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19/4.11.2019

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Relebohile Nkhaoli, 9, is in the third grade in Butha-Buthe, Lesotho. Her three-year-old sister and mother are both HIV-positive and are supported by SolidarMed. *ob*

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SolidarMed improves health care for 2.5 million people in rural Africa. We systematically improve medical services and sustainably enhance local expertise through initial and further training. Our projects are developed in close collaboration with local partners, supported by our health experts on the ground. As a non-profit organisation with the ZEWo certificate, SolidarMed works in an efficient, conscientious and transparent manner.



Escaping the poverty trap



Prof. Dr. med. Niklaus Labhardt
President

It is seven in the morning when Dr. Alvern Mutengerere, project manager for non-communicable diseases with SolidarMed in Zimbabwe, picks me up. He's been awake for a while. In this crisis-ridden country, there is electricity only in the earliest hours of the morning. He uses this time to work. He'd refuelled the car with a reserve canister the previous evening. These days, petrol is hard to come by. When it is available, several hundred meter long queues form in front of the petrol stations.

Together, we drive to Musiso hospital. Among other activities, SolidarMed supports the treatment of patients with diabetes and high blood pressure at Musiso. It's clinic day today.

Chronic, non-communicable diseases are becoming more frequent in the poorer regions of Africa too. They're considered a poverty trap: Treatment is very expensive, and patients often suffer long-term physical damage which limits their ability to work. This morning, there are more than 150 people waiting under the trees in front of the hospital. Patients are seen in four consultation rooms concurrently. Blood tests are carried out and where needed, treatment plans are adjusted. Here, a nurse sees between 40 and 70 patients in one day. There's no lunch break. The patients are grateful for this pace, as many face a very long journey home.

Once a month, Dr. Mutengerere visits the clinic to supervise and train the staff or to

review patients who are suffering from complications. Whenever the medical staff have a question or something is unclear, they call Dr. Mutengerere.

Until recently, there was hardly any treatment available in this region for people affected by non-communicable diseases. In response, SolidarMed and its partner hospitals initiated a project that provides treatment for diabetes and high blood pressure to as many patients as possible – despite the economic crisis, the limited resources and the shortage of health workers. By preventing the long-term consequences of chronic diseases, people can remain socially and economically active and productive. This is a very concrete contribution to reducing poverty.

The project is managed by Zimbabweans for the people of Zimbabwe and reflects our approach of building and nurturing local capacities. In the medium-term, we plan to expand diabetes and hypertension services to additional hospitals.

Your support allows SolidarMed to hire experts like Dr. Alvern Mutengerere to train and supervise nurses and establish the necessary infrastructure. This helps ensure that chronic diseases are no longer a poverty trap in Zimbabwe.

Many thanks for your generous support! ■



▲ Malnutrition means having a full belly but still not getting enough nutrients, minerals and vitamins. *ch*

Lesotho's ticking time bomb

Lesotho threatens to lose half a generation of children to malnutrition. An alarming situation. SolidarMed provides relief with a targeted nutrition programme.

Lesotho Vegetable gardens brimming with pumpkins and peas. Well-maintained fields of maize. Small potato fields, nearly ready to harvest. But this green idyll in the rural district of Butha-Buthe is deceptive. “Lesotho has a serious nutrition problem, especially among infants,” says Dr. Ravi Gupta, doctor and manager of the SolidarMed project “Health First Lesotho.” Lesotho’s mountainous terrain means that only about 10 percent of the land can be used for farming. The arid mountain kingdom currently imports more agricultural products than it can produce itself.

“Lesotho’s elevation of over 1,500 metres above sea level and the severe winters, often with snow, make it hard to grow vegetables,” says Gupta. And buying nutritious vegetables or meat is beyond the modest budget of many families. Infants, the most vulnerable members of the family, suffer the most. The situation is aggravated by widespread HIV and the high number of Aids orphans.



Lesotho

Population	2'204'000
Doctors per 1000 inhabitants	0.16
Life expectancy m/f	51/55 years



▲ Lesotho's topography makes large-scale vegetable cultivation difficult. *ob*

Low-nutrient food damages infants

Over 96 percent of children in Lesotho are fully breastfed for the first six to eight months. The problems begin afterwards. After weaning, mothers usually feed their infants cereal porridge made from wheat or sorghum, which contains a lot of carbohydrates, but not enough nutrients like vitamins,

“Lesotho has a serious nutrition problem.”

