

Annual Report 2011



Imprint Annual Report 2011

Published by

SolidarMed, Swiss Organisation for Health in Africa

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Cover photo: Martin Walser: Children under a mosquito net – the most effective protection against malaria

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**Health
promotes
development.**

SolidarMed Annual Report 2011

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www.solidarmed.ch

The Annual Report 2011, additional publications, background information on the projects and details of our current activities can be found on our website.

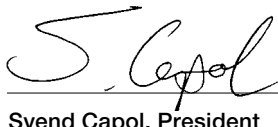
www.facebook.com/SolidarMed

On our facebook page you can get exciting glimpses into day to day activities in our projects, as well as news and updates. «Like» SolidarMed to support us and stay on top of current events.

President's report: Crisis as opportunity?

Water and money have something in common: only when in flow are their energies released. The current financial crisis acts like a dam. The money gets stuck and does not flow to where it is most needed, where it can sustain and enhance life. SolidarMed's response to these difficult conditions is efficiency and sustainability.




Svend Capol, President

Currently, many financially strong organisations or states are exercising extreme caution in their expenditures. As a result, funds for development work – by large donors like the Global Fund or in various state budgets – are being cut. The Liechtenstein Development Service has, for example, massively reduced its support for health projects. For people in the project areas, this means that services established and developed with donor funds are now in danger. The gaps in the budget have to be filled by new donors.

«Our deepening partnership with the Swiss Agency for Development and Cooperation (SDC) signifies SolidarMed's growing profile as a programmatic organisation.»

But the financial crisis also offers opportunities: efficiency and quality are once again becoming watchwords in expenditure policy – areas in which SolidarMed can convince with its projects (from page 6). Our deepening partnership with the Swiss Agency for Development and Cooperation (SDC) signifies SolidarMed's growing profile as a programmatic organisation.

In the end, Africa's population suffers

Missing funds are not the only challenge confronting health development in southern Africa. Swiss citizens become aware of the personnel crisis in our own health system when they realise that staff in Swiss hospitals increasingly do not speak Swiss German anymore. The recruitment of foreign health staff creates a massive personnel deficit in their countries of origin, which these countries then attempt to remedy by recruiting additional foreign staff themselves. SolidarMed invited the public to a series of open lectures on this topic in May 2011, which were then discussed quite extensively in various media outlets. Journalists showed how, in this chain reaction of personnel recruitment, it is Africa's population which ultimately suffers. SolidarMed recognised this problem early on and has been investing in the training of people locally for a long time. The creation of training opportunities in Africa's peripheral areas represents a chance for the local population: it opens up new perspectives and so helps to prevent further brain drain.

Professionalism and dedication

The professionalisation of SolidarMed gained further momentum in the past year. In our lean and efficient headquarters, the process is quite advanced and the first benefits could be reaped.



Photo: Martin Walser

Africa suffers from a severe lack of health staff. It is very difficult to retain well-trained people in the rural areas. SolidarMed recognised this problem early on and has been investing in the training of local people for a long time. SolidarMed also invests in better working and living conditions for nursing staff in the health centres and hospitals.

In consequence, the Board addressed its own development and intensified its debate on questions of governance and risk management. Professionalisation, however, does not mean that there is no more room for dedication and voluntary commitment. The Board contributed more than 1 800 working hours for the association. No compensation is paid and even the President's allowance of CHF 800.— flows directly back into the work of SolidarMed as a donation. This is out of respect for our donors and in recognition of the great opportunity to improve the living conditions for disadvantaged people in Africa. ■

«Professionalisation, however, does not mean that there is no more room for dedication and voluntary commitment.»

→ Please visit www.solidarmed.ch for further information.

Better health services for 1,5 million people

33:3:1 is the formula which most impressively describes the critical state of the health service in Africa. The continent's population carries 33 percent of the global burden of disease, only has access to 3 percent of the world's health personnel and can confront these threats with only 1 percent of global health expenditures. In 2011, SolidarMed's 26 projects could significantly improve health care for the population in 10 rural districts in Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe.



Joel Meir, Executive Director

That even in the face of such challenges a commitment to improve health is worthwhile, is shown by hopeful trends in the improvement of the health situation in the project countries. As an example, thanks to increased vaccination coverage and improved prevention, fewer children now die of measles and malaria. In the course of the HIV epidemic, new infections appear to be stagnating. The number of deaths caused by HIV/Aids is actually decreasing, as it becomes ever more possible to make antiretroviral therapy available to poorer population groups.

More African health staff

In the past year, SolidarMed paid particular attention to the serious lack of well trained health personnel in the project countries. In the past months, SolidarMed engaged in intensive discussions about what a foreign partner can do to improve the situation – and where the limits lie. This resulted in the position paper «Human Resources for Health» (→ www.solidarmed.ch). Evidence suggests that particularly in the area of initial and continuing training, a lot can be done. In 2011 for example, 75 local doctors were given the opportunity to pursue initial and further training. In Zambia, thanks to a training programme at Chainama College receiving significant support from SolidarMed, 40 percent more Medical Licentiates were trained than in the previous year. Three quarters of these non-clinician physicians trained at Chainama College now work in rural hospitals where each provides basic health services to around 100 000 people.

«In the whole of Chavuma District there was no Doctor, not even a Medical Licentiate. As a normal Clinical Officer I was the best qualified employee of the health centre. Even the District Medical Officer was, like me, only a Clinical Officer. To be better equipped for the enormous challenges, I trained as a Medical Licentiate and now I am even able to perform basic surgery competently.»

Roderick Samungongi, Medical Licentiate

SolidarMed supported six nursing schools, provided a variety of bursaries and facilitated a number of workshops for health personnel. Initial and further training for tutors, technical assistance to the nursing schools and hospitals as well as infrastructure development increased the capacity and improved the quality of the teaching. These measures benefited 623 nursing students – and had a significant impact on the health of people in the project areas. One such well-trained health worker – according to the WHO – attends to the basic health needs of around 1 000 people!

