

Focus

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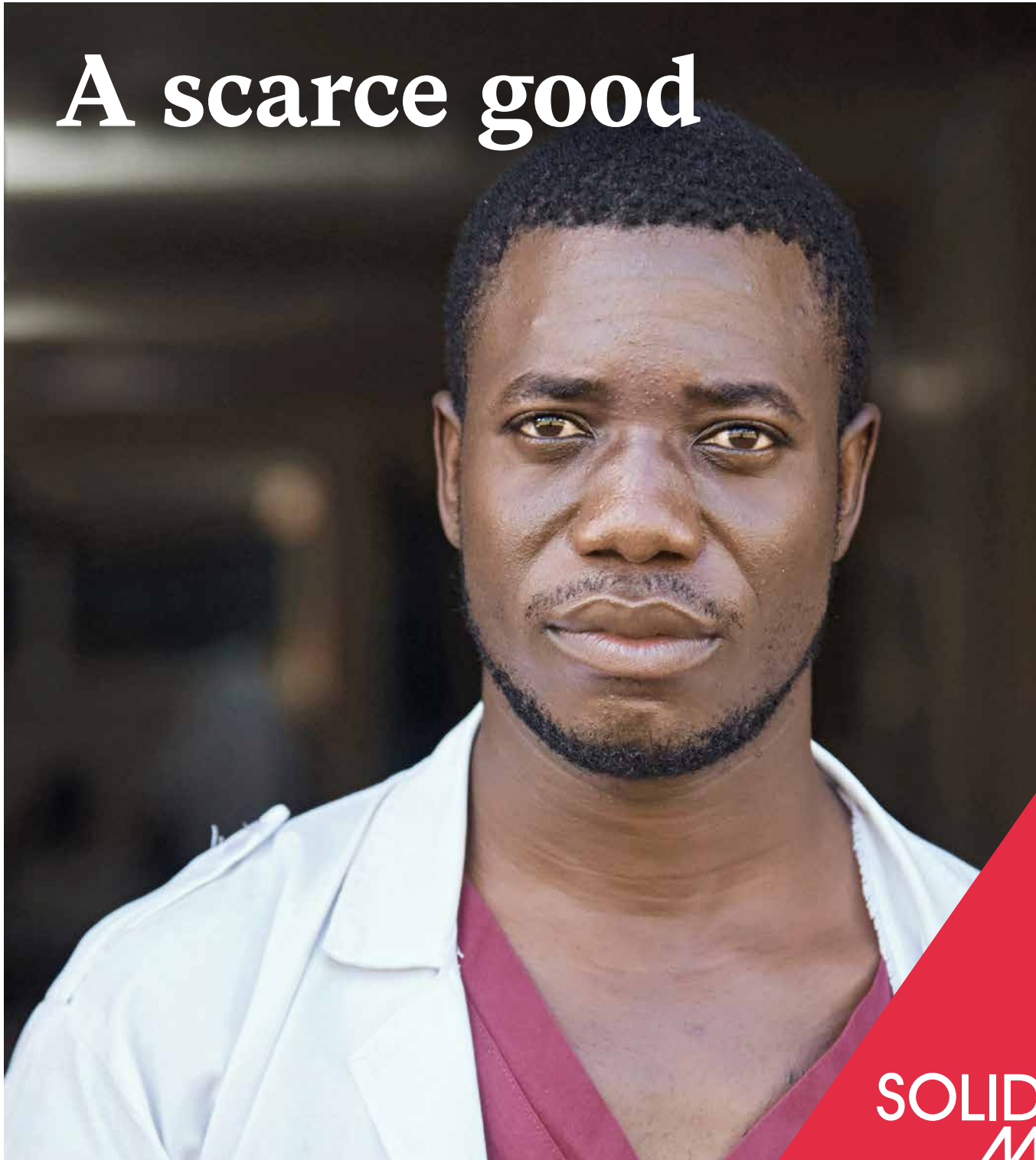
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Zacharia Charles is nursing officer in the mother and child ward at Mahenge Hospital in Tanzania.
Photo: Maurice Haas

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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.



