

SolidarMed improves
health care for
1.5 million people in
southern Africa.

05	SolidarMed remains true to itself
07	The projects 2015
09	Train, build and take action together
14	We are carrying on
16	We are SolidarMed
19	Annual Financial Statement 2015
20	Balance sheet and income statement
25	Our heartfelt thanks
27	SolidarMed – For Health in Africa

Published by

SolidarMed, Swiss Organisation for Health in Africa
Obergrundstrasse 97, 6005 Lucerne, Switzerland
Phone +41 41 310 66 60, contact@solidarmed.ch
www.solidarmed.ch

Editorial team: Benjamin Gross, Jochen Ehmer, Murielle Drack
Concept: Benjamin Gross, Murielle Drack
Design concept and layout: Murielle Drack
Control authority (Auditors): Aregger Schleiss Bucheli,
AG für Wirtschaftsberatung, Kriens
Cover picture: SolidarMed

This annual report is published in German (printed: 1500 copies)
and in English (digital). Both versions of the report are available
online: www.solidarmed.ch

Donations

Online donations: www.solidarmed.ch
(Swiss Postcard, VISA or MasterCard)
Account details: SolidarMed, CH-6005 Lucerne
IBAN CH0909000000600014339
BIC: POFICHBEXXX



«This little girl would not have survived without a caesarean section. Thanks to SolidarMed, we can finally respond to complications in Chiúre too. SolidarMed supported us with training and medical supplies.»

Hyacinta Silva, midwife in Chiúre, Moçambique



Photo: Maurice Haas

SolidarMed remains true to itself
Report of the President

The development of our long-term strategic orientation 2030 and the change in management with a new Executive Director made 2015 one of the most intensive years of my tenure.

Institutionally, SolidarMed is in a stable position. At the same time, we are about to complete the 4-year-cycles in all our country programmes. An ideal time to risk a glance into the future and plan the next phase for the organisation as a whole. We took first steps in the development a long-term strategic orientation 2030 in 2014, but the real hard graft began this year. The fundamental values of our association served as the basis. We critically examined the current strengths and weaknesses of SolidarMed and compared them to our values. What emerged was a much more precisely worded mission statement and this was adopted by the Board.

Continue strengthening health systems

In future, SolidarMed's overarching goal will continue to be primary health care, mostly focused on rural areas of Africa. We derive our thematic focal areas from the Sustainable Development Goals (SDGs of the WHO: 1) Health of mothers and children, 2) Reducing the burden of infectious diseases like malaria, tuberculosis and HIV as well as non-communicable, chronic diseases and 3) sexual and reproductive health. Using a programmatic approach, SolidarMed seeks to strengthen health systems and make them more resilient and efficient. Our most important working areas comprise medical services, training of health staff, development and maintenance of infrastructure and the promotion of local development potential. SolidarMed will be a confident participant in expert groups on medical development cooperation and report on its achievements and its collaboration with partners. Expertise and transparent communication are important strategic elements.

Promoting Africa's potential

SolidarMed need not fear contact with partners, governments and other non-governmental organisations. On the contrary, new approaches with more teamwork are needed in order to efficiently achieve the joint development goals. Partners should increasingly take on responsibility for developing and implementing the projects. SolidarMed's role in the projects is to complement, support and catalyse, to bring in innovative elements or generate added value through alliances and collaborations. To increase the learning effect, SolidarMed shares its insights with a wider audience. In conclusion: SolidarMed remains true to its principles, a modern development organisation committed to the concerns of its partners in Africa.

Management changes

From the 1st of January 2007 to the 30th of June 2015, Joel Meir served as Executive Director of SolidarMed. Under his leadership, SolidarMed achieved a new level of organisational maturity. He consistently geared SolidarMed towards meeting the requirements of a professional development organisation and led us into the circle of programmatic organisations recognised by the SDC. SolidarMed experienced healthy growth, both financially and also with regard to the overall programme. Examples of his work were the start of our activities in Zambia, where SolidarMed was able to establish an innovative and successful programme. At this point, we would like to thank Joel Meir for this deep commitment and his outstanding achievements. We had the good fortune of securing an experienced, competent and proactive successor from the existing team. From the 1st of May 2015, the leadership of SolidarMed is in Jochen Ehmer's skilled and capable hands. In September 2015, we were joined by Marc Birbaum, a proven expert in fundraising and finances, to complement the leadership team. We are confident that this new team will move SolidarMed forward unerringly and successfully.

Humanist Switzerland

In a political context characterised by seemingly endless sparring and a growing mistrust of foreigners, certain challenges lie ahead. With quality work and a fundamental attitude that is typically Swiss, SolidarMed will face them head on. Thanks to our new strategy with a long-term orientation and a new leadership team with a lot of competence and potential, SolidarMed is ready for the future.

As donor, you are part of our team and play in a very important position. We are very, very grateful to everyone who supports SolidarMed.



Dr med Svend Capol,
President

Programmes in 5 African countries



	Maternal mortality ¹	Child mortality ²	HIV prevalence ³	TB infection rate ⁴	Safe deliveries ⁵	Nursing staff ⁶
Lesotho	487	98	23	578	62	6.2
Moçambique	484	87	10.8	554	60	3.4
Tanzania	284	87	12.5	410	53.6	7.8
Zambia	398	52	5.0	165	49	2.4
Zimbabwe	470	89	16.7	552	80	13.4
Switzerland	8	4	0.3	7	100	174

¹ Per 100'000 births, ² Per 1'000 live births (children under the age of 5), ³ People aged between 15 and 49, ⁴ Per 100'000 people, ⁵ Percentage of births carried out by trained personnel, ⁶ Nursing staff per 10'000 inhabitants. Source: WHO

The Projects 2015 Overview

SolidarMed projects are concentrated in five programmes in rural districts of Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe. One new district was included in the programmes of both Moçambique and Zimbabwe. This means better medical care for an additional 525'000 people (see map). The projects improve the health system so that the population knows how to protect itself from diseases and has access to medical care.