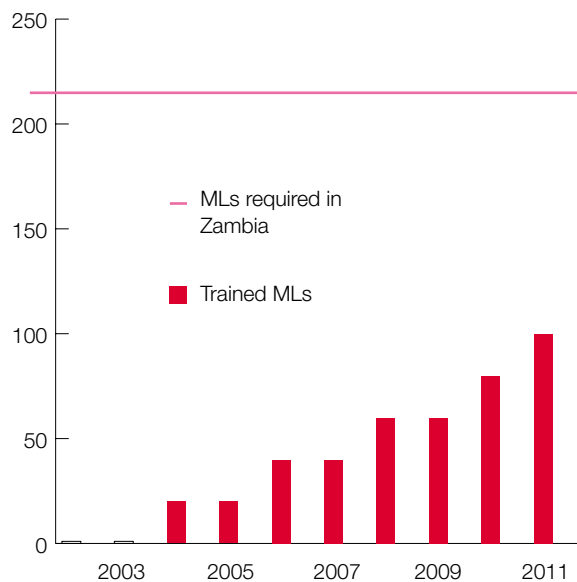
Hospital partnerships: from support to development

One of SolidarMed's main concerns is primary health care, it being the key service of a health system. Our involvement in this area in the last year

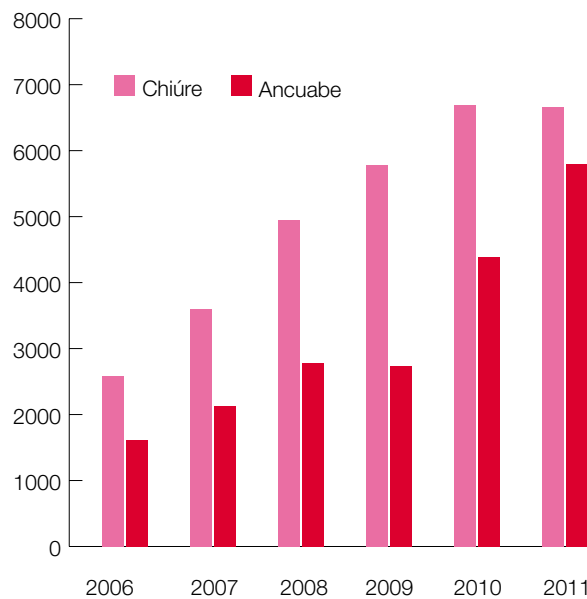


Photo: Annemarie Scholz

Particularly in Zambia, patients suffer from the lack of staff in the health sector. There is an average of just one doctor for 16000 people. Medical Licentiates (MLs) make a significant difference. These well-trained medical practitioners see to a wide range of illnesses and injuries. In 2011, three-quarters of trained Medical Licentiates work in rural health care.



Since SolidarMed began supporting the training of Medical Licentiates (MLs) in Zambia, from 2010 training courses could begin every year rather than every two years. The number of trained Medical Licentiates could thus be significantly increased. However, more than 100 additional non-physician clinicians are needed.



Number of medically supervised deliveries in Chiúre and Ancuabe

→ was accordingly intensive. SolidarMed supported a total of 10 hospitals and 97 health centres and by doing so improved the provision of primary health care for a total of 1,5 million people. In Lugala (Tanzania), the hospital development plan – supported and driven by SolidarMed – shows results after only three years. SolidarMed supports the implementation of this plan, offers advice and assists with certain key investments. Thanks to its improved service, the hospital – even after such a short time – enjoys the trust of the population and the number of outpatients has doubled since 2009. In Zimbabwe, SolidarMed safeguards basic medical care at the hospitals of Musiso and Silveira through targeted budget support and by financing five doctor posts. In Lesotho, SolidarMed also supported two partner hospitals in the past year – Seboche and Paray – with a focus on securing the electricity supply through the purchase of new generators. The intention is to apply the positive experiences of hospital development gained in Lugala to these hospitals as well. In 2011, SolidarMed launched a process for the medium-term development of partner hospitals in Lesotho and Zimbabwe.

In the Moçambican district of Ancuabe, another important number doubled within a very short period of time: Thanks to SolidarMed’s support, the number of births attended by skilled health personnel increased to 5 794 in just two years. This is twice as many as recorded in 2009.

SolidarMed deployed nine doctors in 2011. Their responsibilities are wide-ranging. They implement projects, actively help provide basic medical services, support hospital development and act as trainers, mentors and supervisors. Local staff benefits from their presence too, like Henry Nyangi, Assistant Medical Officer at Lugala Hospital in Tanzania: «Since working with Dr Hellmold from SolidarMed, my surgical skills have improved enormously. This enables me to save a lot more lives.»

Health promotion in the villages

Community health workers (CHW) sustainably improve the wellbeing of people in remote villages. This is why in 2011 SolidarMed supported 432 such community health workers with initial and further training and assisted their work.

In the past year in Mwaya (Tanzania), 48 community health workers in 22 villages started their work for 55 000 people. They began by obtaining an overview of the health situation in their villages, and then visited and advised families with children.