In Africa, there is always a way.



Ruth Ospelt Niepelt
Vice President

SolidarMed's Annual General Meeting this year was a particularly successful one for me. The imaginative venue – a drained swimming pool in the Neubad in Lucerne – brought a certain freshness to the usual agenda. The occasion was further enriched by the presence of the Country Directors, who represented their teams in the South. This created space for a fascinating exchange.

The theme was “Turbulent Africa” and Janneke van Dijk (Zimbabwe), Sabine Renggli (Tanzania) and Barbara Kruspan (Mozambique) presented and discussed whether and how SolidarMed's work is possible under challenging conditions - of whatever nature.

The answers were impressive and remarkable at the same time. In some cases, they conveyed a completely different impression than the reports of even reputable media outlets. Sabine Renggli sketched a differentiated picture of the changes in Tanzania under an increasingly repressive government. Decisions that alarm us here in Europe are not necessarily implemented one-to-one in rural Tanzania, far away from the capital. In addition, there are also positive developments that make work on the ground easier. Applications for work and residence permits in Tanzania can now be submitted online and directly to the relevant authorities. They no longer pass through many hands and over many desks – on which they sometimes used to linger for longer

periods of time. Personal, time-consuming on-site applications are no longer necessary. I was impressed by the objective, professional attitude of our staff members.

Their explanations of how project work is even possible in political, economic or climate-related crisis situations were impressive as well. Barbara Kruspan has lived in Mozambique for the past 28(!) years. Just a few days earlier, she was hard at work in Pemba, which is recovering from the effects of Cyclone Kenneth. Her calm response to the question was that dealing with turbulence just required a certain flexibility. And that this is part of her daily work. All our teams show this combination of passion, professionalism, tenacity and a willingness to get stuck in. This is a continual source for fascination for me.

In the face of smaller and larger challenges at the micro and macro levels, we do not always achieve our goals as straightforwardly as planned under ideal conditions – but we do achieve them, because as our project manager Peter Hellmold in Tanzania likes to say: “In Africa, there is always a way.” In this spirit, and even under challenging circumstances, SolidarMed continues to work towards improving primary health care for people in rural Africa.

Thank you very much for your loyal support. ■



▲ Two students in the new skills lab in Mpanshya. *ob*

Train nurses where they are urgently needed

Nursing students in Zambia now rotate through several hospitals. More students learn to how to treat a wider range of injuries and illnesses.

Zambia Thomas Chilekwa graduated from St. Luke's School of Nursing in Mpanshya in June 2018. He is among the first graduates of this new training programme in which SolidarMed plays a key role. During his training, Thomas worked in three other rural hospitals. Zambia suffers from an acute shortage of nurses and only 60 percent of the positions are filled. Qualified professionals like Thomas are in great demand in Zambia.

From the city to the countryside

Thomas Chilekwa grew up in Lusaka, the capital city of Zambia. His training took him to remote regions of his country. For a young Zambian from the city, this is a challenge too. "It's hotter in the countryside than at home. It was not always easy without a reliable power supply and without running water." While many of his fellow students would like to work in an urban environment,



Zambia

Population	17'094'130
Doctors per 1000 inhabitants	0.16
Life expectancy m/f	60/64 years

Thomas Chilekwa would like to specialise in paediatrics in the future – no matter whether in a city or in the countryside.

« I feel ready for this task. »

Currently, he works at St. Luke's Hospital in Mpanshya, where he is responsible for the patients before and after surgery: "I develop the care plans and make sure the patients in my ward get their medications on time." When Thomas Chilekwa has to substitute for his colleagues, he is sometimes even responsible for the entire hospital: "A huge responsibility for someone who's just graduated. But after my training at St. Luke's, I feel prepared for this task."

