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70-year old Tanzanian Veronica Mlimandola lives together with her husband in Makelele, a village near Lugala. Her children take care of her. *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 site. As a non-profit organisation with the ZEWo certificate, SolidarMed works in an efficient, conscientious and transparent manner.



Crises as opportunities



Christian Heuss
Director of Communication and
Fundraising

The Corona crisis is far from over and will still be keeping us occupied around the world for months to come. The medical, economic, and social uncertainties and medium-term consequences are uncertain and, yes, concerning. Social structures and political systems are being shaken to the core and put to a litmus test. This is a huge challenge for SolidarMed too, both in Africa and in Switzerland.

Since the health authorities in Lesotho, Zambia, Zimbabwe, and Mozambique have been testing, the numbers of infections have been rising rapidly. More surprising rather is the fact that Tanzania has supposedly been Covid-19 free since the start of June. President John Magufuli has declared his country to be a corona-free country by decree. Test results are not published; faced with growing state repression, the people are afraid to talk about this topic. A disturbing situation indeed, since epidemics cannot be ended with herbal teas, prayers, and ignorance.

Early player in all countries

But what does that mean for SolidarMed? We have been on site in all project countries right from the beginning of the crisis. From a very early stage, we worked together with the local health care centres to develop protection concepts. We have been training health care personnel in hygiene and disinfection measures.

And we have been raising awareness in people about how they can protect themselves: with radio spots, posters, and talks. We also contribute our expertise through participation in regional and national committees and through that can give important directional input. Yet, when autocratic presidents trivialise the risk of infection, ultimately, we end up fighting against windmills.

In a global crisis of this nature, we too are concerned about the financing of our projects. To date, we have experienced major support. The Swiss Agency for Development and Cooperation (SDC) and Swiss Solidarity financed our Covid-19 emergency aid programmes in Southern Africa very early on without fuss. Donors give concrete expression to their solidarity with large and small contributions. This motivates all of us to view this crisis as an opportunity. The funds are urgently needed. Thank you.

Welcome, Aids & Child

Midway through the year, the *Aids & Child* Foundation joined SolidarMed. The projects in Kenya, India and South Africa are now being integrated into our activities on a step-by-step basis. Continuity is ensured by Martin Ramsauer, the former Co-Director and Project Leader who moved to SolidarMed. We are thrilled by this addition and thus warmly welcome all *Aids & Child* donors. ■



▲ Grandmothers in Zimbabwe: Talk therapy for people with psychological problems. *mh*

A bench that offers hope

The treatment situation for mentally ill persons in Zimbabwe is disastrous. There are 15 psychiatrists and 16 psychologists for a population of 14 million. With the “friendship benches,” SolidarMed is bringing talk therapy developed in Zimbabwe to very rural regions in the south-east of the country.

Zimbabwe Melenia Motokari awaits her client in the shade of an avocado tree. Curls twist around her head like a dark halo. Motokari exudes the serenity of a 73-year-old who has given birth to six children and raised 23 grandchildren. Dorcas Gumbeze, just half her age, slides onto the free seat next to her.

“Welcome, my child”, Melenia Motokari says, greeting the young woman. “Hello Gogo”, answers the visitor.

“Gogo” is the affectionate term for a wise, old lady. With her head lowered, Gumbeze stares at her fingers, scratching at the dark blue nail polish. Silence. Melenia Motokari takes her hand. “You can trust me with what’s weighing on your mind.” Dorcas Gumbeze looks into her eyes. “I don’t dare to admit to my friends and family that I’m HIV-positive”, she starts off, stuttering. “I’m afraid they will despise me for that.”



Zimbabwe

| | |
|-------------------------------|-------------|
| Inhabitants | 16,150,000 |
| Doctors per 1,000 inhabitants | 0,05 |
| Life expectancy m/f | 60/63 years |

After a while, she starts speaking about her deep distress. About her fear of dying, the fear of living with the virus. About her dream of no longer having to sell her body. Melenia Motokari listens and takes notes. It becomes a long list. On her lap

“There is only one way to eat an elephant: a bite at a time.”

Desmond Tutu

sits a questionnaire with targeted questions: “Have you recently had problems concentrating?”, “Do you lack the energy to take care of yourself or others?”, “Have you ever thought about killing yourself?” The young woman answers yes in eleven of 14 items. Eleven symptoms which suggest a mental disorder.

What is happening this morning in the garden of the Glen Norah Clinic in a suburb of the capital city of Harare reflects a silent revolution in a country in which people with psychological problems are stigmatised. One out of six people in Zimbabwe is HIV-positive, and

nearly one out of four patients suffers from “Kufungisisa” That’s the Shona word for depression and means: “When you think too much.” You can paraphrase that as worries that crawl into your sleep at night and fear that robs all your energy. In Zimbabwe, mental illnesses are taboo. No one talks about them. And suicide is a common cause of death in a country in which political conflicts and poverty are conducive to mental illnesses.