To further enhance health in the villages, SolidarMed supported 149 health committees dedicated to the prevention of infectious diseases. They also organise sensitisation campaigns. In cooperation with the SolidarMed-founded NGO

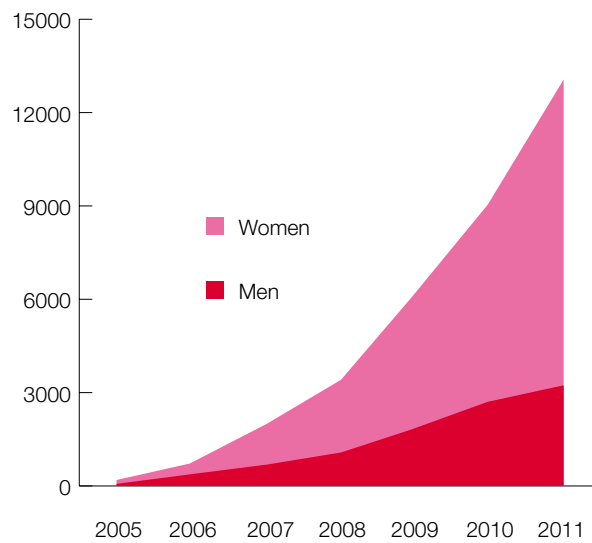


Photo: Martin Walser

A community health worker informs women in a remote village in the north of Moçambique about how they can protect themselves and their children from malaria. Malaria is one of the most dangerous diseases in the world. Over 1,24 million people die from it every year, more than 90 percent in southern Africa. For small children and pregnant women the disease quickly becomes deadly.

«Even during my training I went back to my village Landa (Mbulu District) for three weeks to gain practical experience, accompanied by my teachers. It motivated me enormously to see that I could already help many sick people and that my new-found knowledge is very welcome in the village.»

Zakayo Andrea,
Trainee Community Health Worker



Number of women and men on antiretroviral therapy between 2005 and 2011.
The total at the end of 2011 was 13 064.

→ Wiwanana in Moçambique, SolidarMed sensitised and aided the 375 000 inhabitants of 130 villages. Not only did this improve the wellbeing of every individual – by reducing the overall disease levels, it also relieved pressure on the hospitals and health centres.

As of the end of 2011, a total of 13 064 patients are receiving therapy, of which 66 percent are women. Through partners supported by SolidarMed, 97 212 people could be tested for HIV.

HIV/Aids: Bringing the therapy to the patient

Since 2005, SolidarMed has been supporting national HIV/Aids programmes in eight rural districts of Moçambique, Lesotho, Tanzania and Zimbabwe. In the past year, 2 739 additional patients were admitted into the SMART programme. As of the end of 2011, a total of 13 064 patients are receiving therapy, of which 66 percent are women. Through partners supported by SolidarMed, 97 212 people could be tested for HIV.

As more and more patients receive access to life-

saving antiretroviral therapy (ART), SolidarMed increases its support in the area of programme sustainability. Meanwhile, 37 percent of all patients on ART can now collect their medication at their closest health centre, and are spared from making the long journey to the hospital. In addition to antiretroviral therapy, in 2011 the HIV programme SMART also supported efforts to prevent the transmission of HIV from infected mothers to their unborn children. 2 601 HIV positive mothers and their newborns benefited from these measures in the past year.

Sharing knowledge

SolidarMed could also make a difference at political level by sharing its knowledge and experience. Depending on opportunity, this happened at regional, national and partly even international level. In Zambia and Lesotho, SolidarMed is in direct contact with the Ministry of Health in the area of «human resources for health» and shares its experience and knowledge gained in the field. This has allowed SolidarMed to directly influence key processes in both countries.

In the past year, as part of its membership in the le-DEA research network, SolidarMed worked closely with partners like the University of Bern. Through this partnership, field experiences in the area of HIV/Aids could be processed better and the results