Dr. Ravi Gupta, SolidarMed

minerals and essential amino acids. As a result, children's growth and cognitive development are permanently impaired. “Many mothers are not aware,” says Ravi Gupta, “of the importance of a balanced diet with vitamin-rich vegetables and protein-rich foods for children's development.”

SolidarMed is responding to this situation with a nutrition programme aimed at infants and children below the age of five. On the one hand, we focus on training village health workers to recognise malnourished children at an early stage. On the other hand, we raise awareness among mothers and mothers-in-law about

nutrition and how to prepare healthy meals. The earlier a deficiency is diagnosed and treated, the better the child's chances of developing healthily.

Cooking courses in hospitals and villages

To reach mothers and their infants, SolidarMed establishes “nutrition corners” in the health centres and hospitals of Butha-Buthe and Mokhotlong districts. On simple gas cookers, local nutritionists and the women from surrounding villages cook fresh meals for their infants: Meals like mashed pumpkin, carrots, beans or potatoes. These are local recipes, preferably made with vegetables that grow in peoples' front gardens. Together, they also cook the traditional porridge, but enriched with peanut butter. During these cooking demonstrations, the mothers learn about the importance of nutrition and a healthy diet for healthy children. “The interest in the nutrition corners is very high,” Gupta is pleased to report. Between 30 and 40 mothers, accompanied by their infants, attend each cooking demonstration. Grandmothers and mothers-in-law attend as well.

Children with developmental deficits

The mountain kingdom of Lesotho has a serious nutrition problem. In the highlands, over 40 percent of children below the age of 5 are malnourished. Their daily diet does not contain enough vegetable or animal protein, fats or minerals to meet the nutritional needs of growing children. With drastic consequences: Malnourished children suffer from growth disorders and impaired cognitive development. Nutrition experts call this developmental deficit “stunting.” Malnutrition is a development time bomb for a country that is already plagued by the HIV epidemic. SolidarMed trains health workers to detect malnutrition in young children at an early stage and supports nutritional programmes in the villages. These include cooking courses, among other activities. SolidarMed works closely with primary health care providers and the Ministry of Health. ■ *ch*



▲ Vegetable porridge can provide enough vitamins and nutrients. *ob*

In the spotlight

Taking experts to the villages

This spring, SolidarMed expanded its activities to also include malnourished children in very remote areas. Accompanying the health teams, nutritionists travel to the most remote villages in the highlands. While the medical staff of the mobile clinic provide treatments and vaccinations – an activity also initiated and supported by SolidarMed – the nutritionists cook with the women and examine their children for symptoms of malnutrition. ■ *ch*



▲ Cooking together in the remote health centre of Motete. *Ntate Selebalo Lekholoane*

Cooking and learning together

A visit to the village of Makanyaneng in the north of Butha-Buthe in May. As soon as the mobile clinic arrives, SolidarMed staff member Leboheng Nblooy sets up the nutrition corner. In a hut, she and her team set up weighing scales and a measuring bar to determine the height of the children. Next to it, there is a gas cooker on which a pot of porridge will soon be bubbling away.

The hut quickly fills with mothers and their children. While the children's height, weight and arm circumference are measured and compared to the standardised size charts,

Leboheng Nblooy talks to the mothers about cooking and shares knowledge about nutrition. She explains that adding a little peanut butter enriches a simple porridge with essential nutrients. The mothers of children with severe developmental deficits are also given nutritional supplements for their children and information about how they can compensate for their children's acute deficits.

In four weeks' time, the SolidarMed team will return to the village. The health status of the children will be checked again – and there'll be another joint cooking demonstration.

"The next time, we'll prepare a dish with fresh vegetables," announces Leboheng Nblooy to the interested group of women. Many mothers will come back with their children. A small step towards disarming the ticking time bomb of malnutrition in Lesotho. ■ *ch*



▲ The children like the porridge enriched with peanut butter. In the village Makanyaneng in the north of Butha-Buthe district. *ob*

Ending malnutrition together

After decades of declining numbers, the number of hungry people in the world is rising again. Today, according to UNICEF, 149 million infants suffer from acute malnutrition.

For many children, malnutrition begins in the womb because their mothers don't receive the necessary nutrients for a healthy pregnancy. Even if these children survive these risky pregnancies and the first critical months of life, they are much more likely to die before their 5th birthday than infants who have access to nutritious food.