SolidarMed has been working with the Nursing School in Mpanshya, 180 kilometres from the capital, since 2015. To counteract the shortage of nurses, SolidarMed has made various improvements to the training programme. "As a first step, by working with additional partner hospitals, we succeeded in increasing the student intake without compromising the quality of their



▲ The theoretical training of nurses and midwives is being reorganised in order to improve the quality of the training. *ob*

training. In a second step, we are now focussing on coordinating the curricula for nurses and midwives. It makes no sense for these training courses to run side by side without harnessing their synergies," says Katharine Arnold, programme manager at SolidarMed, with conviction. In future, students will attend the first training module together, and only then will they specialize. This is cost effective and improves the quality of the training.

Crocodile bites, malaria and traffic accidents

As their theoretical training is supplemented by practical work in various hospitals, students gain a very varied range of experiences. Close to the towns and cities, they see more patients who've been victims of traffic accidents. Rural facilities like the Sacred Heart Hospital on the Luangwa River, for example, treat many patients

The rotation model is being rolled out nationwide.

with crocodile bites. The Luangwa is home to thousands of these reptiles, and many hippos too. St. Luke's Hospital, where Thomas Chilekwa works, treats a lot of children suffering from malaria, as Mpanshya is a malaria hot spot.

He urges his students to appreciate the differences between the the various hospitals. "There's something new to learn at every location."



▲ Before graduation: Baby care in Katondwe. *ob*

In the spotlight

Thomas Chilekwa oversees practical training in his hospital and is pleased with the new skills labs that SolidarMed has made available for the students.

The rotation model that trains students at different hospitals was developed by SolidarMed in close collaboration with St. Luke's School of Nursing and Midwifery. This model is now being adopted by other schools throughout the country. "For this to succeed, we have written a manual that can be used to introduce this training system in other hospitals," explains Thomas Chilekwa. This approach has attracted positive attention from Zambia's national Nursing Council.

Katharine Arnold is looking forward to the upcoming challenges: "This training model, which uses a wide range of teaching methods to cater to as many types of learners as possible, has become the national standard. The focus of our next project phase until 2022 is on supporting the roll-out of this model."

■ *Natalie Ehrenzweig*



▲ Mother and daughter in the hospital in Kafue, south of the capital Lusaka. The WHO estimates that each nurse cares for around 1000 patients per year. *ob*

Zambia, in southern Africa, has very high levels of social inequality. According to UN estimates, the current population of 17 million will grow to 41 million by 2050. Although there is economic growth, two thirds of the population still live in poverty - in other words, they live on less than CHF 1.25 per day. Almost 60 percent of Zambians live in rural areas with poor medical care.

Rural areas lack lifesavers

Not only are nurses in short supply in Zambia, there are also not enough doctors. To address this problem, SolidarMed supports the training of Medical Licentiates (ML). They are clinicians, specially trained for rural service, who can for example perform life-saving caesarean sections in the absence of a doctor. Their training at Chainama College of Health Sciences takes four years and results in a Bachelor's degree. The lessons contain theoretical and

Medical Licentiates are trained in internal medicine, paediatrics, obstetrics, gynaecology and surgery.

practical modules. To aid their learning, they use digital media or carry out simulation training directly in the hospitals instead of in a classroom.

The challenge with doctors is that many who have studied in an urban environment prefer to work in a hospital near a city. "The result is that rural areas lack medical staff," states Arnold. For this reason, SolidarMed worked with the responsible authorities in Zambia to revise the curriculum so that even candidates without a clinical background can apply for this training programme.

Of course, it is not only about training as many MLs as possible, but also about making sure the training they receive is of good quality.