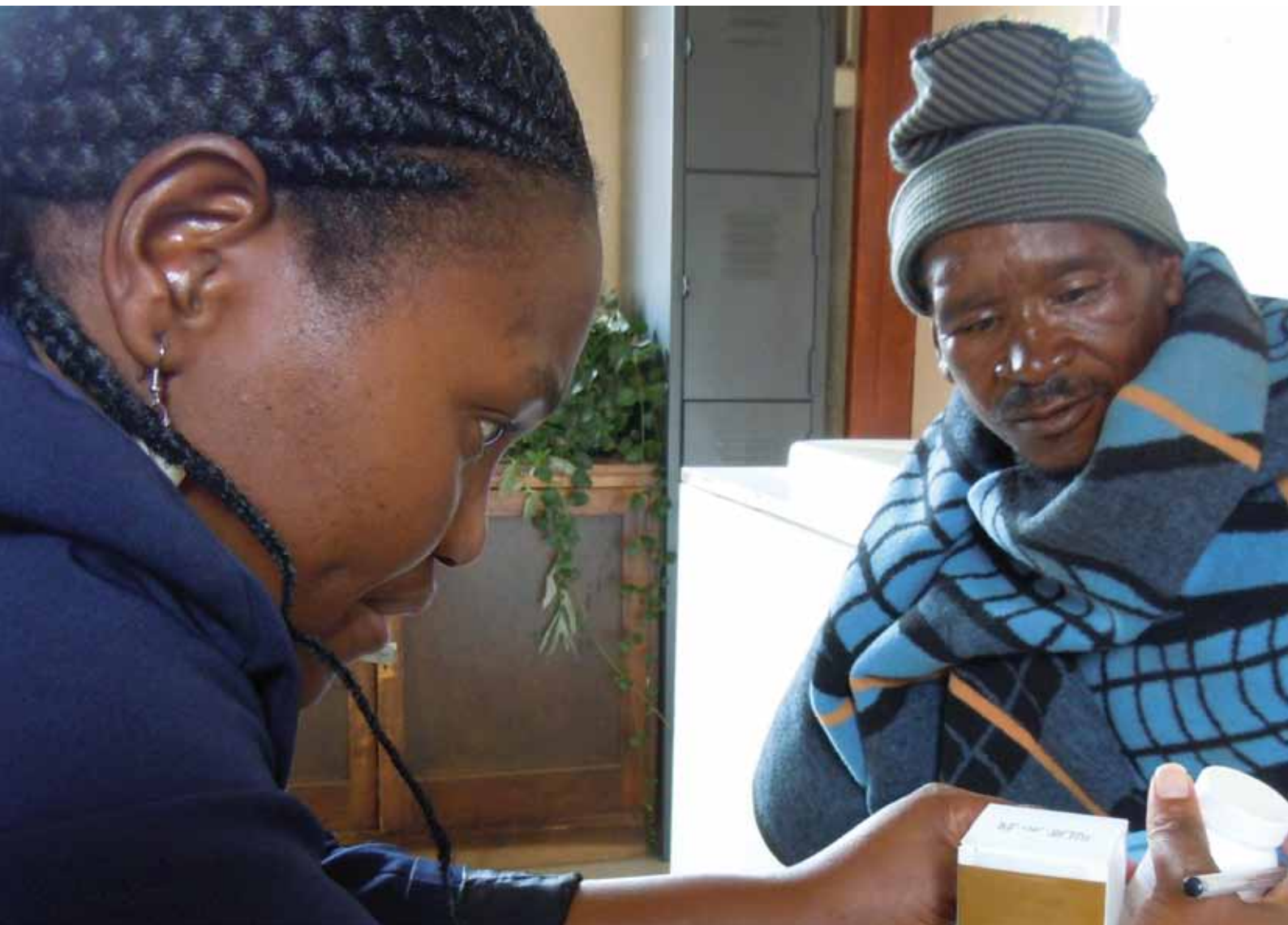


Photo: Dominik Labhardt

Thanks to SolidarMed, even at the very remote «Muela Health Centre» in Lesotho, life-saving antiretroviral therapy (ART) is now available. This picture shows 'Me Masuoane, who is responsible for this service, during a counselling session.

→ shared with a broad audience. The 2011 SolidarMed presentation at the 6th International Aids Society Conference in Rome showed that SolidarMed can contribute important insights from its grassroots programmes. SolidarMed contributes to international debates and profits from the experiences of other organisations.

SolidarMed can look back on many small and large achievements in the 26 projects that were launched, continued or completed in 2011. People in

the project areas know how to protect themselves from diseases better than before. And they are one step closer to a properly functioning health service, which can give them the medical help they need. ■

→ See page 12 for details of the SolidarMed projects in 2011.

SolidarMed Projects 2011

With these 26 projects SolidarMed improved the health of the population in Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe in 2011. The projects fall under the programmatic priority areas of maternal and child health, hospital management, the fight against infectious diseases, the training of health personnel and disease prevention.

SolidarMed projects

- Dareda Hospital D
- Lugala Hospital D
- Support of Lugala
- Support of Ifakara
- PHCM – support o
- PHCU – support o
- Access to clean d
- Women's credit ar
- Support of AIDS c

«Since working with SolidarMed, my surgical skills have improved, which enables me to save more lives.»

Assistant M

SolidarMed projects in Zambia:

- Training of non-physician clinicians (Medical Licentiates) at Chainama College of Health Sciences

«I decided to pursue training as a Medical Licentiate to get the skills to serve my community better. Especially in rural areas, where there are no doctors, people like me can save the lives of mothers and children – for example during delivery complications.»

Tiger Joseph Banda,
in training as a Medical Licentiate



Zambia

SolidarMed projects in Zimbabwe:

- Safeguarding basic medical services at Musiso Hospital
- Safeguarding basic medical services at Silveira Hospital
- Support of nursing schools in Musiso and Silveira
- Staff houses for Musiso and Silveira Hospital
- SMART* III (in 2 districts)

«In the past, we lived with another family; there were 11 of us in a four-roomed house! Thanks to the new staff houses, our family now has its own place to live. This motivates me to stay at this remote hospital.»

Tatenda Mufaro,
Nurse at Musiso Hospital



Zimbabwe

Chainama College

Kafue Hospital

Livingstone Hospital

* SMART: Regional program for HIV/Aids prevention, treatment and care in hospitals, rural health centres and villages

** Wiwanana: local, Moçambican partner organisation for health promotion in the villages.
A Swiss Development Cooperation (SDC) mandate

Projects in Tanzania:

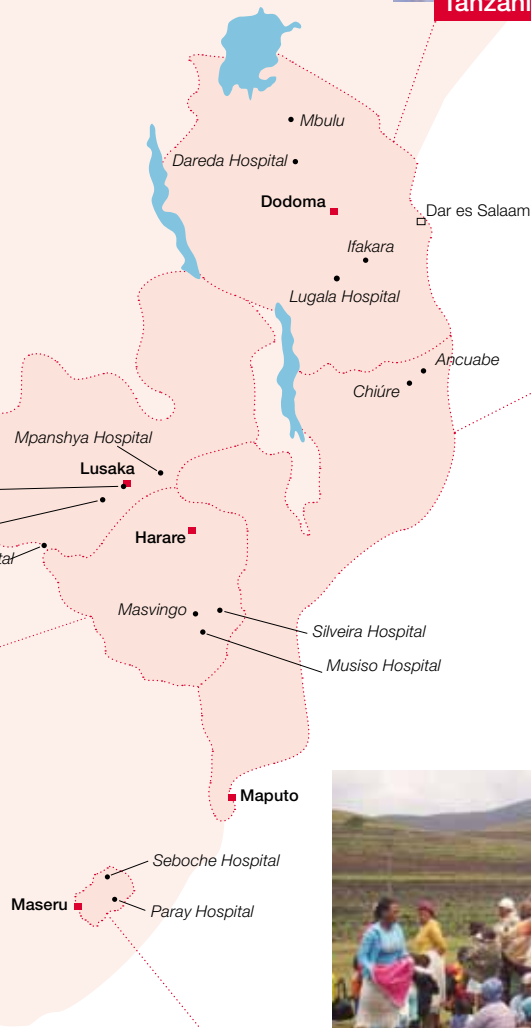
- Development Plan incl. SMART*
- Development Plan incl. SMART*
- ... Nursing School
- ... GNDUC Nursing School
- ... of primary health care in Mbulu
- ... of primary health care in Ulanga
- ... drinking water for ten villages in Ulanga district
- ... and savings union in Mtimbira
- ... orphans at St. Joseph Itete

With Dr Hellmold from SolidarMed, we have improved enormously. This has saved a lot more lives.»