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)
- MAMA – Health for mothers and newborns
- Ensuring water supply for health centres (in Ancuabe district)
- Preventing and treating malaria in children (in Chiúre district)
- Conducting operational research

Tanzania

- Supporting Dareda Hospital (incl. SMART**)
- Lugala Hospital Development Plan (incl. SMART**)
- Support for Lugala Nursing School
- Support for Edgar Maranta Nursing School in Ifakara***
- Strengthening primary health care in Mbulu (PHCM)
- Strengthening primary health care in Ulanga (PHCU)

Zambia

- Training associate clinicians (Medical Licentiates)
- Training of nursing staff and midwives for rural hospitals
- Development of a housing association for health staff in rural Zambia

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
- HIV and tuberculosis treatment in three districts (incl. prevention and treatment of HIV in children)
- MAMA – Health for mothers and newborns in two districts

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

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

*** As a mandate from the SDC.

«I feel I am in good hands in Silveira. After all, there are three Zimbabwean doctors here. They were supported by the SolidarMed doctor to treat my complicated leg fracture.»

Joseph Chakawa, patient from Silveira, Zimbabwe



Photo: Olivier Brandenberg

Train, build and take action together
Impact report 2015

A shortage of health staff, inadequate primary health care and the population's lack of health knowledge are the main challenges in rural Africa. In all of these areas, SolidarMed could achieve important progress in 2015.

Last year, the Millennium Development Goals expired and the global community could lack back on important successes – the halving of child mortality or the treatment of 35 million people with HIV are two examples. But these achievements are fragile, as the Ebola epidemic showed so clearly. And as long as every two minutes, a woman dies whilst giving birth, there is still an urgent need for action. The «Sustainable Development Goals», which Switzerland also signed, are another important step in the right direction.

The SolidarMed programmes are guided by these international concepts and so make a tangible contribution to the achievement of common Swiss goals. In keeping with the resources available, the organisation concentrates its help on five countries in southern Africa and adapts its projects to regional needs. In doing so, SolidarMed does not treat patients itself, but rather supports local partners in developing their capacity.

Despite the particularities of each country, certain challenges are transnational: the rural hospitals and health centres are generally in a very poor state, there is a shortage of medical staff and many people in remote villages do not know how to protect themselves from disease. Experts speak of weak health systems. Moreover, in order to replicate positive effects elsewhere and to scale them up nationally, it is important to process lessons learnt from the projects. These are the areas in which SolidarMed was once again active in 2015, as the following examples show.

Build and improve

In rural Africa, the district hospitals and the health centres attached to them are responsible for basic medical services. However, this requires sufficient staff, equipment, medicine, support services and a functioning administration. SolidarMed improved the infrastructure of its partner hospitals, supplemented their equipment, introduced new and innovative processes and strengthened the capacities of medical staff. Often, this capacity building is in general primary health care, but sometimes also in specific thematic areas, like in the regional programmes on HIV or maternal and newborn health. In such collaboration, equal partnership is the key to success: medical quality can only be sustainably improved when all partners are ready and open for joint dialogue and joint action. In this way, a fruitful transfer of knowledge is possible in both directions, from North to South and from South to North.

To ensure that the population in the rural areas actually use the improved services of the health centres and hospitals, SolidarMed, in cooperation with local trusts and health authorities, promotes access in a wide variety of ways. Through radio programmes in local languages, health activities in the communities, and first aid administered by community health workers, SolidarMed educates the population and provides a platform for their concerns. In order to reach those that live the furthest away, SolidarMed also provides incentives like baby packages, enables transport with bicycle ambulances or brings medical services to the villages with mobile clinics.

1'500'000 people have better primary health care

Better services in:

10 districts

16 hospitals and

141 health centres

724'552 children, women and men received outpatient treatment

76'139 pregnant women gave birth under medical supervision

25'995 people received life-saving HIV medication

Train and motivate

On average, in SolidarMed's five programme countries, 10'000 people are cared for by only 6.7 nurses – one quarter of the absolute minimum recommended by the WHO! The situation is even more dramatic when it comes to doctors. To counteract this, SolidarMed supports the initial and further training of health staff in a variety of ways. One example is the consultation of the national training programme for Medical Licentiates in Zambia, which is run by the University of Zambia and the Ministry of Health. Although these clinicians lack the profound knowledge of a fully trained doctor, thanks to their practical training, they can treat common cases just as competently. In addition, they are much more willing to work in a remote district hospital or health centre, where they often hold a leading medical position.

However, for a good recovery after successful treatment, it is qualified nurses, rather than medical staff, which are particularly important. This is why SolidarMed supported five nursing schools in 2015, all in rural areas, which is also where most of the students

«My baby was born very small because I did not have a lot to eat during my pregnancy. Now, a community health worker visits us regularly and gives me tips so that Emmanuel can catch up and stay healthy.»

Theresia Pauli Matula, mother from Mahenge, Tanzania



Photo: Olivier Brandenberg

come from. Experience shows that most graduates will remain in the rural health system, where they will hold responsible positions and also treat difficult medical cases. This is where further training comes in. In this reporting year, SolidarMed advised and supported existing nurses, gave them additional training and with expert support, improved the quality of treatment and care. In addition, SolidarMed funded advanced training for selected staff from our partner hospitals and health centres.