Number of non-physician clinicians doubled

For SolidarMed, the training of trainers is important to ensure that the programme is sustainable. Dr. Zulu, gynaecologist and obstetrician at Mansa General Hospital, benefited from advanced training. He appreciated the focus on interactive teaching and learning: "From the beginning of the course, we were encouraged to discuss among ourselves. Every-



▲ Malaria is widespread in Mpanshya. Untreated, the parasite is life-threatening for infants and pregnant women. *Nik Hartmann*

one was given the opportunity to express themselves, share their opinions and build on this shared knowledge." The lecturer passed on his knowledge in small portions, leaving time for discussion.

With the support of the Zambian Ministry of Health, the number of students could be doubled. ■ *Natalie Ehrenzweig*



▲ Reviewing an x-ray in Kafue. Medical Licentiates are trained to carry out complex treatments. *ob*



Baby packages work

Mozambique In Mozambique, many mothers still die in child-birth. One reason: Many women give birth under difficult conditions at home instead of in a health facility. Elsewhere in Africa, financial incentives were successfully used to increase the number of hospital births. There is little data to date on whether material incentives could similarly motivate mothers to deliver in a health facility.

In a recently published scientific study, SolidarMed now shows that distributing baby packages convinces many women to give birth in a health centre. If after giving birth, women are given a simple package consisting of soap, a traditional wrapper and a bathtub for their child, the number of women who access medical care during pregnancy and childbirth doubles. In comparable districts where no baby packages are distributed, the institutional birth rate rose only slightly over the same period. The recently published study can be found at solidarmed.ch. ■



Mozambique

Chiúre

Namuno



Mobilising young people, addressing youth issues

Lesotho From near and far, about 80 young people between the ages of 10 and 19 came to the hospital in Mokhotlong. The Saturday programme included activities focussed on health, HIV, sexuality and friendship. SolidarMed organised this meeting together with the hospital's youth workers. The teenagers are welcomed with hip South African dance music coming from big loudspeakers. Health and youth workers give short talks outdoors. Dance competitions and games alternate with the health talks. At the end of the afternoon, there's a prize for the best dancer, but also for those who've paid the most attention to the health talks. For every correct answer, the young people can win mobile phone credit. SolidarMed is currently planning the construction of a youth centre in Mokhotlong to reach young people better and more directly. ■



Lesotho

Maseru

Mokhotlong

Meeting with the Hilti Foundation

Zambia/Liechtenstein Our project manager Spencer Huchulak lives and works for SolidarMed in Zambia and is currently leading the social housing cooperative SolidarInvest towards independence. This organisation was founded by SolidarMed and creates non-profit housing for health professionals in remote rural hospitals. By now, the cooperative manages 45 staff houses.

This innovative project is financed by the Hilti Foundation from Schaan in the Principality of Liechtenstein. Spencer Huchulak was invited by the Foundation to spend three days in Liechtenstein, providing an in-depth insight into the project's progress and working with his counterparts to develop joint solutions to allow SolidarMed and the Hilti Foundation to achieve their goals even better. The intensive discussions ranged from sustainable, more cost-effective building materials to battery technologies to supply a staff house with power. A further important topic of discussion was



flexible housing design. SolidarMed is working on a basic house that the cooperative could easily extend, for example if the family grows.

Huchulak emphasizes how much the Hilti Foundation has done for the health of the people of Zambia in recent years. "Without Hilti, this social housing programme for health workers in Zambia would not exist. SolidarMed had the idea, but it always needs someone who sees the potential and is willing to provide the funds." The Hilti Foundation also supports the project for training nurses in remote hospitals.

Huchulak summarises the partnership with the Foundation as follows: "Without our joint projects there would be fewer health workers in Zambia and in many places, they would have no access to sustainable housing in rural hospitals." Together with SolidarMed, the Hilti Foundation ensures that people are healthier and that they are given a chance to lift themselves out of poverty. ■



Zambia

-  Mpanshya
-  Lusaka



▲ Spencer Huchulak (centre) from SolidarMed is responsible for SolidarInvest in Zambia. In May he met with Ana Suarez, Head of Materials Research at Hilti, and Johann Baar, Director Affordable Housing & Technology of the Hilti Foundation. *Walser Fotografie*

Beyond reconstruction

Despite all the suffering, Cyclone Kenneth is also an opportunity for Cabo Delgado, says Barbara Kruspan in the aftermath of the hurricane in northern Mozambique.

