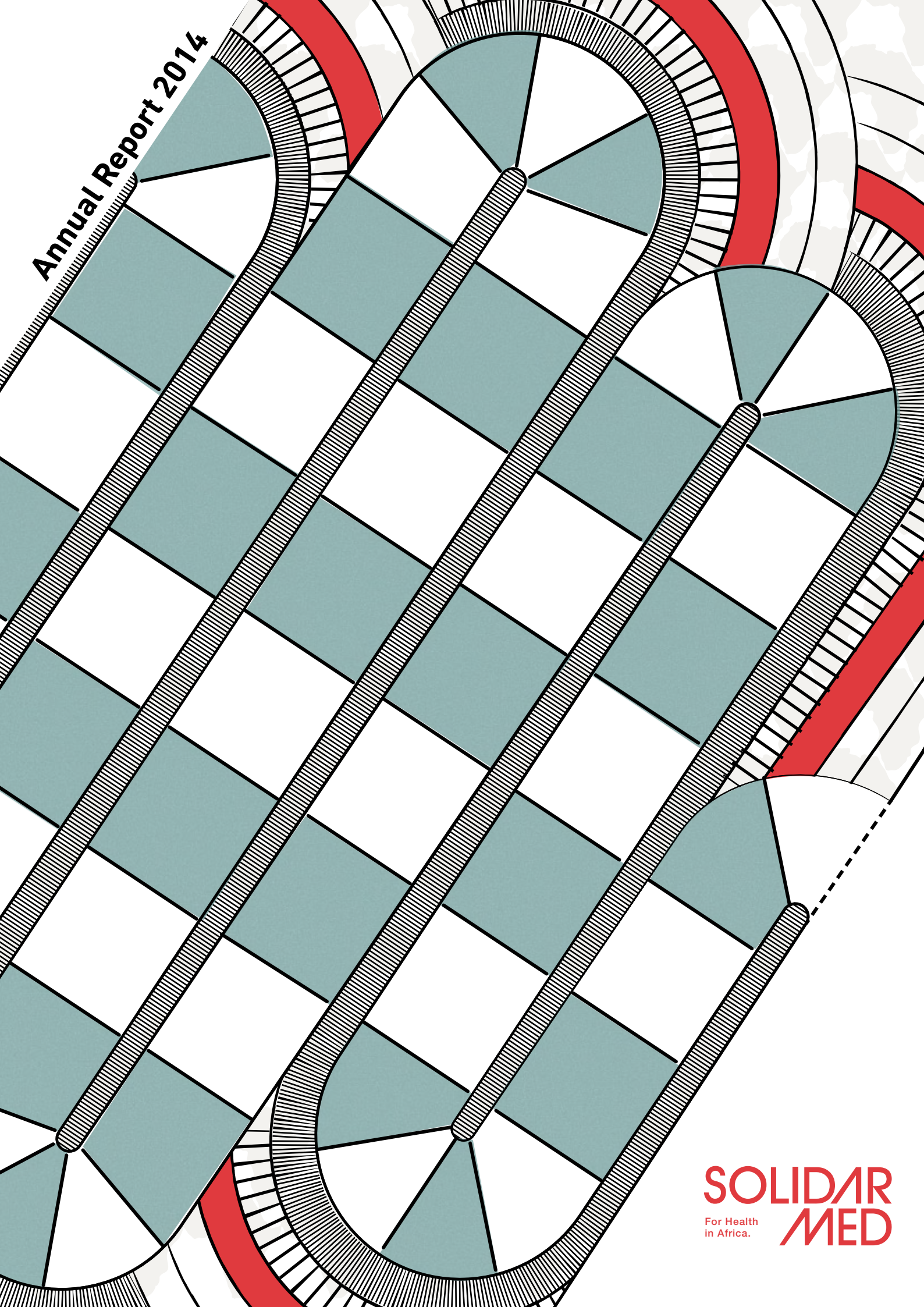


Annual Report 2014



SOLIDAR
MED

For Health
in Africa.

SolidarMed improves health care for 1.5 million people in Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe.

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Patient with her newborn daughter.
Musiso Hospital, Zimbabwe

Photo: Olivier Brandenburg



The President's Report

Looking ahead.

The SolidarMed projects are running as intended, the planning of the next phase is complete and the respective country programmes for the years 2015 to 2017 have been ratified. Our internal processes are continuously optimised and our structures are stable.

In such a situation, one could actually switch to auto-pilot. A tempting thought, given the many hours of voluntary work performed by the Board. But just as one considers leaning back comfortably, news like the Ebola outbreak, refugee crises and other catastrophes yank us out of our comfortable chair. We are jolted into recognising that the world has become very small and short-term. We are all sitting in the same boat and we depend on one another. Everything that happens affects us all in some way.

Competence instead of band-aids

The rapid spread of viruses is first and foremost an exceptionally strong indicator of poverty. Diseases like Ebola or HIV/Aids spread in those places that lack the structures to contain them. Well-trained health staff, the necessary infrastructure, reliable medical equipment, functioning information systems, labs and diagnostics as well as reliable transport- and communication systems are indispensable to contain an epidemic like the one we witness in West Africa. SolidarMed has, in the past, repeatedly proven able to react quickly and creatively to such a threat. A good example is the SMART programme for the prevention and treatment of HIV/Aids in the programme countries. With this programme, SolidarMed anchored a lot of competence in dealing with viral epidemics in rural health systems and in many places, the treatment of this deadly disease was integrated into local medical services.

SolidarMed in 2030

Currently, the World Health Organisation's Millennium Development Goals are being replaced by the «Sustainable Development Goals». Is SolidarMed also ready to react effectively to future challenges? Do we have a good strategy to guide us in an ever more rapidly changing world? In this reporting year, SolidarMed is venturing a glimpse into the future and developing a long-term strategy up to 2030. Taking global trends and possible developments in our

immediate environment into account, SolidarMed is reviewing possible scenarios – and preparing for the future.

As the saying goes: «Only ask the question if you are prepared to deal with the answer.» In developing a long-term strategy, there should be no taboos and all conceivable scenarios should be discussed. Everything – even what is good and established – is questioned. This is a challenge for us all, as only through in-depth, joint discussions can we discover the direction SolidarMed should take for a successful future. We are starting out on a very exciting and worthwhile journey in order to remain a firm and reliable partner for health in Africa.