Henry Nyangi, Medical Officer (AMO) at Lugala Hospital



Tanzania



SolidarMed projects in Moçambique:

- Wiwanana** (Ancuabe and Chiúre district)
- SMART* I (in Ancuabe district)
- Health management in Chiúre district
- SMART* III (in Chiúre district)
- Protection of under-5s and pregnant women from malaria
- Newborn and maternal health MAMA
- Bicycle ambulances

«In October 2011, a team from Wiwanana visited our school and examined us. Apart from me, 24 other students were diagnosed with malaria. The health advisors explained how we could better protect ourselves from malaria and distributed treated mosquito nets. Now I am healthy again and can start studying next year.»

Charifa Saquina Joaquim Dorado Malico, prospective student in Agronomy



Moçambique

SolidarMed projects in Lesotho:

- Support of the hospitals of Seboche and Paray
- Support of the Christian Health Association of Lesotho CHAL
- SMART* III (in 2 districts)
- Support of primary health care (PHC)

«Thanks to HIV therapy, I can now work again. As a counsellor, I can help other women and men to lead a normal life, despite HIV.»

HIV counsellor*, Counsellor at Seboche Hospital (* without name or photo as per request)



Lesotho

We are SolidarMed

Meet the people who worked for more health in Africa in 2011.

Board members



Dr. med. Svend Capol, President (elected 2001-2013, President since 2003)

Dr. med. Pepo Frick, Vice-president (1994-2013); Dr. med. Urs Allenspach (1994-2013);

Maria Thiess, Biologist (2009-2013); Dr. med. Peter Schubarth (2008-2014); Kathi Jungen, Librarian (1994-2013);

Rita Borer, PR-Specialist (2005-2014); Christopher Zuellig, Economist (2007-2013)

Head office in Lucerne, Switzerland



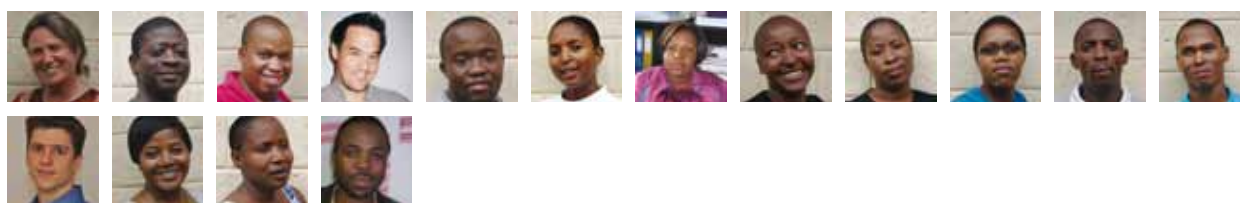
Joel Meir (Executive Director); Jochen Ehmer (Head International Programmes); Silvia Bucher (Design/Communication);

Lisbeth Bühlmann (Donor Administration); Ursula Furrer (Finances); Benjamin Gross (Public Relations);

Dr. Michael Hobbins (Programme Moçambique); Sandra Lerch (Administration); Lisbeth Pembele (Fundraising);

Dr. Karolin Pfeiffer (Programme Zimbabwe/Lesotho); Martina Weber (Programme Tanzania/Zambia)

Lesotho

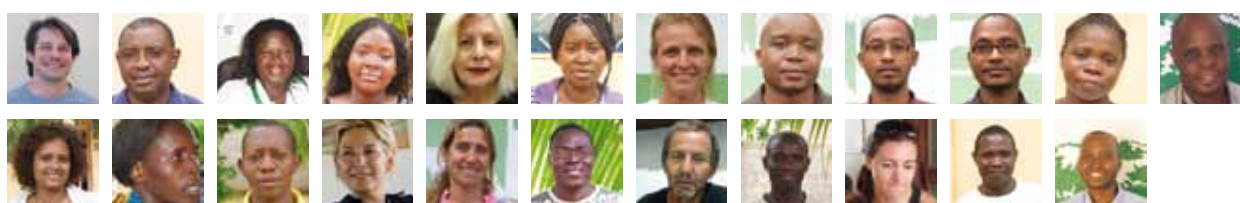


Sabine Heinrich (Country Coordinator); Adedeji Adeniyi; Edwin Motaboli; Jan Emmel; Khotso Lepheana;

Lerato Lepholisa; Mahali Kopo; Mamphokololi Mokhorro; Masetibi Motlomelo; Mashaete Kamele; Moletsane Masaile;

Motlalepula Sello; Niklaus Labhardt; Ntali Mafisa; Ntibo Monaheng; Rorisang Makoa

Moçambique



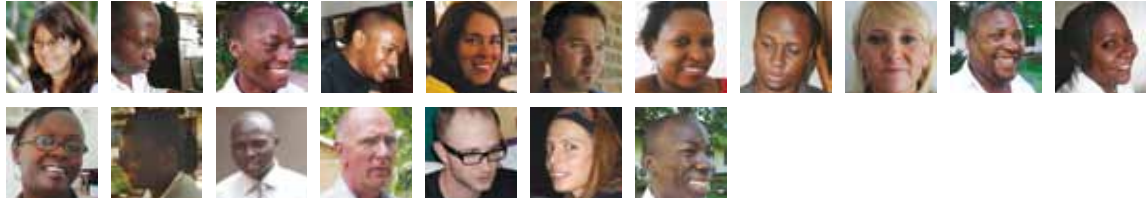
Michael Hobbins (Country Coordinator until June 2011); Abide Dias; Agira Jaquite; Albertina Domingos; Aleksandra Piprek;

Amelia Fernando Matepue; Anita Makins; Anselmo Cipriano; Belmiro Temporario; Falume Salimo; Faurita Estevao Bolacha;