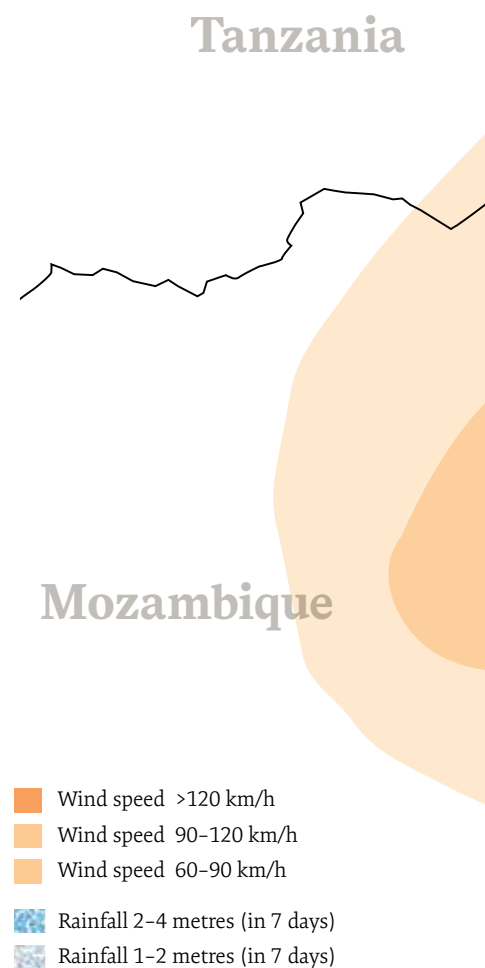
Mozambique Barbara Kruspan is the SolidarMed Country Director in Mozambique. She experienced the devastating Cyclone Kenneth up close and stayed in her house in Pemba the night the force 5 cyclone swept across the coast. From the very next morning, work began on tackling the aftermath. “Of course, SolidarMed was primarily concerned with quickly re-establishing basic medical services for the population after the storm.” Kruspan has lived in Pemba for 28 years and was a valuable mediator for the international disaster relief corps. When the rain subsided a few days later and it was possible to get an overview of the situation, SolidarMed began planning the reconstruction, but acute aid was also urgently needed. “We needed mobile clinics, our teams dug holes for latrines, and made efforts towards preventing and treating cholera and malaria,” says Kruspan, looking back on the days after April 25 when Kenneth made landfall.

Cyclones this far north in Mozambique are new. Until 1994, no cyclone of the severest category had been registered off the African continent’s coast. This year, this force of nature hit Mozambique, one of the poorest countries in the world, not once but twice! With devastating consequences: over 374’000 people were affected, 35’000 houses were swept away or partially destroyed, as were 31’000 hectares of farmed fields. One reason for this is climate change. As the ocean warms, more water evaporates, the storms become more powerful and cause greater damage.

There are really more than enough challenges to overcome in Mozambique even without natural catastrophes. Cabo Delgado sees regular cholera outbreaks and all year round, malaria poses a serious threat to infants and pregnant women. Yet Kruspan also sees an opportunity in the reconstruction efforts after Cyclone Kenneth: “With lasting reconstruction work, SolidarMed, the authorities and our colleagues at Helvetas can ensure that future outbreaks of infectious diseases are contained more quickly.” Proper hygiene is enormously important to

« Together with our partners, we can now create structures that will save many lives in the future. »

prevent diarrhoeal diseases such as cholera. For this reason, hand- and footwashing areas were set up at important crossroads in recent months. A huge effort has been made to rebuild the countless latrines destroyed by the floods. 45’000 mosquito nets were distributed to protect families from malaria. A central aspect of successful prevention is to make people aware of how they can protect themselves against an infection or recognise the symptoms of a life-threatening disease in good time. ■ Benjamin Gross