▲ Thanks to the targeted training of village health workers, children with symptoms of malnutrition can be detected earlier, during routine examinations. *ob*

Sustainable development goals

The “Agenda 2030 for Sustainable Development” was adopted by the United Nations General Assembly on the 25th of September 2015. The core of Agenda 2030 are the 17 development goals with their 169 sub-goals. They are intended to ensure sustainable economic, social and ecological development worldwide. SolidarMed aligns its activities to these goals.

Compromised development

Those children who survive suffer from growth disorders and cognitive impairments. In many cases, their impairments are permanent. They do less well in school and as adults they are less productive and more at risk of leading a life of poverty. Reducing malnutrition is essential in achieving the sustainable development goals.

The “Agenda 2030 for Sustainable Development” (see box) aims to address all forms of hunger and malnutrition by 2030

“In many cases, children’s cognitive development is permanently impaired.”

Overcoming hunger

Many developing countries that used to suffer from hunger in the past can now meet their food needs. Central and Eastern Asia, Latin America and the Caribbean have all made big strides in the fight against extreme hunger. Unfortunately, extreme hunger remains a major obstacle to development in many African countries.

and to ensure that all people - especially children - have enough nutritious food, independent of the season or time of year. ■ *bg*



Projects



Tanzania

Malinyi District

Kangaroo method for newborn care

Tanzania Premature babies need peace and quiet, protection and warmth to survive. At the hospital in Lugala, SolidarMed set up a new ward for premature babies, based on the principles of kangaroo newborn care. The idea behind it is as simple as it is effective: Instead of incubators, which aren't really available in Tanzania, premature babies receive life-saving warmth by being in constant skin contact with their mothers. In addition, they are consistently breastfed for the first six months. Where necessary, they are fed with breast milk via a naso-gastric tube

for their first few days. In addition to the room for the mothers, SolidarMed set up a washing and changing room and a space for intensive care. Hearing and feeling their mother's breath stimulates the babies' breathing reflexes. For additional support, the ward also has a special machine to help premature babies breathe, as their lungs are not yet mature. Another device regularly checks the baby's blood sugar level. Low blood sugar levels are life-threatening for newborns. In the intensive care room, babies with jaundice can be treated with light therapy. This is a common symp-

tom because the liver of a premature baby is not fully mature either. "We could easily fill a second ward," says the delighted SolidarMed doctor Luna Pescia. She is responsible for the ward and trains the staff. In the meantime, families from villages across the entire district are bringing their premature and sick babies to the new ward, as mothers quickly learnt that babies gain weight and do not die of infections here. The new ward has provided a glimpse of hope for frail babies who previously had little chance of survival in this poor, remote area. ■ *ch*



Lesotho

Butha-Buthe District

Mokhotlong District

New guidelines for the treatment of HIV

Lesotho As a result of our many years of experience in treating HIV in Lesotho, the Minister of Health Nhaku Kabi appointed SolidarMed to the National Expert Committee to develop the new HIV treatment guidelines. In line with the new recommendations from the World Health Organization, the revised guidelines include a more modern and effective combination of medications. This combination is better tolerated by patients and should result in fewer cases of treatment failure. SolidarMed is

training the health personnel of the hospitals and health centres in the districts of Butha-Buthe and Mokhotlong in these new treatment guidelines. With the publication and implementation of the new treatment guidelines, Lesotho is taking an important step towards its goal of controlling the HIV epidemic by 2030. SolidarMed is one of the government's most important partners in achieving this goal. ■ *ab*

Getting the men involved

Mozambique SolidarMed in Ancuabe launched the “Male Champions” initiative to increase and foster men’s involvement in caring for their families. With this initiative, SolidarMed raises men’s awareness of health issues in their families and village communities. The men meet up regularly to exchange their views on relationships, family and health issues – and to discuss and question their own attitudes. These meetings address issues like domestic violence, child marriages and other forms of gender inequality. The goal is to question one’s own ideas of “masculinity” and scrutinize prevailing role models in order to reduce inequalities between the sexes and to encourage men to support their families socially, emotionally and financially. ■ *ch*



eHealth forum in Masvingo

Zimbabwe As part of Zimbabwe’s first eHealth day, a special eHealth forum took place in Masvingo. More than 240 people took part, another 600 followed the debates via a Facebook live stream. This high level of interest shows that digital solutions for the health-care sector are becoming increasingly important in Zimbabwe too. SolidarMed has been active at the interface of medicine and computer technology for several years and regularly organises hackathons. These are so popular that they even attract experts from the capital Harare to Masvingo. ■ *ab*



Interview

Wanted: Sustainable ambulance system

Tuk Tuks may be slow, but they also work in regions of great poverty. Together with the ETH Lausanne researcher Sashidhar Jonnalagedda, SolidarMed is researching the potential roles of ambulance taxis.