Filipe Mucusetse; Ina Prager; Joaquina Joaquin († 2011); Jose Carlos Samuel; Marianne Villaret; Marina Torre;

Martinho Ncotole; Paul Holenstein; Pedro Momade; Sabrina Pestilli; Serafim da Costa Nauaito; Tomas Paulino Brito

Tanzania



Elisabeth Rotzetter (Country Coordinator); Br. Melchiades Rugatangya; Edward Kasumuni; Emmanuel Moshi; Ethel Grabher; Fortunat Büsch; Gisela Makwisa; Joseph Lihamahama; Kirstin Mittermayer; Lazaro Sumka; Mary Mageni; Mary Yagalla; Monica Mswahili; Osman Mbembela; Peter Hellmold; Silvio Kaiser; Simone Küng; Thomas Mlaganile

Zambia



Raphaela Scholz (Country Coordinator); Chanel Sinha; Eva Grabosch; Helge Köhler; Kathrin Furrer; Michael Bahrtdt; Uwe Graf

Zimbabwe



Christiane Fritz (Country Coordinator); Anten Rutger; Christian Seelhofer; Clemens Fehr; Jimmy Nyatmusamba; Kumbirai Pise; Roman Lässker; Samuel Madondo; Markus Sinsel; Witness Chigaba

SolidarMed goodwill ambassadors



Nik Hartmann, Radio and TV presenter; Stephan Lichtsteiner, Swiss footballer playing for Juventus and the Swiss national team

«Once again, a big Thank You! goes to the many people engaged in expert commissions, fundraising campaigns, days of action, in the parishes and in regional groups. You help spread SolidarMed's idea of solidarity in your region.»

Voluntary and gratuitous commitment

The members of the Board contributed a total of 1 847 hours of unpaid voluntary work, equivalent to CHF 184 700.— This is another strong example of how committed the Board is to the work of SolidarMed.

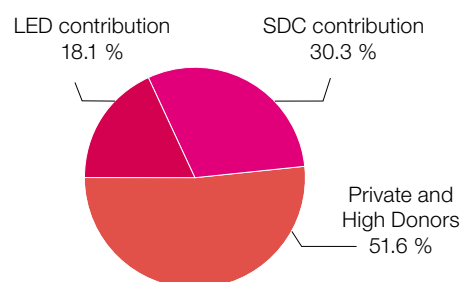
Annual Financial Statement 2011

Our working environment did not get easier in the past year. Nevertheless, thanks to our many loyal donors, SolidarMed succeeded in covering all project costs. As a result, all projects planned for 2011 could be implemented.

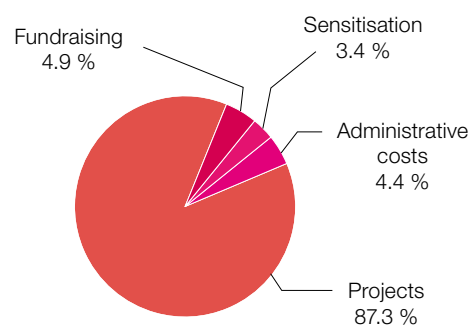
Compared with the previous year, at CHF 7468664.—, project expenses in the reporting year remained stable. It was possible to defy the ever more challenging environment and maintain the level of untied funds thanks to our many loyal individual donors. Income from tied funding could be maintained too, thanks to our good cooperation – in some cases over many years – with a variety of organisations and trusts.

Out of every CHF 100.— received, CHF 87.30 flow directly into SolidarMed projects. The administrative costs remained low at only 4,4 percent in the reporting year. ZEWO's annual comparison of non-profit organisations confirmed SolidarMed's low fundraising costs (4,9 percent). This was possible thanks to our loyal individual donors, but also due to our institutional partnerships with organisations like the Liechtenstein Development Service (LED) and the Swiss Agency for Development Cooperation (SDC), which together provide 48,4 percent of our funds. Such stable partnerships here in the North play an important role in allowing SolidarMed to be a reliable institution on whose commitments the partners in the South can depend. SolidarMed's overall result was positive, ending the year with a surplus of CHF 4794.—.

Source of funds



Use of funds



Composition of income (source of funds) and expenditure (use of funds) for the year 2011



«It gives me great pleasure to witness the commitment of many different people in my daily work. I would like to say thank you – on behalf of the beneficiaries – to all our members, the multitude of SolidarMed donors but also to the many public, church and private institutions. With your contribution – whether large or small – you make the SolidarMed projects, and thus better health care for people in southern Africa, possible in the first place.»

Our heartfelt thanks for your fantastic support!

Lisbeth Pembele, Fundraising

Audit and Performance Report 2011

Report of the statutory auditors to the Annual General Meeting of the SolidarMed association, 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, funds reserved for projects and provisions) of the SolidarMed association for the financial year that ended December 31st 2011. 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 requirements of the law and the association's 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 is up to the 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 reviews 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

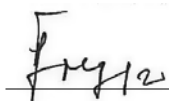
In our opinion, the annual financial statement for the year ended December 31st 2011 gives a true and accurate picture of the assets and liabilities, financial position and income and expenses in accordance with Swiss GAAP FER 21 and comply with Swiss law and the statutes of the association.

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

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

Kriens, April 10th 2012

AREGGER SCHLEISS BAUMANN
AG FÜR WIRTSCHAFTSBERATUNG



F. Aregger, Lead Auditor



B. Baumann, Auditor

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 2011 SolidarMed Annual Report fulfils these requirements. The purpose of the organisation is described on the back cover. On page 14 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 19 and 20.