How SolidarMed helps

Together with Helvetas, we:

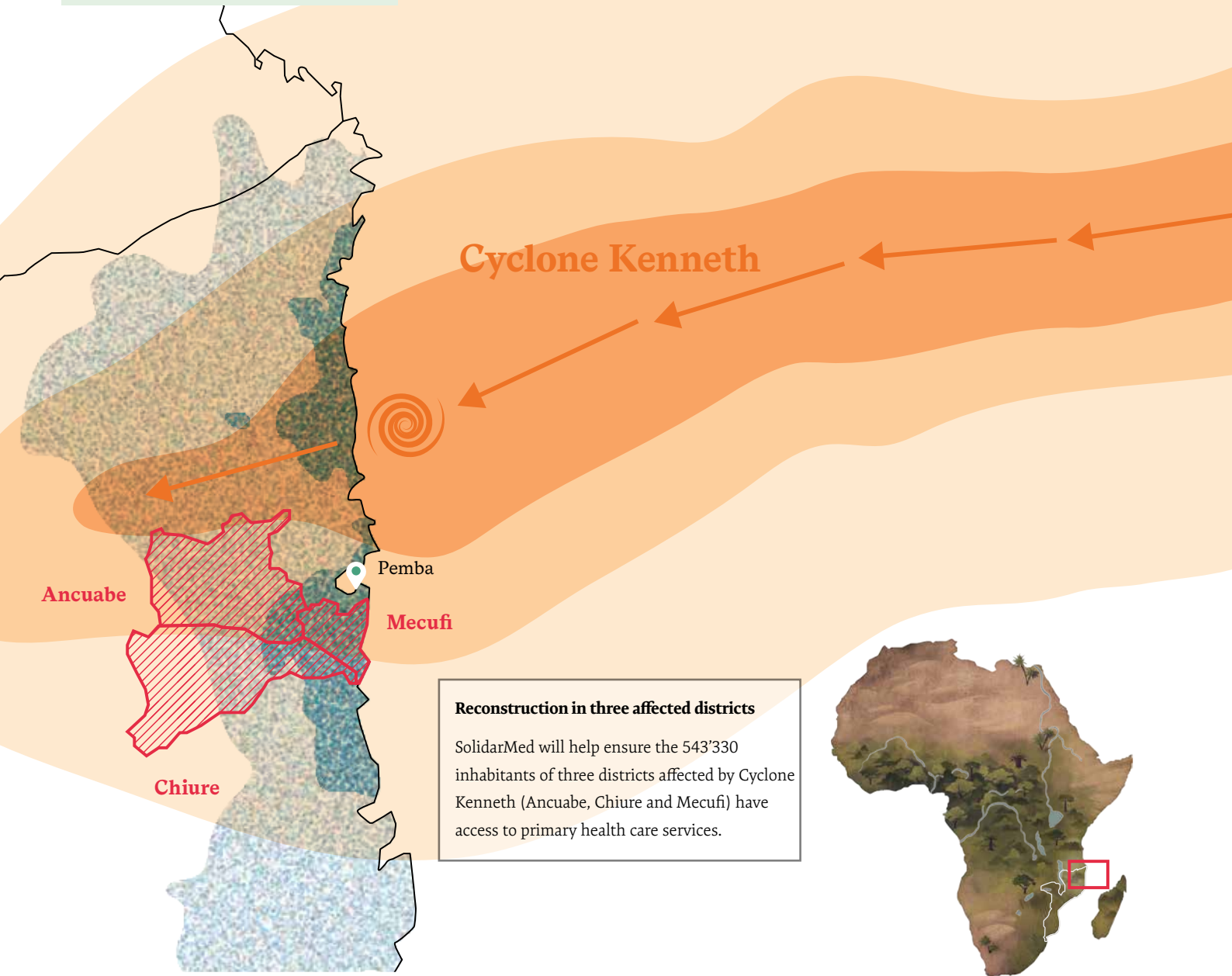
- Provide enough clean drinking water
- Ensure functioning sanitary facilities
- Help provide primary health care services
- Raise awareness in the villages to prevent epidemics
- Prepare for future cholera outbreaks