- 5 nursing schools supported
 - 1 degree course promoted
 - 10 training hospitals advised and supported
 - 791 nurses, midwives and doctors received further training
 - 287 nurses and midwives newly trained
 - 10 staff houses built
-
- 791'000 people receive better medical care through trained health staff ¹

¹ According to the WHO, one well-trained nurse sees to the medical needs of around 1'000 people.

Incentives, internet access and a reliable electricity supply as well as access to specialist literature or the possibility of attending medical conferences help ensure that remote clinics can hold on to their trained staff. In addition, every year, SolidarMed builds a number of staff houses and so lays the foundations for medical staff in the rural areas. In this area, SolidarMed once again struck out in new directions in 2015. In collaboration with a private investor, SolidarMed is laying the ground for a housing association. The goal of this public-private-partnership is to sustainably expand the supply of housing units in rural areas.

Inform and prevent

It doesn't matter which remote village in southern Africa one visits. Many people do not know how to protect themselves from diseases like diarrhoea, malaria or HIV/Aids, even though the tools are relatively simple: handwashing, mosquito nets and condoms. Many people are not aware that to get healthy quicker, they need to lower their fevers or if need be visit a hospital. Or they trust their traditional healer more than the staff at the hospital. But of course knowledge alone is not enough, as long as people do not have access either to clean water or to soap or mosquito nets. With the help of local partners, SolidarMed imparts precisely this valuable information

and enables access to these simple tools. Thanks to the untiring efforts of the community health workers and SolidarMed's partner organisations in civil society, people now know the answers to concrete questions like «what do I do if my child has a fever?» or «when should I have my child vaccinated?».

-
- 1263 community health workers supported
 - 332 local organisations and village health groups strengthened
 - 36'358 mosquito nets distributed in the last four years
 - 2'500'000 condoms handed out
 - 138'594 HIV tests carried out
 - 4769 journeys with
 - 41 bicycle ambulances to a hospital or health centre
-
- 664'000 people now have a greater say at community level ²
 - 63'150 mothers and children cared for in their villages ³

² On average, one village health group supports around 5'000 people.
³ Preventive counselling/treatment in the village.

Learning and networking

Answers to questions are not only extremely important for the families in the villages; they also play an important role for SolidarMed. Lessons learnt from the projects help to distinguish effective from less effective measures and so increase the efficacy with which we use our resources. One of the burning questions in 2015 was «access to medical care in rural Africa». A good example is malaria: insecticide-treated mosquito nets protect against the mosquito which carries the virus, rapid tests ensure a fast diagnosis and modern medication quickly heals the sick. So when 600'000 people continue to die from malaria every year, this is because prevention, diagnosis and treatment are not accessible where they are most needed: in the countryside, in the villages, in remote areas. In its operational research in 2015, SolidarMed asked crucial questions: What can one do to ensure people use a mosquito net? To make sure that the sick seek the help of a doctor? To guarantee that rapid tests and medication are available where they are needed? What needs to be done to make sure that health professionals have access to rapid tests and medication and also use them?

Because SolidarMed is in direct contact with affected people in remote regions it can, in cooperation with universities and national research institutes, find answers to such questions. SolidarMed analyses the data gathered during project implementation and feeds the results into policy dialogue with experts and ministries of health in our partner countries. By strengthening our solid medical and epidemiological expertise in 2015, SolidarMed is well prepared to continue this work in future.

A selection of the studies on health questions in rural Africa in 2015:

- Diagnosing tuberculosis
- Treatment of Hepatitis B
- Follow-up care for HIV/Aids
- Prevalence of non-communicable diseases
- Factors motivating mothers to deliver under medical supervision

Raising awareness and sensitising

The scientific and political level is the one side. But SolidarMed is a Swiss organisation and so we seek to inform and sensitise people here in Switzerland too. Using a number of channels, we advocated for the concerns of the people in the project areas in this reporting year. Our donor magazine «SolidarMed aktuell» reached nearly 50'000 households in Switzerland and Liechtenstein. Our tried and tested «Sting Day» street event was revised and from now on, members of the association can carry out spontaneous campaigns. In 2015, SolidarMed used a malaria sticker to secretly «infect» a total of 4'000 people in Zug, Winterthur, Basel and Lucerne and so raised awareness for the disease in an entertaining way. An amazing 15 percent of those «stung» typed their winning code into the website, where they received more information about malaria. The three slide shows with our prominent goodwill ambassador Nik Hartmann were another big success. A total of 850 people listened to his account of his journey to Lesotho and were sensitised about the concerns of people in Africa.

Without the option of expensive advertising campaigns, SolidarMed continues to depend on innovative ideas. Thanks to a good online PR strategy, SolidarMed has recently activated adverts with the most important internet search engine. This way, for example, 143'000 people were invited to take part

in a quiz on child mortality. Close to 4'000 people followed the link to the SolidarMed website, where they answered three questions and learnt more about this important topic. For a lively update on current topics, in 2015 SolidarMed also began regularly sending out an e-newsletter.

We're carrying on

SolidarMed has achieved a lot in the past year. The differences between rural Africa and the better developed regions remain enormous. SolidarMed does not want to develop Africa. SolidarMed wants to create the foundations for Africa to develop itself. And this will also benefit Switzerland. In 2015, we made a difference to 1.5 million people. We're carrying on.



**Jochen Ehmer,
Executive Director**

«Those who wouldn't otherwise have access to medical help come to the mobile clinics: the elderly, the blind, pregnant women or mothers with children, for whom the journey to a health centre is just too far.»