Balance sheet as of 31.12.2011

Assets	2011	CHF	%	2010	CHF	%
Current assets						
Cash	7'446'920.14		73.3%	7'637'105.28		74.4%
Securities	2'318'284.27		22.8%	2'214'020.42		21.6%
Accounts receivable	45'232.17		0.4%	25'459.56		0.2%
Project advances	293'064.92		2.9%	333'190.12		3.2%
Prepaid expenses	16'582.95		0.2%	15'461.63		0.2%
	10'120'084.45		99.6%	10'225'237.01		99.6%
Fixed assets						
Plant and equipment	28'300.00		0.3%	29'900.00		0.3%
Property Zimbabwe	1.00		0.0%	4'047.45		0.0%
Financial investments	10'000.00		0.1%	10'000.00		0.1%
	38'301.00		0.4%	43'947.45		0.4%
Total assets	10'158'385.45		100%	10'269'184.46		100%
Liabilities						
Short-term liabilities						
Other liabilities	252'623.03		2.5%	101'934.83		1.0%
Accrued expenses	152'158.00		1.5%	157'803.52		1.5%
	404'781.03		4.0%	259'738.35		2.5%
Long-term liabilities						
Provisions	361'089.95		3.6%	375'551.40		3.7%
	361'089.95		3.6%	375'551.40		3.7%
Funds reserved for projects						
SDC projects	371'991.28		3.7%	535'106.21		5.2%
LED projects	1'636'169.10		16.1%	1'440'635.15		14.0%
SolidarMed projects	1'631'873.29		16.1%	2'210'467.41		21.5%
	3'640'033.67		35.8%	4'186'208.77		40.8%
Organisational capital						
Paid-in capital and reserves	854'048.69		8.4%	845'382.21		8.2%
Fund 1: unrestricted funds	1'260'000.00		12.4%	960'000.00		9.3%
Fund 2: unrestricted funds	3'633'637.25		35.8%	3'633'637.25		35.4%
Annual profit	4'794.86		0.0%	8'666.48		0.1%
	5'752'480.80		56.6%	5'447'685.94		53.0%
Total liabilities	10'158'385.45		100%	10'269'184.46		100%

Income statement 01.01.–31.12.2011

Income	2011	CHF	%	2010	CHF	%
Donations, membership fees	1'118'895.98		12.8%	1'111'990.03		12.7%
Purpose specific income						
SolidarMed projects	3'406'905.08		38.8%	3'249'597.63		37.1%
	3'406'905.08		38.8%	3'249'597.63		37.1%
Public sector contributions						
SDC program contribution	1'200'000.00		13.7%	1'000'000.00		11.4%
SDC mandate Wiwanana Moçambique	716'627.29		8.2%	649'320.86		7.4%
SDC project contribution Staff Houses Zimbabwe	114'729.60		1.3%	155'400.00		1.8%
SDC project contribution SMART Zimbabwe	489'067.15		5.6%	300'000.00		3.4%
SDC mandate St. Francis Tanzania	141'268.40		1.6%	0.00		0.0%
LED Health System Support Moçambique	100'256.95		1.1%	632'967.12		7.2%
LED SMART Chiúre Moçambique	288'430.90		3.3%	534'007.54		6.1%
LED SMART Ancuabe Moçambique	339'225.88		3.9%	418'746.41		4.8%
LED Mother and Child Moçambique	387'293.69		4.4%	0.00		0.0%
LED Chainama College Zambia	474'271.07		5.4%	707'888.71		8.1%
	4'251'170.93		48.4%	4'398'330.64		50.2%
Other income	2'251.53		0.0%	3'509.65		0.0%
Total income	8'779'223.52		100%	8'763'427.95		100%
Expenditures						
Project expenses						
Personnel expenses project management Switzerland	-611'360.23		7.1%	-579'750.68		6.8%
Project visits	-31'583.94		0.4%	-42'904.43		0.5%
SolidarMed projects	-4'176'056.70		48.8%	-3'819'711.36		45.0%
SDC mandate Wiwanana Moçambique	-628'041.89		7.3%	-562'629.94		6.6%
SDC project contribution Staff Houses Zimbabwe	-82'505.13		1.0%	-141'273.01		1.7%
SDC project contribution SMART Zimbabwe	-418'418.62		4.9%	-272'727.26		3.2%
SDC mandate St. Francis Tanzania	-126'418.40		1.5%	0.00		0.0%
LED Health System Support Moçambique	-87'944.69		1.0%	-555'234.33		6.5%
LED SMART Chiúre Moçambique	-253'009.56		3.0%	-468'427.65		5.5%
LED SMART Ancuabe Moçambique	-297'566.56		3.5%	-367'321.42		4.3%
LED Mother and Child Moçambique	-339'731.31		4.0%	0.00		0.0%
LED Chainama College Zambia	-416'027.25		4.9%	-620'955.00		7.3%
	-7'468'664.28		87.3%	-7'430'935.08		87.5%
Public relations, awareness						
Personnel expenses	-146'485.51		1.7%	-115'169.01		1.4%
Membership expenses	-19'174.80		0.2%	-19'616.88		0.2%
Publications	-85'905.97		1.0%	-84'291.36		1.0%
Public relations	-38'629.48		0.5%	-53'573.62		0.6%
	-290'195.76		3.4%	-272'650.87		3.2%