Dr. med. Svend Capol,
President of SolidarMed



The 25 projects

In 2014, SolidarMed once again consciously focused its programmes and projects on five countries in southern and eastern Africa. With 25 projects, local partners could be supported in line with their needs, which improved the health of 1.5 million people. Geographic and thematic concentration maintained the high quality of the programmes. In the areas of maternal health and HIV/Aids, SolidarMed worked within a regional programme framework.



Lesotho

- Support of the hospitals Seboche and Paray
- Primary health care for the mountain population (2 districts)
- Conducting operational research

Moçambique

- Wiwanana
- SMART* II (in Ancuabe district)
- SMART* III (in Chiúre district)
- Self-help groups for HIV/Aids patients
- MAMA – Health for mothers and newborns
- Construction of an operating theatre in Metoro
- Safeguarding the water supply for health centres (in Ancuabe district)
- Conducting operational research

Tanzania

- Supporting Dareda Hospital (incl. SMART*)
- Lugala Hospital Development Plan (incl. SMART*, water supply and malaria prevention)
- Support for Lugala Nursing School
- Strengthening primary health care in Mbulu (PHCM)
- Strengthening primary health care in Ulanga (PHCU)

Zambia

- Training associate clinicians (Medical Licentiatees)
- Training of nursing staff in remote hospitals
- Implementation of a business model for staff accommodation (in Chongwe district)

Zimbabwe

- Securing the provision of medical care in Musiso Hospital
- Securing the provision of medical care at Silveira Hospital
- Support of nursing schools in Musiso and Silveira
- SMART* III in 2 districts (incl. prevention and treatment of HIV in children)
- MAMA - Health for mothers and newborns
- Expansion of Bota health centre

* SMART: regional programme for HIV/Aids prevention and treatment in hospitals, rural health centres and villages.

**Wiwanana: local Moçambican partner organisation for health promotion in the villages.





Looking back.

International solidarity is bearing a lot of fruit – yet it is still not enough for all. So in 2014, SolidarMed successfully continued on its commitment to basic health care for children, expectant mothers and people with infectious diseases.

Since 1990, child mortality has been halved from over 12 to 6.3 million victims per year; 14 million people receive life-saving HIV treatment and since 2001, 4 million people were saved from death by malaria. This is good news, but also means that every minute, a child still dies of malaria. Every 20 seconds, someone gets infected with HIV. In 2014, over a million people died from the disease in Africa. Worldwide, every two minutes a woman dies from the consequences of her pregnancy. And yet we know very well how to treat malaria, HIV and birth complications. Not to be ignored are new challenges posed by non-communicable diseases or temporary crises like the Ebola epidemic, which show us quite clearly how fragile Africa's health systems are.

Well-trained and motivated

Whilst the World Health Organisation WHO calls for at least 25 nurses for every 10'000 people, in Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe only 7 are available to care for this many people – and the situation is much more dramatic when it comes to doctors. This is why SolidarMed supported five nursing schools and the Zambian Chainama College in order to train a higher number of competent health professionals. In 2014, a total of 144 nurses, midwives or clinical officers received their medical diploma thanks to SolidarMed. Applying WHO projections suggesting that 1 nurse cares for 1000 patients, SolidarMed effectively improves health care for 144'000 people.

In addition to training new staff, the quality of treatment and care in the health facilities was a subject close to SolidarMed's heart in 2014. SolidarMed enabled additional training for 1'050 nurses; 10 partner hospitals benefitted from a technical advisor to support their staff.

The 18 staff houses built by SolidarMed improve the working- and living conditions of these professionals and are an effective measure against the acute shortage of health staff. In Zambia, SolidarMed has garnered national interest with its innovative approach of founding a housing cooperative for health staff.

5 nursing schools supported

1 degree course improved at Chainama College

144 nurses, midwives and clinical officers trained

10 training hospitals advised and supported

1'050 nurses, midwives and doctors received further training

18 staff houses built



Prevent, treat and care

Primary health care is SolidarMed's central concern and our commitment to its improvement was accordingly intense. SolidarMed supported 10 districts in 2014, 15 hospitals and 118 health centres, which means higher quality medical services for at least 1.5 million people.

Longstanding, equal partnerships were, as always, at the core of our work this year. These partnerships can only be successfully maintained when both sides are competent, reliable and willing to learn. In cooperation with district authorities and hospitals, SolidarMed provided a wide range of services in this reporting year: we expanded infrastructure, purchased medical equipment, introduced new health strategies, supported the transport of patients and much more.

This commitment shows results: In the year 2014, 60'207 pregnant women delivered their babies under medical supervision. 23'130 people received life-saving treatment with HIV medication. Thanks to their partnership with SolidarMed, the number of outpatients seen at the partner hospitals increased yet again: 656'036 children, women and men visited day clinics and could leave the same day.

1'500'000 people have better primary health care

Better services in:

10 districts

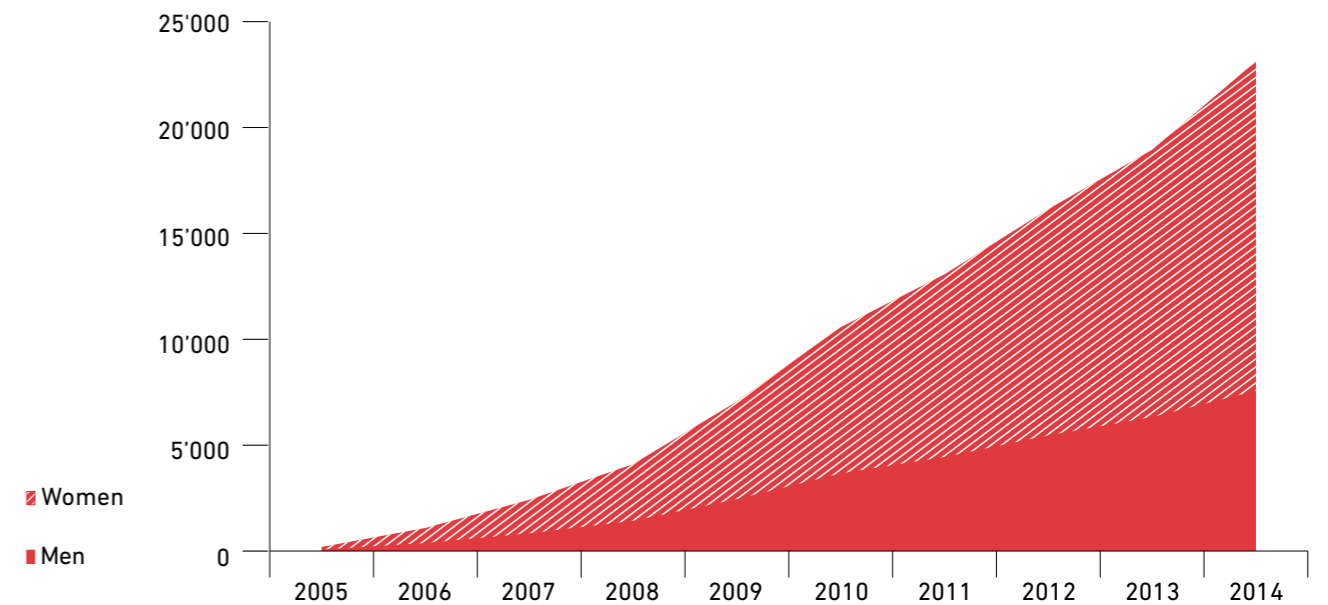
15 hospitals

118 health centres

656'036 children, women and men receive outpatient treatment

60'207 pregnant women gave birth under medical supervision

23'130 people receive life-saving HIV medication



The effect of continuity and decentralisation: In the year 2014, 23'130 people received life-saving therapy with HIV medication.

Health begins at home

Life-threatening diseases like malaria, HIV or diarrhoea can be prevented with simple and effective measures. To complement the strengthening of health systems, SolidarMed therefore promotes a range of health measures directly in the villages, so that the local population is better able to protect itself from diseases. In 2014, SolidarMed supported 559 community health workers with training, equipment, coaching and monitoring, directly benefitting 27'950 mothers and children in their villages.

A strong civil society network is important to SolidarMed, as this enhances the population's ability to recognise problems, find solutions, exercise their rights and participate in civic processes. To break down inequality and reduce vulnerability, and in support of their efforts to exert more influence and make their voices heard, SolidarMed supports selected local organisations with funding or equipment. 255 community health groups benefitted from this approach in 2014. With SolidarMed's assistance, these groups also distributed 9'733 mosquito nets and 1.4 million condoms, tested 162'610 people for HIV and using bicycle ambulances, transported 1'464 patients to the health centre.

559 community health workers supported

27'650 mothers and children cared for in their villages

252 local organisations and village health groups strengthened

504'000 people with access to participation at community level ¹

9'733 mosquito nets distributed

1'400'000 condoms handed out

162'610 HIV tests carried out

1'494 journeys with

59 active bicycle ambulances

¹ On average, one village health group supports around 2'000 people.

Raising awareness

In addition to the programme work in the South, it is a declared goal to sensitise the Swiss population. SolidarMed raised public awareness of child mortality in 2014 with the campaign «Do you remember your childhood?», reaching around 250'000 people via social media. The mention of this campaign on «Blick online» resulted in an additional 650'000 contact points with this topic. This campaign centred on a child's prank – a whoopee cushion placed in public places – to remind passers-by of their own childhood.

In 2014 SolidarMed again succeeded in helping the subject of «health in Africa» become the lead story in a major Swiss magazine. The hook was SolidarMed goodwill ambassador Nik Hartmann's visit to Lesotho.

Upholding the quality of our work

SolidarMed aspires to uphold the quality of its work. This requires professional knowledge- and programme management and ongoing process enhancement. This is why on the one hand, a number of pilot studies on hepatitis B, HIV/Aids, tuberculosis, non-communicable diseases and maternal health were launched or implemented. At the same time, SolidarMed enhanced its internal monitoring system and adapted its HIV data management. As in previous years, in addition to regular monitoring, specific projects are reviewed by external evaluators.

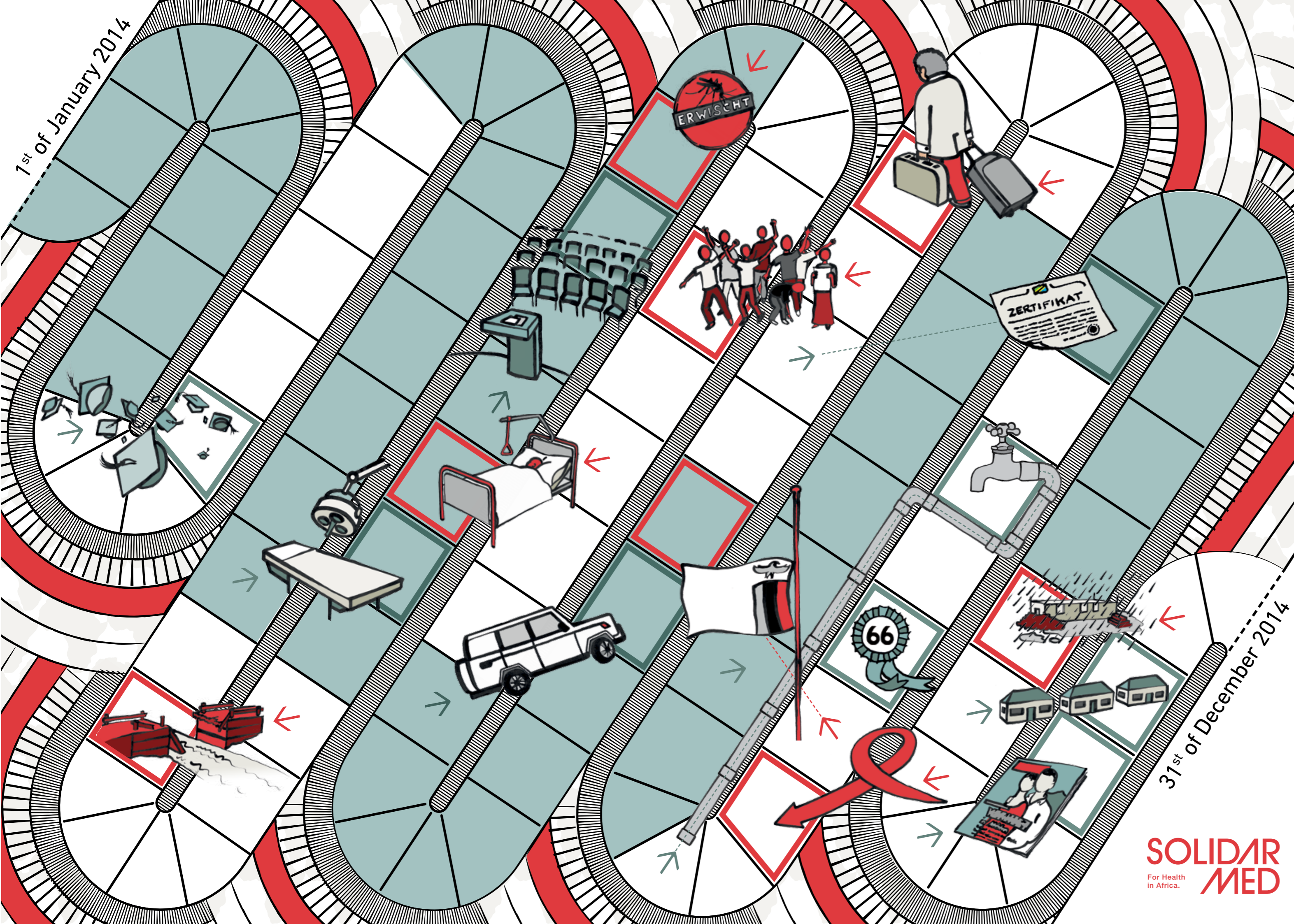
SolidarMed also maintained and enhanced its networks in the North and South with various collaborations: from pure knowledge exchanges with MSF in Zimbabwe, joint project implementations with Swisscontact in Zambia and Pharmaciens Sans Frontiers in Tanzania, to participation in international conferences with the Universities of Bern and Basel. Within the Swiss Medicus Mundi network, SolidarMed contributed its experience and could benefit from the knowledge of the partners.