Dr. Olatunbosun Faturiyele,
SolidarMed project manager
in Thaba Tseka, Lesotho

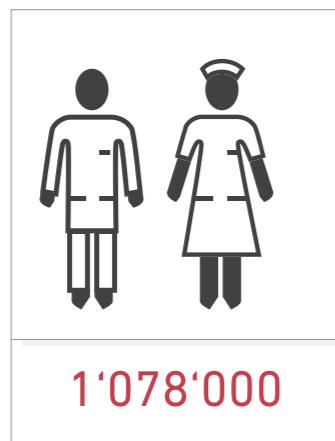


Photo:
Nik Hartmann

Our projects have a tangible impact on the health of the population. They focus on the health system and have a much larger impact than appears at first glance. With reference to the needs of the people, SolidarMed has achieved the following in the year 2015:



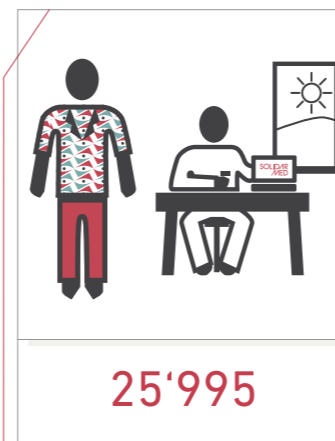
Children's lives saved
A transmission of HIV from the mother to her newborn was prevented.



Patients in good hands
Better treatment through initial and further training for health staff.



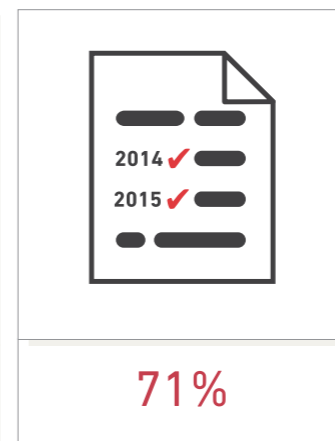
Men, women and children treated
Outpatient treatment for an acute or chronic disease like malaria or pneumonia.



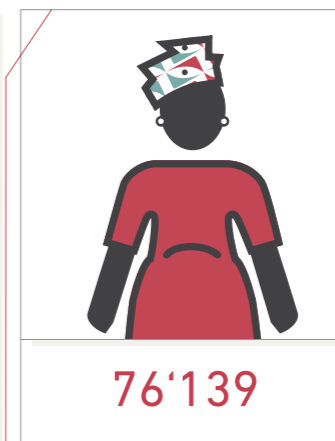
HIV patients in treatment
Systematic decentralisation of HIV services into remote regions ensures the survival of the affected.



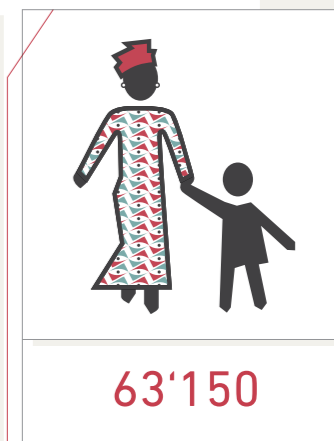
Infections prevented
Mosquito nets effectively prevent malaria in children under the age of 5*. (Since 2012)



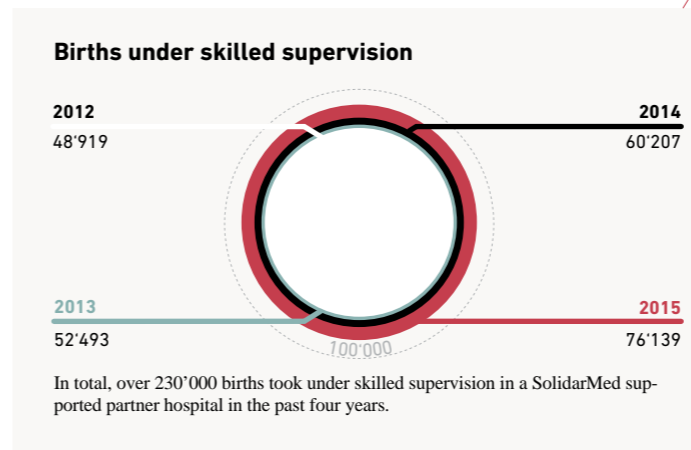
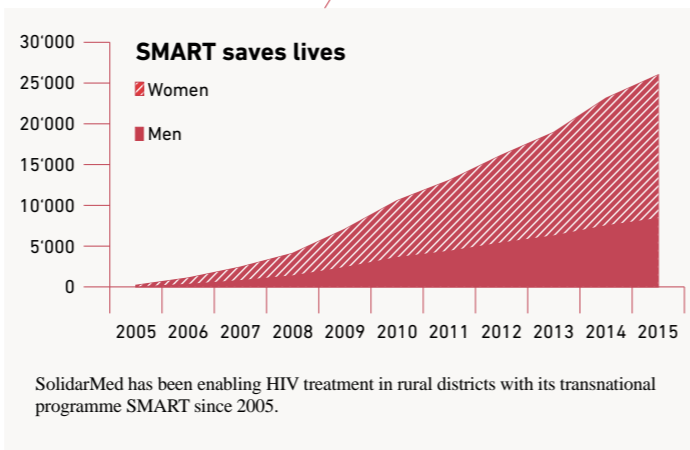
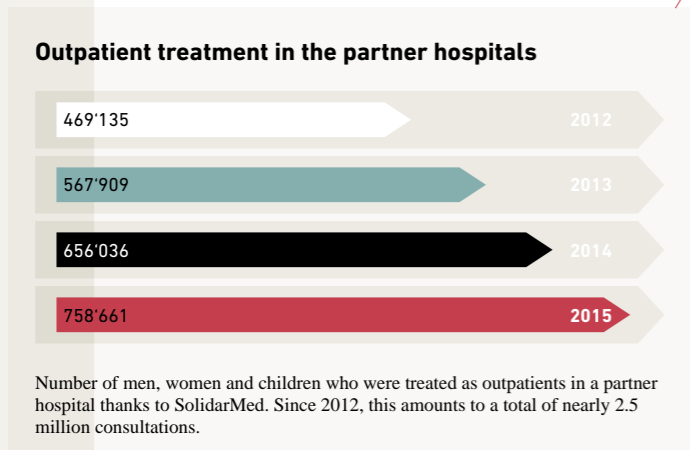
Of patients remain in treatment
Most of the chronically ill patients are reliably retained in care after two years.**