continued overleaf

Income statement 01.01.–31.12.2011

Expenses continued	2011	CHF	%	2010	CHF	%
Fundraising						
Personnel expenses	-172'723.68		2.0%	-134'477.12		1.6%
Fundraising	-246'757.19		2.9%	-232'554.24		2.7%
	-419'480.87		4.9%	-367'031.36		4.3%
Administrative expense						
Personnel expenses	-228'759.55		2.7%	-259'557.50		3.1%
Travel and representation expenses	-5'498.07		0.1%	-4'677.99		0.1%
Financial expenses	-35'228.83		0.4%	-36'548.51		0.4%
Rental expenses	-29'730.20		0.3%	-30'433.85		0.4%
Office and operating expenses	-30'027.76		0.4%	-35'195.95		0.4%
Memberships	-8'768.15		0.1%	-7'747.35		0.1%
Third-party services	0.00		0.0%	-1'421.60		0.0%
Investments and maintenance	-29'873.76		0.3%	-33'650.19		0.4%
Asset depreciation	-13'318.30		0.2%	-16'324.70		0.2%
	-381'204.62		4.4%	-425'557.64		5.0%
Total Income / Expense	-8'559'545.53		100%	-8'496'174.95		100%
Intermediate result	219'677.99			267'253.00		
Financial income						
Interest and securities, realised gains	200'730.70			78'821.62		
Securities, non-realised gains	-115'613.83			-17'408.14		
	85'116.87			61'413.48		
Real estate income						
Income	18'000.00			18'000.00		
Expense	-18'000.00			-18'000.00		
	0.00			0.00		
Other income						
Extraordinary income	0.00			0.00		
Extraordinary expense	-300'000.00			-320'000.00		
	-300'000.00			-320'000.00		
Result	4'794.86			8'666.48		
Statement of changes in restricted project funding						
Funds allocated to projects	8'368'705.22			8'792'400.00		
Funds used by projects	-8'914'880.45			-8'607'044.00		
	-546'175.23			185'356.00		
Changes in restricted funds	-541'380.37			194'022.48		
Allocations	-541'380.37			194'022.48		
Allocations to organisational capital	-4'794.86			-8'666.48		
Allocation to project funds	546'175.23			-185'356.00		

Cash flow statement 01.01.–31.12.2011

	2011 CHF	2010 CHF
1. Cash flow from operating activities		
Result	4'795	8'666
Depreciation	17'365	34'325
Annual earnings before depreciation	22'160	42'991
Changes in provisions	-14'461	-222'868
Increase (-) / decrease securities	-104'264	-736'513
Increase (-) / decrease accounts receivable	20'353	80'389
Increase (-) / decrease prepaid expenses	-1'121	72'217
Increase / decrease (-) accounts payable	150'688	-15'299
Increase / decrease (-) accrued expenses	-5'646	19'825
Cash flow from operating expenses	67'708	-759'258
2. Cash flow from investment activity		
Increase (-) / decrease financial investments	0	0
Increase (-) / decrease tangible assets	-11'718	-21'225
Increase (-) / decrease real estate	0	0
Mittelfluss aus Investitionstätigkeit	-11'718	-21'225
3. Cash flow from financing activities		
Increase / decrease (-) earmarked funds	-546'175	185'356
Increase / decrease (-) unrestricted funds	300'000	380'000
Cashflow from financing activities	-246'175	565'356
Cashflow	-190'185	-215'127
Control		
Cash balance as at 01.01.2011 / 01.01.2010	7'637'105	7'852'232
Cash balance as at 31.12.2011 / 31.12.2010	7'446'920	7'637'105
Change in cash and cash equivalents	-190'185	-215'127

Analysis of changes in capital, funds reserved for projects and provisions

	Opening balance 01.01.2011	Allocations	Internal fund transfers	Withdrawals	Closing balance 31.12.2011
Organisational capital					
Paid-in capital and reserves	854'049	0	0	0	854'049
Fund 1: unrestricted funds	960'000	300'000	0	0	1'260'000
Fund 2: unrestricted funds	3'633'637	0	0	0	3'633'637
Result 2011	0	4'795	0	0	4'795
	5'447'686	304'795	0	0	5'752'481
Funds reserved for projects					
SDC, LED					
- SDC	535'106	2'499'792	0	-2'662'907	371'991
- LED	1'440'635	1'881'191	0	-1'685'657	1'636'169
	1'975'741	4'380'982	0	-4'348'563	2'008'160
SolidarMed					
- Lesotho	329'651	1'127'632	-11'485	-1'116'514	329'285
- Moçambique	160'822	539'046	0	-629'139	70'729
- Tanzania	1'154'741	1'674'171	0	-2'101'667	727'244
- Zambia	6'282	46'802	0	-46'802	6'282
- Zimbabwe	508'971	540'021	11'485	-612'144	448'333
- Other countries	50'000	60'050	0	-60'050	50'000
	2'210'467	3'987'723	0	-4'566'317	1'631'873
Funds reserved for projects	4'186'208	8'368'705	0	-8'914'880	3'640'033
Changes in provisions					
- Personnel deployed	119'874	0	0	0	119'874
- Reintegration contributions	255'677	148'010	0	-176'425	227'262
- Real estate	0	13'954	0	0	13'954
	375'551	161'964	0	-176'425	361'090

Annex to the Annual Financial Statement 2011

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's fee of CHF 800.— was donated by the President to SolidarMed. The Board was reimbursed a total of CHF 207.— in approved expenses.

Accounting and Valuation Principles:

- Cash stated at nominal value
- Securities at the exchange rate on balance sheet reporting day
- 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

For Health in Africa. Thank You!



Photo: Alexander Jaquemet

«On behalf of the beneficiaries, SolidarMed wishes to thank all who contributed to our common goals. For health in Africa!»

Health promotes development.

Health for all. SolidarMed improves the health of people in Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe. Our main goal is developing, improving and securing primary health care in the long-term. This is how SolidarMed makes a significant contribution to ensuring that the right to health can be redeemed by people in the poorest regions of Africa. Health is a prerequisite to free oneself out of the cycle of poverty.

Strengthening existing structures together. Within project countries, SolidarMed concentrates on particular districts. In cooperation with local project partners, programmes and projects are developed whose priorities complement each other. In order to achieve a sustainable impact, SolidarMed works within existing health systems with hospitals, NGOs and health authorities. SolidarMed focuses on those areas crucial to improving basic health services: medical personnel, community health, hospital services and the fight against infectious diseases like HIV, Malaria and Tuberculosis.

SolidarMed: helping since 1926. SolidarMed has 86 years of experience as a development organisation, and this flows into our projects. As a ZEWO¹ certified organisation, SolidarMed guarantees the efficient and reliable use of donations.

¹ ZEWO: Swiss agency governing charitable organisations which collect donations