



# Mobile Clinic.

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## Closer to the people.



Dr med Svend Capol,  
President of SolidarMed

When I moved to Finstersee in the canton of Zug in 1997, our village had a shop, a post office, a school, a restaurant and a church. Today, we face the closure of the school. The post office, shop and restaurant have already gone. Although these developments are painful, thanks to cars and public transport, they are bearable.

Where SolidarMed works, in rural Africa, mobility is usually limited to the distance which can be covered on foot, by bicycle or on horseback. In case of illness or infirmity, it becomes even more difficult to reach a health facility. Even when the village lies by a road, the challenge of organising and then paying for transport remains. Unfortunately, many patients «fall by the wayside» because they cannot overcome these challenges.

Enabling access to medical services for people in the remotest corners of the project areas is important for SolidarMed. Using the hospitals and health centres as a base, mobile outreach teams bring essential services to the villages. This tactic of decentralisation is already successful in administering HIV medication. In Mozambique, bicycle ambulances proved successful. In Lesotho, as described on the following pages, SolidarMed is setting up mobile clinics as part of its «Health First» programme.

Although the inhabitants of Finstersee are mobile (nearly everyone has a car) and so have guaranteed access to important services, they are still committed to maintaining minimal public transport. For now, we cannot make the inhabitants of remote African villages more mobile. But it is possible to bring them minimal medical services. We can move a great deal – if we want to. Where there is a will, there is a way... and perhaps soon a road.

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SolidarMed, Obergrundstrasse 97, CH-6005 Lucerne  
Phone +41 41 310 66 60, contact@solidarmed.ch, www.solidarmed.ch

**Editorial Team:** Murielle Drack, Benjamin Gross, Joel Meir **Texts:** Benjamin Gross **Layout:** Murielle Drack **Cover photo:** Maurice Haas **Printers:** Brunner AG, Druck und Medien, Kriens **Print run:** 16'250 (only in German)

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SolidarMed is the Swiss organisation for health in Africa and improves health care for 1.5 million people. SolidarMed strengthens and expands existing medical services sustainably and meaningfully. The projects pay particular attention to the health of mothers, pregnant women, newborns and children.





Photo: Benji Cross

# Mobile clinic for remote villages

Interview with Dr Olatunbosun Faturiyele

Many of Lesotho's villages lie many hours walk away from the next health centre. The mountain weather is unpredictable, the terrain is steep. SolidarMed project manager and medical doctor Dr Olatunbosun Faturiyele and his team ensure that with a «mobile clinic», staff from the health centres regularly visit those people unable to make the journey to the health facility.

SolidarMed aktuell: How should we imagine a mobile clinic?

Dr Olatunbosun Faturiyele: Simple and effective. It's not a house on wheels but rather an off-road vehicle. Much more important is what's

inside: medical staff, medication and medical consumables to treat acute complaints. It's actually more like a health centre on wheels.

What can this mobile health centre do?

The mobile clinic offers all the services of the health centre. As health centre staff come along, it is possible to treat common diseases and to provide ante-natal care. Children receive vaccinations. A small pharmacy supplies the necessary medication and thanks to rapid tests, patients can be tested for HIV, have their haemoglobin and blood sugar levels checked, or receive a pregnancy test.



Lesotho  
Inhabitants: 2'074'000  
Doctors per 1000 inhabitants: 0,26  
Life expectancy: 49 years



What are the limits?

On this one day, an illness can be diagnosed, but for further treatment, a patient needs to come to the health centre. This is more likely once he or she has been diagnosed, but not guaranteed. The mobile clinic also lacks a lab, but then not even the health centres have one. That is why, with SolidarMed's help, the district health authorities have established a transport service to bring blood samples to the hospital and the results back to the health centre.

What worries you the most?

It is particularly difficult to keep health centre staff motivated. The nurses are very young and inexperienced and work in these remote health centres often without any form of external support. They frequently lack the necessary knowledge and practical skills to meet the challenges of a remote posting. The situation is made worse by the high staff turnover.

How can staff at the health centres best be supported?

It is particularly effective to create a learning environment here in the rural areas. SolidarMed achieves this by providing regular clinical training and close, supportive professional supervision. Every month, SolidarMed staff spend a number of days in these rural centres. They carry out training courses on specific medical topics, but also on management questions as these inexperienced nurses are also responsible for managing their health centre.