Safe deliveries
Pregnant women deliver safely under skilled supervision and have access to professional emergency care for themselves and their newborns.



Children and their mothers reached in the village
In remote villages, community health workers visit families for preventive counselling or to treat minor ailments.



* SolidarMed assumes 3 episodes of malaria per child and year and a protective effect of 50 % for the nets. Only one child was calculated per net, but in reality often more than one child will sleep under it.
** Here referring to life-long antiretroviral HIV therapy.
*** In the rural areas, one community health worker will support around 50 families per year.

We are SolidarMed.

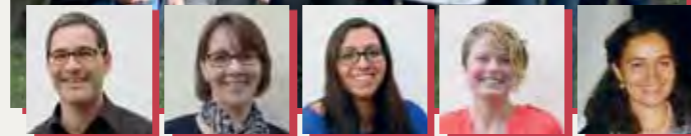
As a team, we are committed to better health care for the rural population in southern Africa.

The board of SolidarMed is active on a voluntary basis. With a lot of dedication, they set the direction and decide on SolidarMed's strategy. The projects are designed and steered at our head office in Lucerne, which is also responsible for communicating with financing partners, for seeking new funders and for ensuring an effective transfer of knowledge between the South and Switzerland. In cooperation with local partner organisations, the projects are implemented by the teams in our five programme countries.



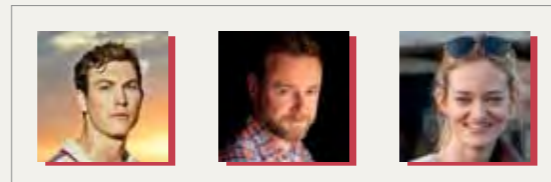
Board: (from right to left) President Dr. med. Svend Capol (since 2003) • Hansjörg Widmer, Economist (since 2013) • Ruth Ospelt Niepelt, Economist (since 2013) • Dr. med. Peter Schubarth (since 2008) • Dr. med. Gregor Stadler (since 2013) • Kathi Jungen, Librarian (since 1994) • Dr. med. Urs Allenspach (since 1994) • Maria Theiss, Biologist (since 2009) • Vice-President Dr. med. Pepo Frick (since 1994)

The members of the board contributed 1968 hours of voluntary, unpaid work in the reporting year. This is equivalent to 196'800 Swiss Francs and an impressive demonstration of the extent of their commitment to SolidarMed.



Team Switzerland: Joel Meir, Executive Director (until 30.04.2015) • Jochen Ehmer MD, Executive Director (from 01.05.2015) • Marc Birbaum, Deputy Executive Director (since 21.09.2015) • Lisbeth Bühlmann, Donation management • Murielle Drack, Design and Communication • 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 • Elizabeth Meier-Birchmeier, Finances and Accounting • Lisbeth Pembele, Institutional Fundraising • Dr. med. Karolin Pfeiffer MPH, Desk Officer Zimbabwe/Lesotho • Raphaela Scholz-Daouk, Translations

Head office is staffed with 985 percent by position.



Goodwill ambassadors: Stephan Lichtsteiner (footballer, Swiss national team) • Nik Hartmann (radio and TV presenter) • Nadine Strittmatter (model)



Team Tanzania • Country Coordinator: Elisabeth Rotzetter (middle of back row)



Team Lesotho • Country Coordinator: Christiane Fritz (front left)



Team Moçambique (Pemba) • Country Coordinator: Tom Huxley (2nd from the left)



Team Zambia • Country Coordinator: Martina Weber (4th from the left)



Team Moçambique (Ancuabe)



Team Zimbabwe • Country Coordinator: Janneke van Dijk (far right back row)



Team Moçambique (Chiúre)

«We're building a house that two nurses can move into soon. Until now, we only have 4 nurses for our hospital with 100 beds, because there is no accommodation. This is now changing and our sick will soon be better cared for.»