Joel Meir,
Executive Director



Children under
a mosquito net.
Mocambique

Photo: Martin Walser



The 2014 SolidarMed year

Thanks to our extensive experience in complex environments, our goals are mostly achieved as planned. Yet time and again, certain challenges slow down project work. Have a go at Snakes and Ladders using some of our successes and challenges from the past year.

Selected achievements

- February** Zambia: The training programme for non-university doctors supported by SolidarMed is officially upgraded to a Bachelor degree. This increases the graduate's prospects.
- March** Moçambique: Thanks to SolidarMed and the Liechtenstein Development Service LED, the first operating theatre at a health centre was opened in Metoro, which now also offers caesarean sections.
- May** Zambia: SolidarMed completes the new lecture hall for 80 students at Chainama College, which enables better theoretical teaching.
- July** Lesotho: Life-saving HIV treatment is available in remote villages from now on. SolidarMed supports the health centre's mobile outreach clinics.
- August** Tanzania: The nursing school in Lugala receives official recognition and can offer a three-year diploma course. This reduces the remote hospital's staff shortage.
- September** Tanzania: The first SolidarMed-trained community health workers are employed by the government. From now on, this pilot project is official policy.
- October** Tanzania: With support from Swiss Solidarity, the dilapidated water supply system at Lugala Hospital was rehabilitated. Better hospital hygiene is now possible.
- December** Zimbabwe: The remote Bota health centre was enlarged, renovated and extended with 3 staff houses to retain trained medical personnel.

Some of the challenges

- April** Tanzania: The bridge over the Kilombero river was completely washed away. This delayed the arrival of building material for the maternity ward in Lugala Hospital..
- May** Switzerland: Malaria in Chur! Help for those affected under www.stichtage.ch
- June** Moçambique: A project manager contracts severe malaria. This delays the water project for health centres by many months.
- August** Zimbabwe: The SolidarMed Country Coordinator is refused a work permit and has to leave the country.
- October** Zambia: President Michael C. Sata passes away. Many months of stand-still in the government administration, delaying important SolidarMed projects.
- December** Lesotho: World Aids Day. Despite all achievements, the mountain kingdom has the second highest rate of HIV worldwide. This shows that the virus is far from being defeated.
- December** Zambia: Heavy rains delay the construction of four duplex staff houses for the housing cooperative that SolidarMed founded to provide sustainable accommodation for hospital staff.

Voices from the projects

Mary Kasumini,
Trained nurse; Lugata Hospital,
Tanzania



« I really benefitted from the improved teaching and learning environment which SolidarMed made possible. Thanks to SolidarMed, there is now a well-equipped skills lab where students can practice their skills on dummies. In addition, there is finally a small library and enough space in the classrooms. »

Binte Saide
Mother with her daughter Margari-
da; Ancuabe in Moçambique



« Our family has rediscovered hope. I take the medication against HIV and feel fine ever since. Although my daughter is also infected, she has a chance to stay healthy. From now on, we will fight this disease together. Thanks to SolidarMed, one can survive HIV, even here in Ancuabe. »

Solomon Banda
Nyafuka in Zambia



« My arm will soon be completely healed because the doctor here at the hospital straightened it. It is still difficult at the moment, but soon I will be able to climb trees again and help my parents in the garden. »

Dr. med. Sigrid Lüders
SolidarMed project manager
and doctor;
Silveira Hospital, Zimbabwe



« To ensure that Emmanuel doesn't suffocate during an asthma attack, medication always needs to be available. Chronic diseases are a particular challenge in rural hospitals, because the patients require long-term medical care. Thanks to SolidarMed's help, Silveira can also offer complex therapies. »

We are SolidarMed

Board

President Dr. med. Svend Capol (since 2003) • Vice-President Dr. med. Pepo Frick (since 1994) • Dr. med. Urs Allenspach (since 1994) • Maria Theiss, Biologist (since 2009) • Kathi Jungen, Librarian (since 1994) • Ruth Ospelt Niepelt, Economist (since 2013) • Dr. med. Gregor Stadler (since 2013) • Hansjörg Widmer, Economist (since 2013)

Head office

Joel Meir, Executive Director • Jochen Ehmer MD, Head of International Programmes • Murielle Drack, Design and Communication • Lisbeth Bühlmann, Donation management • Benjamin Gross, Media and Public Relations • Anna Häggblom, Desk Officer for Tanzania / Zambia • Dr. phil. Michael Hobbins, Desk Officer for Moçambique • Sandra Lerch, Administration • Eliane Jenny, Public Fundraising • Elisabeth Meier-Birchmeier, Finances and Accounting • Lisbeth Pembete, Institutional Fundraising • Dr. med. Karolin Pfeiffer MPH, Desk Officer Zimbabwe / Lesotho • Raphaela Scholtz-Daouk, Translations

Goodwill ambassadors
Stephan Lichtsteiner, footballer, Swiss national team • Nik Hartmann, radio and TV host • Nadine Strittmatter, model and actress