SolidarMed supports the district health authorities in transporting important medication and medical material to the rural health facilities. To ensure that the health centres can communicate with the community health workers in the villages, SolidarMed provides mobile phone credit. The nurses also use these phones to make arrangements for the referral and further treatment of patients.



Photo: Nik Hartmann

The dentist from Paray Hospital regularly visits the villages with the mobile clinic and treats acute complaints.

Do different patients come to the mobile clinic?

Actually, more people come to the mobile clinic than to the health centre. This shows how important it is to bridge the «access gap». The mobile clinic is also attended by those people who can only reach the health centre with difficulty: the elderly who are unable to walk or see very well, pregnant women or mothers with small children for whom the journey is simply too far.

Dr. Olatunbosun Faturiyele, Project Manager and SolidarMed doctor



## On the road with the mobile clinic.

Early in the morning, the team from Montmartre health centre climbs into an off-road vehicle fully loaded with medicines and medical material. Today, they are joined by the dentist from the district hospital in Thaba Tseka and the Solidar-Med doctor Olatunbosun Fatuyirele. For over two hours, the 4x4 makes its way over unpaved roads to the mountain village of Ha Kokoana, where over 200 people are already waiting for the «mobile clinic».



Photo: Maurice Haas

Above: For the elderly who have trouble walking, the mobile clinic is an enormous help.



Photo: Maurice Haas

Today, the classrooms of the school have become consulting rooms. Quite early in the morning, the creaking door opens particularly slowly. Unsteadily, an elderly lady walks in and struggles to take her seat. With the help of the doctor, the nurse diagnoses arthrosis, or joint disease, in her knee. Her movement is so impaired that in Europe, she would receive an artificial knee joint, but here there are at least painkillers to help her.

Over 40 patients later, Ndate Liketso Motsei takes a seat and complains about stomach pains on both sides of his abdomen, as well as numb hands. His symptoms strain the knowledge of the motivated nurse. She asks Dr Fatuyirele to have a look himself. He is also uncertain. The man needs to be tested for diabetes, but this is only possible in a health centre. This is where Liketso Motsei should come tomorrow. Thanks to the mobile clinic, in case he is seriously ill, he can now begin treatment early.

Above left: The team of the Montmartre health centre on the road to Ha Kokoana.

Below left: Lineo and her mother are pleased about their negative HIV-test. Many people use the mobile clinic as an opportunity to get tested for the virus.



Photo: Nik Hartmann





Photo: Marten Brit

assistance here is enormous, particularly for mothers and their infants. Because they have no confidence in the medical care available at the health centres, more than half of all women in this rural district give birth to their children at home.

Since early this year, SolidarMed has also been providing «baby packages» to women giving birth in Namuno. Each package consists of soap, a traditional cloth wrapper and a small bath tub. In addition, improved medical services should reduce the risks of childbirth for mother and child. This requires competent staff and the necessary medical resources.

## Successful Wajas

Tanzania: In 2010, SolidarMed began training community health workers for over 40 villages in the district of Ulanga. To make this pilot project possible, they were initially paid by SolidarMed. Known as «Waja» in Tanzania, they regularly visit families, check the health of the children, recognise diseases early and disseminate valuable knowledge to prevent diseases. Since January, the state pays the salaries of half of the Waja, which makes them official employees of the health system. A huge success!



Photo: Klaus Thieme

## Roofing ceremony in Katondwe

Zambia: In order to provide affordable accommodation for hospital staff, SolidarMed founded a housing cooperative for health staff in rural Zambia. Despite the heavy rains, the building works in the very remote township of Katondwe are progressing well. Two of the four planned duplexes will shortly reach roof level. Meanwhile, the house for teaching staff at St. Luke's School of Nursing in Mpanshya has been completed. Due to the death of the Zambian president, the search for suitable building plots for additional houses has been severely delayed as during the subsequent elections, the entire state administration came to a standstill.