Baptist Kapaya, bricklayer in Katondwe, Zambia

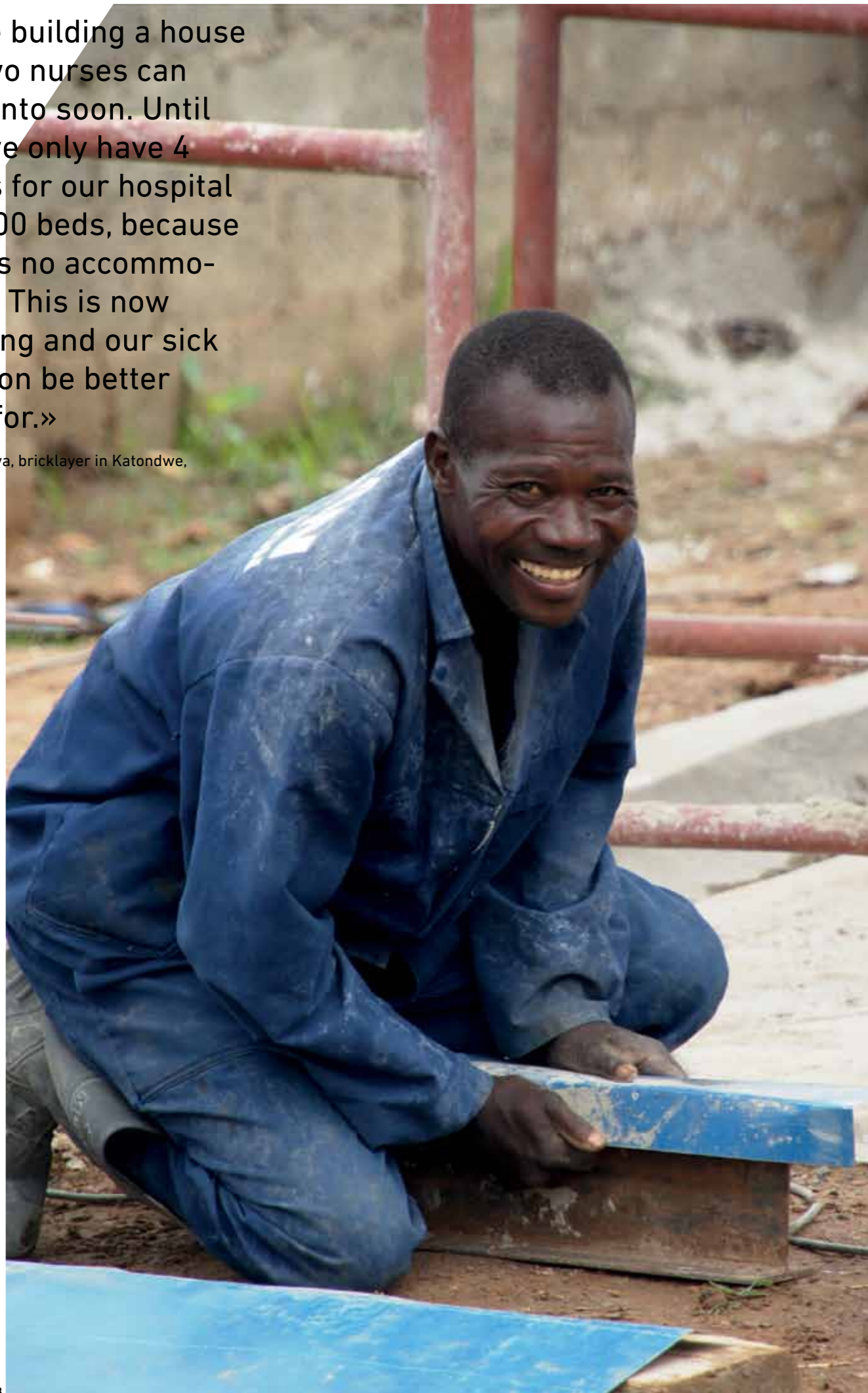


Photo: Klaus Thieme

Annual Financial Statement
2015

Thanks to our many loyal donors, in 2015 SolidarMed was once again able to implement the projects as planned.

In addition to the slight increase in income from private donations, a generous bequest contributed to a pleasing surplus, which positively influenced the end result. The deep trust this shows encourages us in our work. At CHF 7'737'844.47, project expenditure could be maintained at a good level.

The good result is also the outcome of partly long-term partnerships with our institutional partners in Switzerland and in the Principality of Liechtenstein. They play a significant part in making SolidarMed a reliable institution with dependable commitment to its partners in the South. The contributions by the Swiss Agency for Development and Cooperation SDC and the Liechtenstein Development Service LED amounted to a total of 3.7 million Swiss Francs.

In a partly challenging context and despite increasing slightly, the administrative costs (5.0 percent) as well as the fundraising and sensitisation costs (11.1 percent) could be kept low, thanks to budgetary discipline. The comparison by ZEWO with other organisations confirms that our expenditures in these areas are still significantly below average. Out of every CHF100.-, CHF 83.90 flow directly into SolidarMed's projects.

After a number of years with very good gains from securities, the picture was slightly different last year. Strong fluctuations in the currencies and on the stock exchange were a challenge. Despite a conservative investment policy, these challenges were reflected in a loss of CHF 29'921.89.

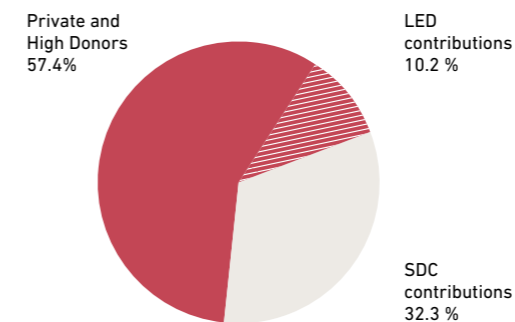
In the reporting year, the presentation of individual positions in the annual financial statement, as well as the overall result compared to the previous year, were adjusted. To ensure that a comparison between the reporting year and the previous year is possible, the current annual financial statement presents the figures of the previous year 2014 adapted accordingly.

In order to implement important projects, SolidarMed, as planned, used reserved funds as well as funds from the organisational capital. Despite these withdrawals, SolidarMed continues to have a solid financial basis.