Lesotho

Sabine Heinrich, Country Coordinator (until 04.2014) • Christiane Fritz, Country Coordinator (since 08.2014) • Dr. med. Olatunbosun Faturoyele • Dr. med. Daniel Puga

Moçambique

Tom Huxley, Country Coordinator • Dr. med. Jara Llenas (until 08.2014) • Dr. med. Anita Makins • Ina Prager (until 09.2014) • Dr. med. Philip Wikman (until 08.2014)

Tanzania

Elisabeth Rotzetter, Country Coordinator • Dr. med. Jürgen Eidenbenz (until 05.2014) • Dr. med. Peter Hellmold • Ineke Petter

Zambia

Martina Weber, Country Coordinator • Dr. med. Michael Bahrdt (until 07.2014) • Dr. med. Annette Boose • Dr. med. Uwe Graf • Dr. phil. Klaus Thieme • Dr. rer. nat. Sigrid Wolter

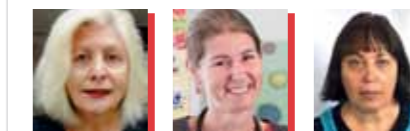
Zimbabwe

Simon Bridger, Country Coordinator • Christiane Fritz (until 05.2014) • Dr. med. Rutger Anten • Dr. med. Alexandra Piprek • Dr. med. Sigrid Lüders (since 01.2014) • Dr. med. Kamelia Kamenova (since 03.2014)

Board



Zimbabwe



Lesotho



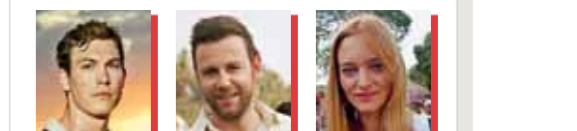
Moçambique



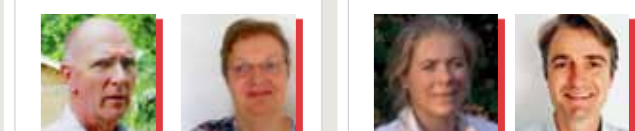
Head office



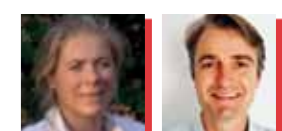
Goodwill ambassadors



Tanzania



Zambia



In the reporting year, SolidarMed succeeded in maintaining project expenditure at nearly the same level as the previous year and - thanks to many loyal donors - managed to realise the planned projects.

With CHF 8'058'378, the scale of project expenditure in 2014 was almost the same as in the previous year. Gratifyingly, private donations achieved a new record, which positively influenced the end result.

The partly long-term partnerships with our institutional partners in Switzerland and the Principality of Liechtenstein play a significant part in making SolidarMed a reliable institution with firm commitments for the partners in the South. The contributions by the Swiss Agency for Development and Cooperation SDC increased by 6.4 percent in the reporting year, due to an increase in the programme contribution from 2.2 to 2.6 million. In contrast, the contributions by the Liechtenstein Development Service LED have gone down by 13.1 percent to 11 percent overall. This is due to the LED's new strategic direction which has meant that currently only the Medical Licentiate project in Zambia can be supported. In addition, a number of projects reached completion.

Low administrative costs

Administrative costs in the reporting year could be kept low at 4.1 percent and fundraising expenditure only required a slight increase (6.3 percent) to remain competitive in the donor market. The comparison by ZEWÖ with other organisations confirms that our expenditures in these areas are still significantly below average. Out of every CHF 100.—, CHF 85.90 flow directly into SolidarMed's project work.

For the second time, the currency fluctuation fund could be capitalised with CHF 80'000. The securities were valued at market value and in addition to the realised gains, the non-realised gains also affected net income. The goal of this currency fluctuation fund is to create reserves from the non-realised currency gains. Despite a very conservative investment policy, losses are possible and with this reserve, the use of donor funds to cover potential losses can be avoided.

Positive overall annual result

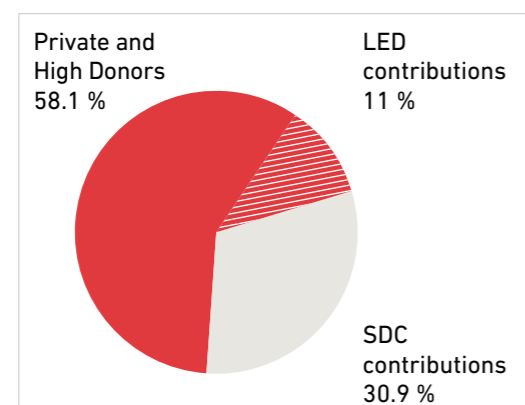
In the reporting year, withdrawals were made from the organisational capital as planned in order to implement important projects. Despite these withdrawals, SolidarMed has sufficient reserves.

SolidarMed showed a positive year-end surplus of CHF 10'076.07. This amount will be transferred to the capital funds.

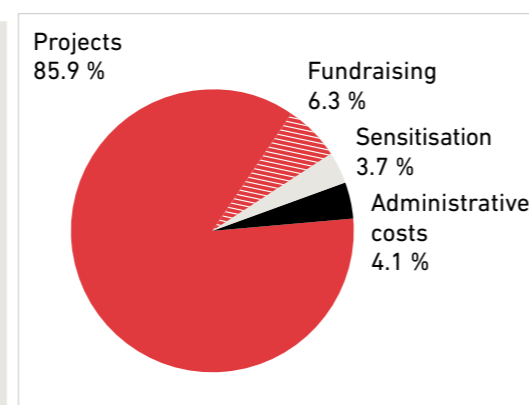
Elisabeth Meier-Birchmeier, Finances and Accounting



Source of funds 2014



Use of funds 2014



Report of the statutory auditors to the Annual General Meeting of SolidarMed, Swiss Organisation for Health in Africa, Lucerne

As per our contract as auditors, we examined the annual financial statement (balance sheet, income statement, statement of cash flow, analysis of changes in capital and annexes of Solidar-Med – Swiss Organisation for Health in Africa for the financial year that ended December 31st 2014. In accordance with Swiss GAAP FER 21, the auditors are not obliged to examine the information presented in the performance report.

Responsibilities of the Board

The Board is responsible for the preparation of the annual financial statement in conformity with Swiss GAAP FER 21, compliant with legal requirements and the statutes. This responsibility includes the establishment, implementation and maintenance of an internal control system relevant to the preparation of the annual financial statement, which is free of material misstatement, whether due to fraud or error. In addition, the Board is responsible for the selection and application of appropriate accounting policies and for making reasonable accounting estimates.