What makes an ambulance system so challenging in Chiúre?

The distances in this rural district are immense. There are hardly any suitable and affordable means of transport in the villages, which is why walking is the only way to get around. Nearly every second birth takes place at home in the village, without medical support. Most pregnant women have no choice in this matter, as they lack a vehicle and/or the money to pay for transport.

So there are no ambulances in Chiúre?

Yes and no. Every district hospital has a vehicle that is sometimes roadworthy. This car will be used to transfer emergencies to a regional hospital. But the gap between the villages and their health centres, which are on average ten kilometres away, remains.

There are ambulances everywhere the world. Why not copy a model that works elsewhere?

India has many systems, including very innovative ones such as “Uber for emergencies.” In Israel, “United Haztalah” provides impressive emergency aid

through a huge network of volunteers. Such models are very important as inspiration. Everywhere in the world, however, the fact remains that ambulances only reliably transport their patients if the necessary funding is in place. And in the economically desperate context of northern Mozambique, this is extremely difficult.

How do you approach this complex problem?

SolidarMed has already done some crucial groundwork. More than ten years ago, the first bicycle ambulances were on the road, some of which are still in use today. These are not expensive to maintain, but their range is limited by the weather conditions and the huge distances involved. The experiences we gained with the bicycle ambulances gave rise to the idea of Tuk Tuk ambulances. Over the past two years, SolidarMed has been testing this system.

What came of this?

During my three-week visit to Chiúre, I saw the potential of the Tuk Tuk ambulances. If you donate a vehicle, both the

drivers and the patients benefit. The former can now earn a living and in turn, provide free emergency transport to

“An ambulance doesn’t work without reliable funding.”

Sashidhar Jonnalagedda, SurgiBox

pregnant women. Currently, we lack the funds to replace a Tuk Tuk when this becomes necessary. Solving this economic challenge is part of my job.

Do you have any ideas yet?

We have three starting points: There is an untapped need for transport and taxi services in Chiúre. If, for example, all ambulance taxis look the same, they will become better known and attract more customers. At the same time, we’re looking into what it would take to reduce the running costs. We’re reviewing whether switching to solar-powered Tuk Tuks could work. But what’s most important to guarantee that this system lasts is a central organisation that manages everything.

And then SolidarMed withdraws?

This is always the goal of the projects. What would make sense is a cooperative. It would rent out functioning vehicles and ensure they’re maintained. To increase income, the taxis could provide additional services, like delivering fish to the villages. The solar stations provide enough electricity to run a fridge to store fish. Last but not least, this is a contribution towards a more



Sashidhar Jonnalagedda is the lead developer at SurgiBox. The Essential-Tech Centre of the ETH Lausanne is one of the partners involved. The picture shows him in conversation with Michael Hobbins, who is responsible for the Tuk Tuk ambulance at SolidarMed.

varied diet. As an engineer, I naturally dream of technical solutions, such as integrating a call centre in combination with GPS tracking to guarantee efficient journeys.

What are your wishes for the Tuk Tuk ambulance?

If our interventions mean this model works in the long-term, this has

enormous potential in terms of replicability, scalability and sustainability. Mozambique would have an ambulance system that works for this country, and this could help close the gap between the villages and the health facilities. ■ *bg*