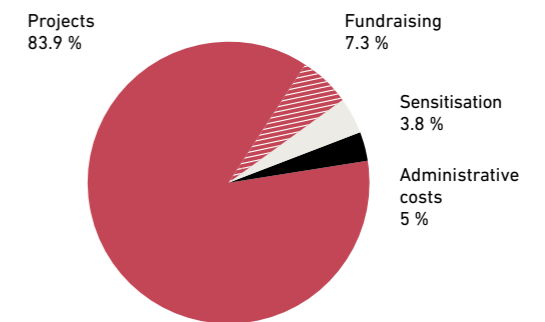


Elisabeth Meier-Birchmeier,
Finances and Accounting

Source of funds 2015



Use of funds 2015



Note: The annual financial statement including auditors report and annexes can be found under www.solidarmed.ch > publications



Balance Sheet
as of 31.12.2015

	2015		2014	
	CHF	%	CHF	%
Assets				
Current assets				
Cash	5'628'837.48	74.2	5'202'861.78	64.3
Assets held for trading at quoted market price	1'178'648.78	15.5	1'820'604.06	22.5
Other short-term receivables	33'506.41	0.4	31'894.76	0.4
Project advances	687'953.13	9.1	979'336.45	12.1
Prepaid expenses	37'570.28	0.5	36'555.55	0.5
	7'566'516.08	99.8	8'071'252.60	99.8
Fixed assets				
Plant and equipment	18'681.00	0.2	15'515.00	0.2
Other investments	1.00	0.0	1.00	0.0
	18'682.00	0.2	15'516.00	0.2
Total assets	7'585'198.08	100	8'086'768.60	100
Liabilities				
Short-term liabilities				
Liabilities from sales and services	90'456.00	1.2	122'809.22	1.5
Accrued expenses	171'680.81	2.3	167'649.09	2.1
	262'136.81	3.5	290'458.31	3.6
Long-term liabilities				
Provisions	189'442.43	2.5	197'042.43	2.4
	189'442.43	2.5	197'042.43	2.4
Funds reserved for projects				
SDC projects	287'412.17	3.7	379'068.85	4.7
LED projects	680'966.14	9.0	843'965.67	10.4
SolidarMed projects	730'398.57	9.6	735'688.45	9.1
	1'698'776.88	22.3	1'958'722.97	24.2
Organisational capital				
Share capital				
Paid-in capital and reserves	881'632.93	11.6	881'632.93	10.9
Fixed capital				
Currency fluctuation fund	160'000.00	2.1	160'000.00	2.0
Free capital				
Fund 1 unrestricted funds	1'824'683.59	24.1	1'678'462.34	20.8
Fund 2 unrestricted funds	2'568'525.44	33.9	2'920'449.62	36.1
	5'434'841.96	71.7	5'640'544.89	69.8
Total liabilities	7'585'198.08	100	8'086'768.60	100

Income statement
01.01.-31.12.2015

	2015		2014	
	CHF	%	CHF	%
Income				
Donations, legacies, membership fees	1'651'302.36	18.8	1'209'251.51	13.5
Purpose specific income				
SolidarMed projects	3'392'796.06	38.6	3'879'454.42	43.2
	3'392'796.06	38.6	3'879'454.42	43.2
Public sector contributions				
SDC program contribution	2'600'000.00	29.6	2'600'000.00	28.9
SDC mandate EMSN Tanzania	238'105.00	2.7	389'428.00	4.3
LED Chainama College Zambia	900'000.00	10.2	900'000.00	10.0
	3'738'105.00	42.6	3'889'428.00	43.3
Other income	1'446.25	0.0	3'474.15	0.0
Total income	8'783'649.67	100	8'981'608.08	100
Expenditures				
Project expenses				
Personnel expenses project management Switzerland	-572'517.72	6.2	-598'467.55	6.4
Project visits	-25'903.16	0.3	-39'711.22	0.4
SolidarMed projects	-5'889'910.18	63.9	-6'585'413.78	70.3
SDC mandate EMSN Tanzania	-317'057.68	3.4	-9'332.57	0.1
LED SMART Chiure Moçambique	0.00	0.0	-32'850.30	0.4
LED Mother and Child Moçambique	0.00	0.0	-210'075.53	2.2
LED C-Section Moçambique	0.00	0.0	-43'859.65	0.5
LED Chainama College Zambia	-932'455.73	10.1	-526'418.30	5.6
	-7'737'844.47	83.9	-8'046'128.90	85.9
Public relations, awareness raising				
Personnel expenses	-147'200.49	1.6	-166'494.41	1.8
Membership expenses	-17'667.50	0.2	-16'696.99	0.2
Publications	-110'372.67	1.2	-107'750.88	1.1
Public relations	-71'161.78	0.8	-60'428.97	0.6
	-346'402.44	3.8	-351'371.25	3.7