Responsibilities of the auditors

It is our responsibility to express an opinion on the annual financial statement on the basis of our audit. We carried out our audit in accordance with Swiss audit standards. Following these standards, our audit must be designed and executed to provide reasonable assurance of whether the annual financial statement is free of material misstatement.

An audit involves the performance of audit procedures to obtain audit evidence concerning the asset valuation and other disclosures in the annual financial statement. The selection of audit procedures lies in the dutiful judgement of the auditor. This includes an assessment of the risks of material misstatement in the annual financial statement as a result of fraud or error. In the risk assessment, the auditor re-

views the internal control system where relevant to the preparation of the annual financial statement, in order to design appropriate audit procedures. However, this is not for the purpose of expressing an opinion on the existence or effectiveness of the internal control system. The audit also includes an evaluation of the appropriateness of the accounting policies in use, whether the accounting estimates are plausible as well as an assessment of the overall presentation of the annual financial statement. We are of the opinion that the audit evidence we have obtained is sufficient and appropriate for providing a basis for our audit opinion.

Audit opinion

In our opinion, the annual financial statement for the year ended December 31st 2014 gives a true and accurate picture of the assets and liabilities, financial position and income and expenses in accordance with Swiss GAAP FER 21 and complies with Swiss law and the statutes of the association.

We recommend that the annual financial statement presented here is approved.

In addition, we can confirm that the ZEWÖ Foundation provisions, which require review as defined in the implementation provisions noted in article 12 of the regulations concerning the use of the ZEWÖ Seal of Approval, have been met.

Kriens, 31st March 2014

AREGGER SCHLEISS BUCHELI
AG FÜR WIRTSCHAFTSBERATUNG

Felix Aregger
Licensed audit expert
Lead Auditor

Werner Bucheli
Licensed audit expert

Swiss GAAP FER 21 guidelines

Since 2004, SolidarMed accounts have been prepared according to the guidelines of «Swiss GAAP FER 21» for charitable and social non-profit organisations. These require a performance report which gives «appropriate information on the performance and economic efficiency of the charitable, social non-profit organisation». It must include information on the purpose of the organisation, its leadership (Board) and their terms of office as well as details of the persons responsible for the management of the organisation.

The 2014 SolidarMed Annual Report fulfils these requirements. The purpose of the organisation is described on the back cover. On page 19 you can find details on the leadership (Board), their terms of office as well as information about staff at headquarters. An overview of the services provided in the project countries is found on pages 6 to 13. Details on the funds used can be found in the consolidated accounts on pages 23–24.

Balance Sheet
as of 31.12.2014

	2014		2013	
	CHF	%	CHF	%
Assets				
Current assets				
Cash	5'202'861.78	64.3	5'256'225.48	62.8
Securities	1'820'604.06	22.5	2'348'308.89	28.1
Accounts receivable	31'894.76	0.4	12'144.63	0.1
Project advances	979'336.45	12.1	694'221.94	8.3
Prepaid expenses	36'555.55	0.5	26'108.77	0.3
	8'071'252.60	99.8	8'337'009.71	99.6
Fixed assets				
Plant and equipment	15'515.00	0.2	31'970.00	0.4
Property Zimbabwe	1.00	0.0	1.00	0.0
Financial investments	0.00	0.0	0.00	0.0
	15'516.00	0.2	31'971.00	0.4
Total Assets	8'086'768.60	100	8'368'980.71	100
Liabilities				
Short-term liabilities				
Other liabilities	122'809.22	1.5	78'439.33	0.9
Accrued expenses	167'649.09	2.1	243'810.89	2.9
	290'458.31	3.8	322'250.22	3.9
Long-term liabilities				
Provisions	197'042.43	2.4	206'827.45	2.5
	197'042.43	2.4	206'827.45	2.5
Funds reserved for projects				
SDC projects	379'068.85	4.7	0.00	
LED projects	843'965.67	10.4	871'017.98	10.4
SolidarMed projects	735'688.45	9.1	919'471.74	11.0
	1'958'722.97	24.2	1'790'489.72	21.4
Organisational capital				
Paid-in capital and reserves	871'556.86	10.8	865'346.34	10.3
Currency fluctuation fund	160'000.00	2.0	80'000.00	1.0
Fund 1 unrestricted funds	1'678'462.34	20.8	1'701'650.67	20.3
Fund 2 unrestricted funds	2'920'449.62	36.1	3'396'205.79	40.6
Annual profit	10'076.07	0.1	6'210.52	0.1
	5'640'544.89	69.8	6'049'413.32	72.3
Total liabilities	8'086'768.60	100	8'368'980.71	100

Income statement
01.01.–31.12.2014

	2014		2013	
	CHF	%	CHF	%
Income				
Donations, legacies, membership fees	1'209'251.51	12.5	1'113'800.11	11.6
Purpose specific income				
SolidarMed projects	4'904'432.01	50.8	3'817'367.05	39.7
	4'904'432.01	50.8	3'817'367.05	39.7
Public sector contributions				
SDC program contribution	2'600'000.00	26.9	2'200'000.00	22.9
SDC mandate Wiwanana Moçambique	0.00		154'162.61	1.6
SDC mandate EMSN Tanzania	10'359.15	0.1	0.00	
LED SMART Chiúre Moçambique	37'449.34	0.4	343'469.53	3.6
LED SMART Ancuabe Moçambique	0.00		604'741.94	6.3
LED Mother and Child Moçambique	239'486.11	2.5	390'566.87	4.1
LED C-Section Moçambique	50'000.00	0.5	173'913.54	1.8
LED Chainama College Zambia	600'116.86	6.3	805'917.47	8.4
	3'537'411.46	36.6	4'672'771.96	48.6
Other income	3'474.15	0.0	5'545.80	0.1
Total income	9'654'569.13	100	9'609'484.92	100
Expenditures				
Project expenses				
Personnel expenses project management Switzerland	-598'467.55	6.4	-601'165.65	6.4
Project visits	-39'711.22	0.4	-30'592.35	0.3
SolidarMed projects	-6'597'662.92	56.5%	-5'311'150.47	56.4
SDC mandate Wiwanana Moçambique	0.00		-143'219.28	1.5
SDC mandate EMSN Tanzania	-9'332.57	0.0	0.00	
LED SMART Chiúre Moçambique	-32'850.30	0.4	-301'289.06	3.2
LED SMART Ancuabe Moçambique	0.00	5.9	-548'758.27	5.8
LED Mother and Child Moçambique	-210'075.53	2.2	-342'602.52	3.6
LED C-Section Moçambique	-43'859.65	0.5	-152'555.74	1.6
LED Chainama College Zambia	-526'418.30	5.6	-706'945.15	7.5
	-8'058'378.04	85.9	-8'138'278.49	86.5
Public relations, awareness raising				
Personnel expenses	-166'494.41	1.8	-161'226.36	1.7
Membership expenses	-16'696.99	0.2	-15'893.35	0.2
Publications	-107'750.88	1.1	-94'927.18	1.0
Public relations	-60'428.97	0.6	-103'333.66	1.1
	-351'371.25	3.7	-375'380.55	4.0