Learn more about our innovations at: solidarmed.ch

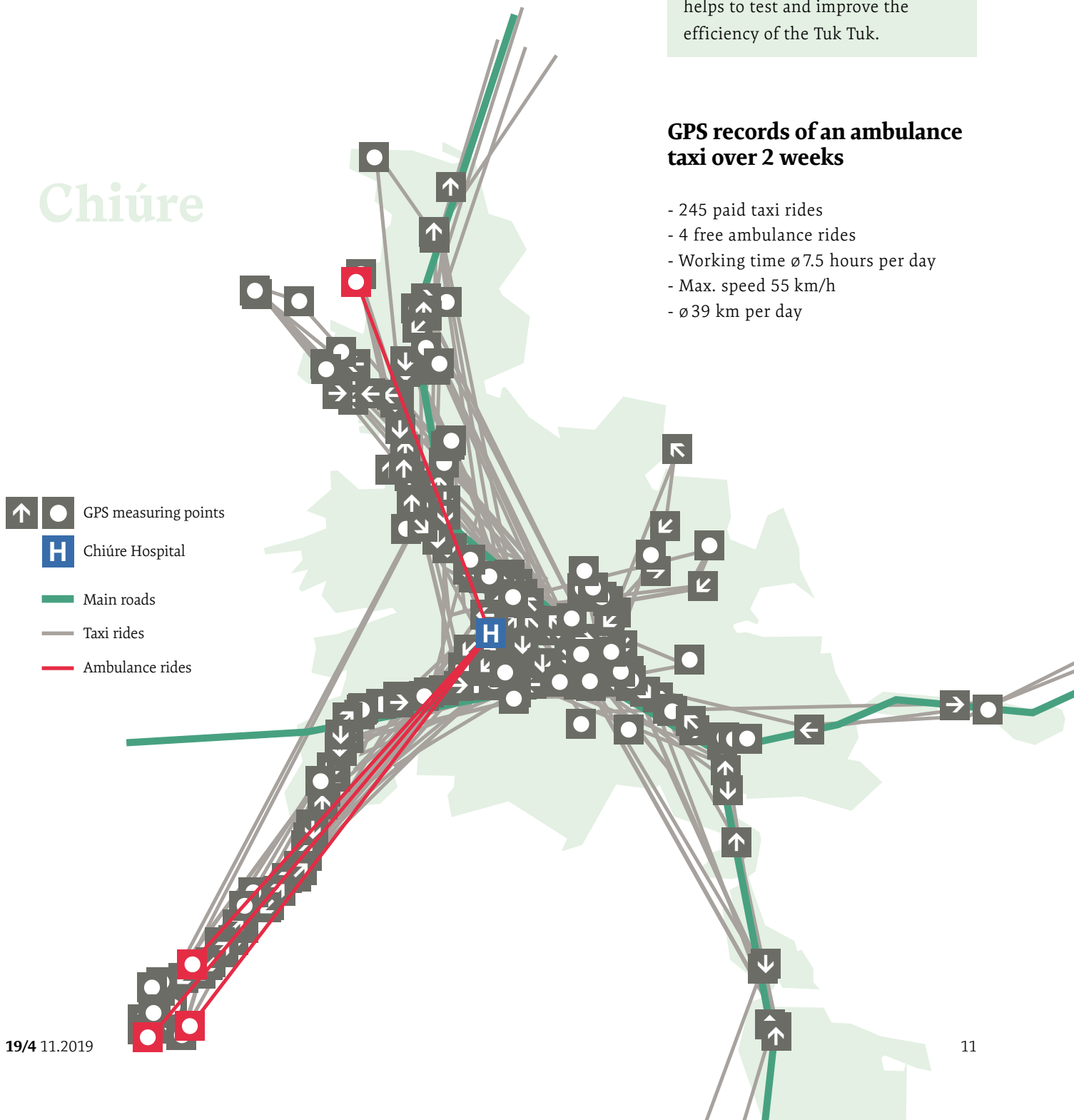
The Tuk Tuk Ambulance

As part of a pilot project, SolidarMed rents out vehicles to local taxi drivers at favourable rates. They earn their living by transporting goods and people. In turn, they commit themselves to providing immediate and free transport to pregnant women from their villages to the nearest health centre in case of an emergency. GPS tracking helps to test and improve the efficiency of the Tuk Tuk.

GPS records of an ambulance taxi over 2 weeks

- 245 paid taxi rides
- 4 free ambulance rides
- Working time ø 7.5 hours per day
- Max. speed 55 km/h
- ø 39 km per day

Chiúre



- GPS measuring points
- Chiúre Hospital
- Main roads
- Taxi rides
- Ambulance rides

Eventful years in Zimbabwe and Zambia



▲ Under the expert supervision of Sigrid Lüders, this student reviews an X-ray image. *ob*

Sigrid Lüders worked as a doctor in the hospital in Silveira and visited the children in the attached orphanage. A one-day-old baby – Pauline – stole her heart.

Zimbabwe Sigrid Lüders quickly felt at home in Zimbabwe. “I will always think fondly of Zimbabwe and its people. Not least because Pauline is my permanent link to the country.” The baby and the doctor met for the first time one day after the little girl was born. She had been abandoned by her parents. Although it was by no means certain whether an adoption would work, Pauline became a part of the doctor’s life.