For further information see

 solidarmed.ch



▲ Shortly after the cyclone hit, SolidarMed's partners built latrines. Hygiene is essential to control the spread of cholera or typhoid fever. *Wiwana*



Cyclone Kenneth

Ancuabe

Mecufi

Chiure

Pemba

Reconstruction in three affected districts

SolidarMed will help ensure the 543'330 inhabitants of three districts affected by Cyclone Kenneth (Ancuabe, Chiure and Mecufi) have access to primary health care services.

Understanding village life



▲ Since last year, Laetitia Tanka oversees the SolidarMed projects the remote district of Mokhotlong. *ob*

She could be in a university auditorium, lecturing students, or on stage in a conference centre. But her audience are traditional healers, village health workers or midwives. ‘M’e Laetitia Tanka is SolidarMed’s Senior Project Nurse in one of the most remote places in Lesotho.

Lesotho Many of the men and women arriving at Linakaneng Health Centre this morning have come from far away. Wrapped up in traditional woollen Basotho blankets, some arrive on horseback, others have organised a taxi together or they’ve walked in small groups, sometimes for several hours: traditional healers from the remote mountain villages of Mokhotlong district. With her colleague Ts’epang Thaanyane, ‘M’e Laetitia Tanka gets

everything ready: Flipcharts, beamer, notebooks. A kettle is placed on a gas stove, to create a little warmth and welcome in this sparse room. Slowly, the course participants file in. A bit hesitant at first, they take their seats on the wooden benches provided.

This two-day workshop for traditional healers takes place in the health centre. It covers topics such as childbirth and maternal health, infant nutrition,

family planning or communicable diseases. “But above all, it is about establishing direct contact with the healers,” says ‘M’e Tanka. “They know the health problems in their villages best. People seek their advice first when they fall ill.”

Just moments after ‘M’e Tanka greets those present, she gets her first laughs. Her direct, down-to-earth language quickly captivates her listeners. Raised

in a village with four sisters and two brothers, she knows her audience's background and the challenges they face. Rural life has shaped her: Poverty, cold winters, violence against children. "I wanted to be a nurse ever since I was little," she says. "I wanted to learn and understand so that I could show the people in the village how to protect themselves from disease or violence."

She has worked hard to achieve this goal. Starting in primary school, she drew attention to herself as a bright, attentive pupil. As a young woman, she completed her training as an auxiliary nurse at Paray School of Nursing. She is proud of her academic achievements: "I was the first student to complete both academic years with distinction."

Word of these achievements spread and at Paray Hospital, she found a private sponsor from Switzerland who offered her a scholarship to train as a registered nurse and midwife. Later, she even made the leap to the University of Limpopo near Pretoria in South Africa, where she was awarded a Bachelor of Advanced Science.



▲ Full of concentration, the participants answer questions about childbirth and village diseases. *ob*

Laetitia Tanka is clear and insistent when speaking to the traditional healers about contraception and family planning. She shows them the fundamentals of birth assistance and gets the participants to practice what they've learnt in small groups. Her teaching style is modern, participative and tailored to the needs of the people from the mountain villages. The atmosphere is concentrated and cheerful throughout the day.

At the end of the first workshop day, 'M'e Tanka seems pleased too. "The

most important thing is mutual trust. The traditional healers know their limits when it comes to treating

« I wanted to learn and understand so that I could show people how to protect themselves. »

diseases or birth complications," says Tanka. "Once they gain confidence in SolidarMed and the government health centres, they will tend to refer patients to them if they have serious health problems." ■ *Christian Heuss*



▲ Traditional healers meet in a two-day workshop to exchange ideas with SolidarMed. *ob*

A snapshot

«The Waja in our village was very worried about my youngest daughter and sent us to the hospital. Now Judith is healthy again.»