continued overleaf

Income statement
01.01.–31.12.2014

	2014		2013	
	CHF	%	CHF	%
Expenses continued				
Fundraising				
Personnel expenses	-327'030.31	3.5	-305'661.37	3.2
Fundraising	-261'149.78	2.8	-270'221.49	2.9
	-588'180.09	6.3	-575'882.86	6.1
Administrative expenses				
Personnel expenses	-218'247.23	2.3	-192'159.97	2.0
Travel and representation expenses	-7'315.50	0.1	-6'085.88	0.1
Financial expenses	-3'734.95	0.0	-4'275.14	0.0
Rental expenses	-38'904.95	0.4	-39'259.45	0.4
Office and operating expenses	-20'035.67	0.2	-28'173.14	0.3
Memberships	-7'469.85	0.1	-5'762.20	0.1
Third-party services	-10'600.70	0.1	0.00	
Investments and maintenance	-63'089.40	0.7	-31'488.65	0.3
Asset depreciation	-16'455.00	0.2	-14'421.40	0.2
	-385'853.25	4.1	-321'625.83	3.4
Total Income / Expenses	-9'383'782.63	100	-9'411'167.73	100
Intermediate result	270'786.50		198'317.19	
Financial income				
Interest and securities, realised gains	56'149.72		46'141.20	
Securities, non-realised gains	84'354.83		86'752.13	
	140'504.55		132'893.33	
Real estate income				
Income	10'785.02		0.00	
Expenses	0.00		0.00	
	10'785.02		0.00	
Other income				
Creation of currency fluctuation fund	-80'000.00		-80'000.00	
Other extraordinary expenses	-332'000.00		-245'000.00	
	-412'000.00		-325'000.00	
Result	10'076.07		6'210.52	
Statement of changes in restricted project funding				
Funds allocated to projects	8'408'612.45		7'474'748.52	
Funds used by projects	-8'240'379.19		-8'246'764.96	
	168'233.26		-772'016.44	
Changes in restricted funds	178'309.33		-765'805.92	
Allocations	178'309.33		-765'805.92	
Allocations to organisational capital	-10'076.07		-6'210.52	
Allocation to project funds	-168'233.26		772'016.44	

Cash flow statement
01.01.–31.12.2014

	2014		2013	
	CHF		CHF	
1. Cash flow from operating activities				
Result	10'076		6'211	
Depreciation	16'455		14'421	
Annual earnings before depreciation	26'531		20'632	
Changes in provisions	-9'785		-5'600	
Increase (-) / decrease securities	527'705		-140'178	
Increase (-) / decrease receivables	-304'865		-278'178	
Increase (-) / decrease prepaid expenses	-10'447		256	
Increase / decrease (-) accounts payable	44'370		-49'729	
Increase / decrease (-) accrued expenses	-76'162		39'814	
Cash flow from operating expenses	197'348		-412'983	
2. Cash flow from investment activity				
Increase (-) / decrease financial investments	0		0	
Increase (-) / decrease tangible assets	0		-22'391	
Increase (-) / decrease real estate	0		0	
Cash flow from investment activity	0		-22'391	
3. Cash flow from financing activities				
Increase / decrease (-) earmarked funds	168'233		-772'016	
Increase / decrease (-) unrestricted funds	-418'945		186'795	
Cash flow from financing activities	-250'712		-585'221	
Cash flow	-53'364		-1'024'780	
Control				
Cash balance on 01.01.2014 / 01.01.2013	5'256'226		6'276'820	
Cash balance on 31.12.2014 / 31.12.2013	5'202'862		5'256'225	
Change in cash and cash equivalents	-53'364		-1'020'595	

Analysis of changes
in capital 2014

	Operating balance 01.01.2014	Allocations	Internal fund transfers	Withdrawals	Closing balance 31.12.2014
Organisational capital					
Paid-in capital and reserves	871'557	0	0	0	871'557
Currency fluctuation fund	80'000	80'000	0	0	160'000
Fund 1: unrestricted funds	1'701'651	330'000	0	-353'189	1'678'462
Fund 2: unrestricted funds	3'396'206	0	0	-475'756	2'920'450
Result 2014		10'076	0	0	10'076
	6'049'414	420'076	0	-828'945	5'640'545
Funds reserved for projects					
SDC, LED projects					
SDC	0	389'428	0	-10'359	379'069
LED	871'018	900'000	0	-927'052	843'966
	871'018	1'289'428	0	-937'411	1'223'035
SolidarMed projects					
Lesotho	279'073	790'457	0	-982'756	86'774
Mozambique	285'944	1'924'866	0	-1'612'757	598'052
Tanzania	38'451	1'906'755	0	-1'989'441	-44'235
Zambia	41'555	567'897	0	-727'061	-117'609
Zimbabwe	224'450	1'623'677	0	-1'685'420	162'706
Other countries	50'000	305'533	0	-305'533	50'000
	919'472	7'119'184	0	-7'302'968	735'688
Total funds reserved for projects	1'790'490	8'408'612	0	-8'240'379	1'958'723
Changes in provisions					
Personnel deployed	119'874	0	0	0	119'874
Reintegration contributions	73'000	24'200	0	-25'200	72'000
Real estate	13'954	0	0	-10'785	3'169
Provisions Zambia projects	0	2'000	0	0	2'000
	206'828	26'200	0	-35'985	197'043

Annex to the annual financial statement 2014

Accounting principles: The accounts are prepared in accordance with Swiss GAAP FER accounting recommendations and give a true and accurate picture of the assets and liabilities, financial position and profit and loss.