Overcoming bureaucratic hurdles Summer 2018: Sigrid Lüders now works for SolidarMed at the district hospital in Kafue, in Zambia. Here, she trains prospective Medical Licentiates and supervises them during their practical training at the hospital. At the same time, she teaches at Chainama College of Health Sciences in Lusaka.

Sigrid lives in Zambia, little Pauline lives in a state-run orphanage back in

Zimbabwe. “For 2½ years, we had no contact at all. I travelled to Zimbabwe several times, but I was never allowed to see Pauline. I didn’t even have a photo of her” says Lüders. Today, all the bureaucratic hurdles have been overcome and she’s been reunited with her daughter. “I had already resigned myself to the fact that the adoption would fall through and I would never see Pauline again.” But in 2017, the Zimbabwean President Robert Mugabe was over-

thrown. After Emmerson Mnangagwa was elected president, everything happened quite quickly. Less than a year later, Pauline could travel to Zambia with Dr Lüders. Her world seemed almost perfect: Pauline was now officially her daughter and she loved

“I was not allowed to visit Pauline for over two years.”

her work: “I could witness how these prospective expert clinicians matured during their practical training at the district hospital. How they learned to examine patients correctly.” Lüders had taken a liking to teaching.

Trainer of trainers

SolidarMed has been supporting the government’s Medical Licentiate training programme for many years. Initially, the focus was on training expert clinicians. Today, SolidarMed increasingly focusses on the training and further education of their trainers. Sigrid Lüders is convinced of this Train-the-Trainers approach: “Formerly the students would spend about two months in a district hospital for practical training. That was rather short. By working more closely with the



▲ Everyday working life in Zambia. Sigrid Lüders in her role as practical trainer for Medical Licentiates at the hospital in Kafue. *ob*

trainers today, the whole programme becomes more sustainable.”

“Where there are no doctors, Medical Licentiates fulfil important functions.”

She herself has returned to clinical practice and now works in a doctor’s surgery in Howachter Bucht, high up in the north of Germany. “I’m back to dealing with cases of backache and flu,” says Sigrid Lüders. In Africa, she often met patients who were suffering from several life-threatening diseases at the same time.

Privately, she enjoys life in Germany with Pauline, who is not so little anymore, very much. We’ve both “settled in really well”, as Sigrid Lüders later told us from her new old home.

■ *Ursula Schöni*

More about SolidarMed in Zambia and Zimbabwe at:

 solidarmed.ch/en/zambia

 solidarmed.ch/en/zimbabwe



◀ Back home in Germany. *zvg*

A snapshot

“My job is to train Mozambican doctors so they can save lives with caesarean sections.”

▶ Gaoussou Diakité, gynaecologist. *ch*



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Zusammenhalt, das wirkt.

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◀ Dr. Gaoussou Diakité is one of the faces of the current SolidarMed campaign. With publicly displayed posters and on the internet, SolidarMed is raising awareness for sustainable development projects.

Setting a good example

There are many ways to make someone happy. One very special way is to surprise a loved one and give someone else the gift of health.

Last Christmas, the Bieri family from the canton of Lucerne surprised their grandchildren and the employees of their company with a gift certificate from SolidarMed.

SolidarMed: What made you decide to donate?

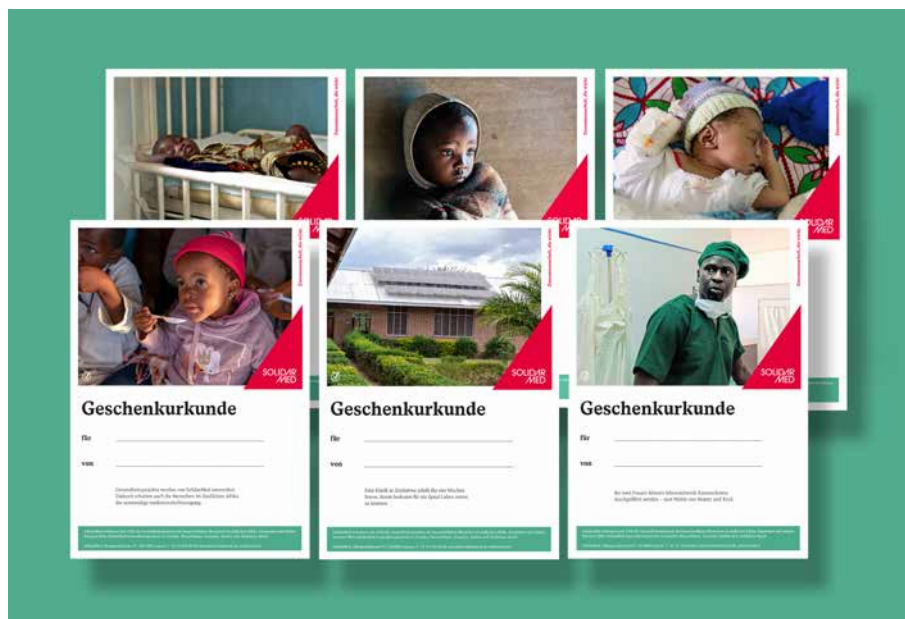
We were looking for something meaningful with a connection to ourselves. In 1982, we completed an internship at Seboche hospital in Lesotho. The gift certificates are a representative document for the giftee with a concrete indication of what will be done with the donated amount.