continued overleaf

Income statement
01.01.–31.12.2015

	2015		2014	
	CHF	%	CHF	%
Expenses continued				
Fundraising				
Personnel expenses	-312'056.92	3.4	-327'030.31	3.5
Fundraising	-359'143.03	3.9	-261'149.78	2.8
	-671'199.95	7.3	-588'180.09	6.3
Administrative expenses				
Personnel expenses	-287'431.13	3.1	-218'247.23	2.3
Travel and representation expenses	-6'850.10	0.1	-7'315.50	0.1
Banking and postage costs	-3'961.89	0.0	-3'734.95	0.0
Rental expenses	-50'945.80	0.6	-38'904.95	0.4
Office and operating expenses	-30'384.97	0.3	-20'035.67	0.2
Memberships	-6'868.65	0.1	-7'469.85	0.1
Third-party services	-5'421.60	0.1	-10'600.70	0.1
Investments and maintenance	-65'839.10	0.7	-63'089.40	0.7
Asset depreciation	-6'226.70	0.1	-16'455.00	0.2
	-463'929.94	5.0	-385'853.25	4.1
Total Income / Expenses	-9'219'376.80	100	-9'371'533.49	100
Operating result	-435'727.13		-389'925.41	
Financial income				
Income from interest and securities	79'873.01		216'662.65	
Expenses interest and securities	-109'794.90		-76'158.10	
	-29'921.89		140'504.55	
Real estate income				
Income	0.00		10'785.02	
Expenses	0.00		0.00	
	0.00		10'785.02	
Other income				
Other extraordinary expenses	0.00		-2'000.00	
	0.00		-2'000.00	
Result before changes to restricted project funds	-465'649.02		-240'635.84	
Statement of changes to restricted project funds	259'946.09		-168'233.26	
Result (before changes to organisational capital)	-205'702.93		-408'869.10	
Withdrawal from organisational capital	745'624.18		828'945.17	
Allocation to paid up and acquired capital	0.00		-10'076.07	
Allocation to fund 1 unrestricted funds	-539'921.25		-330'000.00	
Allocation to currency fluctuation fund	0.00		-80'000.00	
Total allocations / appropriations	205'702.93		408'869.10	
Results after allocation to organisational capital	0.00		0.00	

«Since SolidarMed built the well for our health centre, we have enough water for all medical tasks throughout most of the year. It also enough to supply the patients.»

Sunga Antonio, Nurse in Metoro, Moçambique



Photo: Maurice Haas

«The doctor told me
that my broken arm will
heal completely.»

José Pinta, boy from Katapua,
Moçambique



Photo:
Maurice Haas

Our heartfelt thanks...

...to the many private individuals and institutions which supported SolidarMed in 2015 so generously and made the health projects possible in the first place. Your commitment means more health for people in Africa. Due to space restrictions, only institutional donations of 1000 Swiss Francs 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 Basel-City; Canton Glarus; Canton Lucerne; Canton Schaffhausen; Canton Thurgovia; Canton Uri; Canton Zurich; City of Baden; City of Biel; City of Lucerne; City of Zug; Municipality Arlesheim; Municipality Baar; Municipality Dottikon; Municipality Küsnacht ZH; Municipality Maur; Municipality Pfeffingen; Municipality Riehen; Municipality Spiez; Municipality Vaduz

Foundations and Trusts

Stiftung ABANTU; Alfred und Anneliese Sutter-Stöttner Stiftung; Benecare Foundation; Carl und Elise Elsener-Gut Stiftung; COFRA Foundation; Däster-Schild Stiftung; Eliseum Stiftung; Erna Mündle Stiftung; Ferster-Stiftung; Fondation Yoni; Fondazione Mondo dei Bambini; Gemeinnützige Stiftung Symphaxis; Gertrud von Haller Stiftung für Drittwelthilfe; Glückskette; Gottfried und Julia Bangerter-Rhyner-Stiftung; Hilti Foundation; Josef und Margrit Killer-Schmidli-Stiftung; Leopold Bachmann Stiftung; Margrit Werzinger-Stiftung; Maria-Stiftung Vaduz; Medicor Foundation; Paul Hess Stiftung; Promotor Stiftung; Pronoia Stiftung; RHW-Stiftung; Rowdely Stiftung; Schwarzdorn Stiftung; Seelsorge- und Kirchenmusikstiftung; Stefanie und Wolfgang Baumann Stiftung; Stiftung Charles North; Stiftung Fons Margarita; Stiftung Fürstl. Kommerzienrat Guido Feger; Stiftung Liebfrauenhof Zug; Stiftung Salud y Vida; Von Duhn Stiftung; Vontobel-Stiftung.

Companies

Beco Immobilien AG, Niederteufen; claro mitenand Laden, Pratteln; ERMED AG, Schleithem; Gesundheitspraxis, Grindelwald; Hartmann Architektur und Design, Vaduz; Ingenium Aktiengesellschaft, Vaduz; Mepha Pharma AG, Basel; Maerki Baumann & Co. AG, Zürich; Neue Bank AG, Vaduz; Ospelt Haustechnik AG, Vaduz; Oryx International, Hünenberg; Systec Schweiz, Hünenberg; VP Bank, Vaduz; Zweifel Holding AG, Zürich.

Roman Catholic congregations and national churches

Biberist-Lohn-Ammansegg-Bucheggberg; Burgdorf; Horgen; Küsnacht ZH; Lostorf; Luzern; Seeland, Lyss; Münchenstein; Rapperswil-Jona; Schwarzenegg; Sempach; Uster; Wattwil; Winterthur; Zug; Dreikönigen, Zürich; Heilig-Geist, Zürich; Liebfrauen, Zürich; St. Martin, Zürich.

Catholic parishes

Ruswil; Sempach; St. Maria, Emmenbrücke; St. Niklaus, Wil; St. Gallen

Lutheran/Protestant Reformed parishes

Küsnacht ZH; Langnau im Emmental; Lauterbrunnen; Lyss; Pfarramt Wengen; Reformierte Kirche Kanton Zug.

Others

fivetolife; Genossenschaft ProBon; Hand in Hand Anstalt; Ökumenische Arbeitsgruppe für Entwicklungshilfe Stäfa/Ürikon; Rotary Club Aegeri-Menzingen; Rotary Club Zug-Zugersee; Schweizerische Kapuzinerprovinz Luzern; Sekundarschule Pratteln; Verband der röm.-kath. Kirchgemeinden der Stadt Zürich; Verein Welt-Gruppe Möhlin.



**Eliane Jenny
and
Lisbeth Pembele,
Fundraising**

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



Photo:
Maurice Haas