Photo: Michael Hobbins

## MAMA for Namuno

Moçambique: SolidarMed is extending activities from Ancuabe and Chiúre into the neighbouring district of Namuno. The need for medical



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## Meeting as equals

### Interview with the SolidarMed goodwill ambassador Nik Hartmann

Your last trip for SolidarMed took you to Lesotho. A small country with high mountains. Are there parallels to Switzerland?

Lesotho's mountains are also very beautiful. We could hardly see enough. The big difference is that most people here live like the mountain farmers in Switzerland 100 years ago. In winter, snow falls on the simple huts and farming yields are meagre.

What impressed you the most?

Here in Switzerland, if need be, we will be collected by helicopter and will receive the best possible treatment. No one comes to get you in Lesotho. On one day, we drove for nearly 6 hours within one district in order to reach a health centre. Patients of this region drag themselves through remote valleys to the place where there is no doctor. We met nurses here who are left completely alone and would anyhow rather be working somewhere else. SolidarMed now visits the health staff once a month; they discuss complicated cases together and can learn from this.



Photo: Maurice Haas

For the first time, you were accompanied to Africa by your wife Carla.

Yes, and this made this journey very special for me. Until now, Carla only knew about SolidarMed's valuable work through my stories. We both share a need to support things which make the world a slightly better place. Now, after our Lesotho trip, not a day goes by when we don't share our memories of our experiences in Africa.

Nik and Carla Hartmann visiting the health centre of Montmartre. Preparations are being made for the outreach with the mobile clinic.

Left: Nik Hartmann photographs an elderly lady coming for a consultation. Over 200 patients visited the mobile clinic in the mountain village of Ha Kokoana.

You have by now visited projects in three different countries. What impression does SolidarMed make on you?

I experience SolidarMed as an agile, transparent organisation which treats the people in the projects as equals. There is no evidence of an exaggerated helper syndrome, which I think is very important. In all the countries, I always sensed that SolidarMed is greatly accepted.

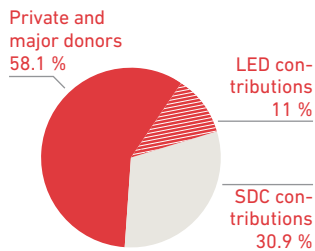


Photo: Nik Hartmann

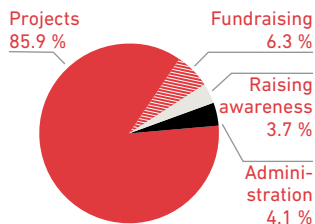


Nik Hartmann, radio and TV presenter

## Source of funds 2014



## Use of funds 2014



## From the Annual Report 2014

In the past year, SolidarMed's commitment to basic medical services in Africa has once again shown good results.

With SolidarMed's help, a total of 144 medical experts could complete their training. In addition to training new staff, SolidarMed invested in the quality of treatment and care in the health facilities. 1'050 nurses took part in further training and 10 districts, 15 hospitals and 118 health centres were supported. This means better quality medical care for at least 1.5 million people in the project areas.

In the recently published Annual Report 2014, you can see exact figures from the projects and review how the donations were used.

To order a copy, call 0041 41 310 66 60 or contact [solidarmed.ch](mailto:solidarmed.ch)

### Annual Report as PDF:

[www.solidarmed.ch/en/infomedia/publications](http://www.solidarmed.ch/en/infomedia/publications)

## Internal developments:

### Change in the management



Joel Meir

After eight commendable years, Joel Meir is leaving SolidarMed to take on new professional challenges. Under his expert leadership, SolidarMed was further professionalised and could consolidate its position as a recognised programme organisation for health in rural Africa. With the necessary persistence and lots of know-how, he optimised SolidarMed's structures, established a successful team and so enabled more help for the people in the project areas.

He will be succeeded by his current deputy, Jochen Ehmer. A doctor and proven expert in Public

Health, he has been a valuable member of the SolidarMed team for many years. He is currently Head of International Programmes and stands for continuity, competence and commitment.

The Board and all staff would like to thank Joel Meir for his excellent work and wish him all the best for the future. At the same time, we look forward to tackling upcoming projects under Jochen Ehmer's skilled leadership.



Jochen Ehmer

You can now also receive news from the projects in our electronic newsletter. Subscribe here:

[www.solidarmed.ch](http://www.solidarmed.ch)