How did your loved ones react when they didn't get a "real gift"? Especially the kids?

Our 5-year-old grandson was initially indignant that a strange child would receive a gift from us. This resulted in a lively discussion about the situation of other children in this world. Our 7-year-old granddaughter was pleased that an expectant mother would get a baby package. As her godmother was also expecting a child at that time, this gift made sense to her. We just had to assure her that the baby package would arrive on time. Around half of those employees who received a gift certificate gave positive feedback.

How do you explain the gift to them?

The gift certificate is self-explanatory. The design is very appealing and informative. All recipients know about our relationship with SolidarMed



▲ Whether a baby package, solar power or a bicycle for a midwife. Gift certificates improve the health of people in rural Africa very concretely.

We handed over the certificates like other gifts between Christmas and New Year with good wishes for the holidays on a separate card.

What kind of gift gives you the greatest pleasure?

We are also pleased when others are given presents in our name. What we are also always very happy about are invitations to spend time together with our families and friends or to be together spontaneously.

Have you inspired others to donate?

We've been able to show our grandchildren that there are people who are less fortunate than us, with whom we want to share. The adults – at least

that's what we hope – have been inspired to consider "alternative giving." So many presents are sadly neither useful nor long-lasting. ■ as

Give the gift of health

On our website, you can choose from nine different gift certificates. We will send them directly to your home within a few days.

 solidarmed.ch/en/certificate



Nik Hartmann

10 years as SolidarMed ambassador

“I saw very tangible progress during this time.”

SolidarMed and the presenter Nik Hartmann first made contact at the busy intersection in Metoro (Mozambique), between two project districts. “We wanted to find out about malaria. SolidarMed was already very active in this area at the time,” recalls the SRF journalist. In autumn 2018, during his third visit to the country, he visited Metoro’s first fully functional operating theatre. “In my ten years, I’ve seen very tangible progress,” Hartmann says happily.

▲ On a test drive with the Tuk Tuk ambulance in December 2018. *bg*

On his journeys, he feels most comfortable as an observer, letting the impressions work on him. “Sometimes, I feel useless because I’m neither a doctor nor a midwife. But what I can do is tell the stories of these families when I’m back home,” says Hartmann, summing up his role as goodwill ambassador. His record is impressive. He has hosted over a dozen evening slide shows, reporting on his journeys and sharing his impressions with a Swiss audience.

Thank you for your commitment, Nik! ■ *bg*

You can see photos from his current journey to Zimbabwe at [solidarmed.ch/aktuell](https://www.solidarmed.ch/aktuell)

Doppelpunkt

In September, the SRF journalist Jürg Oehninger visited us in Mozambique. Over several days, he gathered impressions of the reconstruction efforts after Cyclone Kenneth, but also about the Tuk Tuk ambulance project described on page 12. Once the programme has been broadcast, you will find it as a podcast on Radio SRF’s website. [srf.ch/sendungen/doppelpunkt](https://www.srf.ch/sendungen/doppelpunkt) ■




Interviews, photos and stories

The new SolidarMed website has been online for several weeks now. Find out more about the topics touched on in this magazine. [solidarmed.ch](https://www.solidarmed.ch) ■

Your donation works.

SolidarMed

Obergrundstrasse 97 | CH-6005 Lucerne

contact@solidarmed.ch | +41 41 310 66 60 | [solidarmed.ch](https://www.solidarmed.ch)   

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