Insurance Values: Assets are insured to the value of CHF 155'000.—

Remuneration of the Executive Board: The Board of SolidarMed is active on a voluntary and unpaid basis. The President donated his fee of CHF 800.— in its entirety to SolidarMed. The Board did not submit any expense claims for reimbursement.

Accounting and Valuation Principles:

- Cash stated at nominal value
- Securities at the exchange rate on balance sheet reporting day
- the non-realised securities gains can, in line with the guidelines for investments and reserves, and to a max. value of 20% of the securities portfolio balance, be allocated to the currency fluctuation fund.
- Accounts receivable stated at nominal value
- Accounts payable to projects at nominal value minus necessary value adjustments
- Accounts receivable from projects (project advances): stated in foreign currency at exchange rate on balance sheet reporting day
- Assets at purchase price minus necessary amortisation
- Financial investments stated at nominal value

To all our donors

Many thanks!

On the previous pages, we were able to present SolidarMed's achievements in 2014 to you. All of this would not be possible without generous financial support from many private individuals and institutions. Our heartfelt thanks to all of you for your dedication and commitment – it means more health for Africa. Due to space restrictions, only institutional donations of 1000 Swiss Franks or above are listed here. We also wish to thank those organisations who do not wish to be named.

Public sector

Swiss Agency for Development and Cooperation SDC; Liechtenstein Development Service LED; Bureau for Foreign Affairs of the Principality of Liechtenstein; Canton Aargau; Canton Grison; Canton Lucerne; Canton Schwyz; Canton Thurgovia; Canton Zurich; City of Chur; City of Opfikon; City of Rapperswil-Jona; City of Zurich; City of Wil; Municipality Binningen; Municipality Heimberg; Municipality Küsnacht ZH; Municipality Maur; Municipality Pfeffingen; Municipality Schaan.

Foundations and trusts

Abantu Stiftung; Alfred und Anneliese Sutter-Stötter Stiftung; Carl und Elise Elsener-Gut Stiftung; COFRA Foundation; Eliseum Stiftung; Dr. Rau Stiftung; Familien-Vontobel-Stiftung; Ferster-Stiftung; Gemeinnützige Stiftung Symphysis; Gebauer Stiftung; Gertrud von Haller Stiftung für Drittwelthilfe; Glückskette; Gottfried und Julia Bangerter-Rhyner-Stiftung; Hilti Foundation; Leopold Bachmann Stiftung; Margrit Werzinger-Stiftung; Medicor Foundation; Mondo dei Bambini Fondazione; Paul Hess Stiftung; Promotor Stiftung; Pronoia Stiftung; RHW-Stiftung; Rowdely Stiftung; Schwarzdorn Stiftung; Seelsorge- und Kirchenmusikstiftung; St. Anna Stiftung; Stefanie und Wolfgang Baumann Stiftung; Stiftung Charles North; Stiftung der Gemeinschaft der Liebfrauenswestern; Stiftung Fürstl. Kommerzienrat Guido Feger; Stiftung Gesundheit und Gerechtigkeit; Stiftung Sanitas Davos; Stiftung zur Förderung der Trinkwasserqualität; Transalp Assistance Foundation; Von Duhn Stiftung.

Companies

ASP INTECO AG, Winterthur; Assura SA, Pully; Central Sport, Wengen; ERMED AG, Schleithem; Hartmann Architektur und Design, Vaduz; Ingenium Aktiengesellschaft, Vaduz; Leuchter Infrastructure Solutions AG, Luzern; MAS Treuhand GmbH, Zug;

Mepha Pharma AG, Basel; Maerki Baumann & Co. AG, Zürich; Metacultura, Zürich; Neue Bank AG, Vaduz; Oryx International, Hünenberg; Systec Schweiz, Hünenberg; VP Bank, Vaduz; Wengen Apotheke, Wengen.

Roman Catholic congregations and national churches:

Aesch-Birmensdorf-Uitikon; Altdorf UR; Biberist-Lohn-Ammanegg-Bucheggberg; Biel; Burgdorf; Emmen; Gesamtkirchengemeinde Bern und Umgebung; Klotten; Lostorf; Luzern; Meggen; Oberkirch; Pfungen-Neftenbach; Seeland, Lyss; Schötz; Sempach; St. Martin, Zürich; Winterthur; Zug; Heilig-Geist, Zürich.

Catholic parishes:

Buchs-Grabs-Sevelen; Ebikon; St. Maria, Luzern; St. Michael, Luzern; St. Josef, Muolen; Ruswil.

Lutheran/Protestant Reformed parishes:

Langnau im Emmental; Pratteln-Augst; reformierte Kirche Kanton Zug; Zumikon.

Others:

Ambassador Club March-Höfe; Frauenverein Vaduz; Gemeinnütziger Frauenverein Bassersdorf; Genossenschaft ProBon; Migros Genossenschafts-Bund; Katholische Seelsorge Unispital Basel; Kirchenkreis Eisleben-Sömmerda; Ökumenische Arbeitsgruppe für Entwicklungshilfe Stäfa/Ürikon; Rotary Club Aegeri-Menzingen; Rotary Club Zug; Schweizerische Kapuzinerprovinz Luzern; Sekundarschule Pratteln; Verband der Katholischen Kirchgemeinden der Stadt Zürich; Verein Ruach; Verein Welt Gruppe Möhlin.

Eliane Jenny und Lisbeth Pembele, Institutional Fundraising



On the right track.
Child in Ha Kokoana,
Lesotho

Photo: Maurice Haas



SolidarMed For Health in Africa.

SolidarMed is the Swiss organisation for health in Africa and improves health care for 1.5 million people in Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe. SolidarMed sustainably strengthens and meaningfully expands existing medical services.

SolidarMed is committed to the five most important health concerns of Africa's rural population:

- Protecting mothers, children and newborns
- Combating infectious diseases like malaria, HIV/Aids or tuberculosis
- Improving the quality of hospitals and health centres
- Training and further education of health staff
- Strengthening village communities

The health of mothers, pregnant women, newborns and children is a central concern and receives particular attention in the projects. In cooperation with local partner organisations, hospitals and villages, SolidarMed promotes «help for self-help».

In Switzerland and in Liechtenstein, SolidarMed advocates for the health concerns of people in Africa. As a non-profit organisation with the ZEW0 certificate, SolidarMed works efficiently, conscientiously and transparently.

www.solidarmed.ch