◀ 40-year-old Clara Lipindi with her daughter Judith in the children's ward of the hospital in Mahenge, Tanzania, which was renovated by SolidarMed. Judith suffered from malaria for two weeks. The photo shows the two of them waiting for the results of the final blood test. Waja are community health workers in rural Tanzania.

mh



Project trips with great added value

Since 2014, former SolidarMed doctors have accompanied small tour groups to Zimbabwe to bring them closer to the country and its people. A trip that no travel agency can offer.

The three former SolidarMed doctors Pepo Frick, Urs Fischer and Urs Allenspach will of course show their guests all the well-known tourist attractions such as the Victoria Falls or the ruins of Great Zimbabwe. But in addition, they will provide an insight into SolidarMed's project work and organise meetings with local SolidarMed staff.

Pepo Frick and Urs Allenspach were active on the board of our association for many years, and all three also worked for SolidarMed in Zimbabwe and Lesotho for several years.

Part of the travel costs will be donated to SolidarMed. Since 2014, 39 people have taken part in these tours, which have raised over 170'000 Swiss Francs in donations. This money goes directly to our projects.

We would like to take this opportunity to express our heartfelt thanks to the three dedicated tour guides who put their hearts and souls into these tours, but also into SolidarMed. We would also like to thank the generous donors, who by choosing this trip support SolidarMed as well. ■ *Andrea Schneeberger*

Zimbabwe Tour in 2020

If you'd be interested in discovering Zimbabwe this way next year, please contact Urs Allenspach directly: u.allen.w@gmail.com

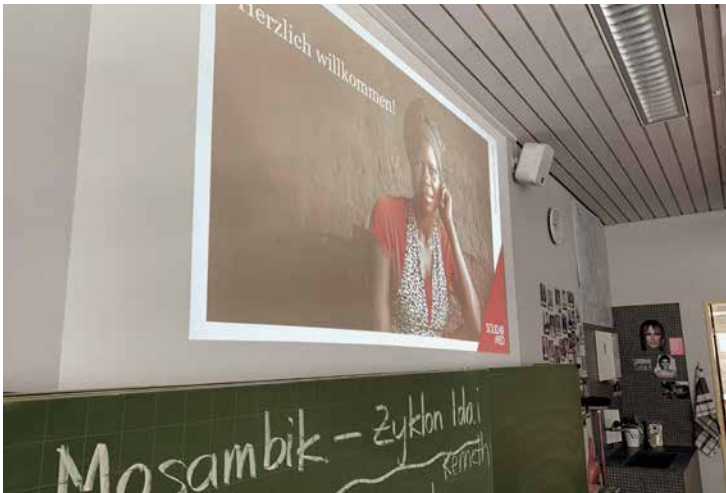
He looks forward to providing you with detailed information on the 16-day adventure.



« An extraordinary tour. Culture, nature, everyday life in Africa and the work of SolidarMed – a great experience with committed people! »

Marlis Beyeler, Tour Group 2018

Good to know



Understanding the cyclone ...

... and the eye of the hurricane. Mozambique's two devastating cyclones occupied the students of Loreto secondary school in Zug this summer. In a number of lessons, they learned how powerful storms like Idai or Kenneth develop and what happens when they hit places like Mozambique. SolidarMed was invited to visit the school and show what we are doing to help the affected families. ■

New website goes online

Partnerships for Health! SolidarMed has a fresh look and a new motto this year. We'll be carrying this message into the digital realm using our brand-new website at solidarmed.ch. This is the new hub for all the digital channels SolidarMed uses to share news and information about our projects. Texts, photos and videos grant a glimpse into rural regions of Africa. Here, SolidarMed works with the local population in hospitals, health centres and villages to improve primary health care services. Have a browse from the beginning of September, it'll be worth it! ■

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