Grandmothers as trustworthy behavioural therapists

51-year old Dixon Chibanda is one of the few practising psychiatrists in Zimbabwe. Trained in Czechoslovakia, he returned to his country at the beginning of the 1990s. “What I experienced here in psychiatry reminded me of the film One flew over the cuckoo’s nest.” People wandering through the halls like zombies, shackled patients, incorrectly used electroshocks. Chibanda travelled through Africa: to Ghana, Malawi, Zambia. Everywhere, he found voodoo witch doctors, exorcists and wizards who claimed to cure the “crazies”. But evidence-based psychiatric treatments were lacking.

Patient Erica was his wake-up call. She cancelled her therapy because the bus ride from her village to Harare was too expensive. Two weeks later, Erica hung herself from an apple tree in her village. “That was the rude awakening for me.” Chibanda searched for new forms of therapy to overcome the acute lack of trained psychotherapists and reach people even in village communities.

The grandmothers quickly came to his mind. They are the backbone, heart, and mind of many Zimbabwean families. “They are the guardians of wisdom and experience”, says Chibanda. “They are empathetic, the best listeners, storytellers and comforters. They live in the villages where they are

Zimbabwean psychiatrist Dixon Chibanda developed the **“Friendship Bench” project** to deal with the acute lack of treatment options for patients with mental problems in Zimbabwe. Grandmas and health care advisors, who are respected persons with a cultural conscience of Zimbabwean society, are trained as **lay therapists in psychosocial counselling**. Here they use established methods of talk therapy which have proven to be **effective** in people with mental or neurological diseases or drug abuse. The therapy is administered in the Shona language and is adapted to local cultural concepts. The first stage is: “kuvhura pfungwa”, open the spirit; the second: “kusimudzira”, straighten up. The next step: “kusimbisa”, get stronger. According to Desmond Tutu’s quote: “There’s only one way to eat an elephant – one bite at a time.” In this way, the talk therapists help their patients to recognise their problems and find solutions for dealing with their concerns, one step at a time.



▲ The friendship benches in the health care centres counteract the stigma of mental illnesses. mh

In the spotlight

needed, and they have time.” Actually, these are ideal conditions for a role as talk therapists.

14 years ago, Chibanda therefore started training the first grandmothers as lay talk therapist. Many were already working as village health care assistants. He quickly found suitable

women and adapted the standardised and scientifically tested treatment forms. “The biggest challenge was to eliminate people’s fear”, he says. Initially, the wooden therapy spaces were called “bench for mental health.” Almost no one came. It sounded like craziness, weakness, shame. Then, the grandmothers turned them into a “friendship bench.” Ever since, the demand has been rising.

In the meantime, there are now more than 100 “friendship benches”, divided over 72 health care centres in Harare, the neighbouring city of Chitungwiza and in Gweru. The grandmothers grew into a small army of more than 300 ministers in the fight against “Kufungisisa.” Dixon Chibanda scientifically validated the concept and published studies in international journals.

They show: the lay therapists in Zimbabwe are therapeutically nearly as successful as professional psychotherapists.



SolidarMed brings friendship benches to rural regions

Persuaded by this approach, SolidarMed and Dixon Chibanda developed a joint project for the rural districts of Zaka and Bikita in the province of Masvingo. In these regions, too, the number of people with mental problems is frighteningly high. People with HIV especially fight with mental problems. Therapy options are in short supply. Therefore, SolidarMed is building a new therapeutic offering in the district of Zaka. Already trained “trainers” from Harare have trained over 100 grandmothers, but also other health care advisers in talk therapy. So far, “friendship bench” therapies now regularly take place at 20 health care centres. In the coming months, another five centres will be added to the list.

The offering is integrated in the local health care centres in order to promote the sustainability of the therapy project. This concept is also intended to counteract the stigmatisation of mental illnesses. “Mental illnesses are treatable just like other diseases”, says Dixon Chibanda. “We make people more aware of this through integration in the health care centres.”

For some time now, the friendship benches have no longer been confined only to Zimbabwe. Chibanda trained laypersons in Malawi and Zanzibar. His method is already being discussed today by experts as a showcase model for how people with mental illnesses can be effectively treated in very poor countries. ■

Help for HIV-affected people

In its own project in the district of Bikita, SolidarMed is studying the efficacy of this talk therapy for HIV-affected people together with the Institute of Social and Preventive Medicine at the University of Berne. Mental problems often jeopardise the therapeutic success of HIV-affected people. They stop taking or forget to take anti-retroviral medicines, do not show up for follow-up examinations and thus more often develop AIDS. The study investigates whether talk therapy on a “friendship bench” increases the well-being of those affected and whether their HIV treatment can be improved.



◀ The treatment situation for mentally ill patients is especially disastrous in rural areas. *mh*

Strengthening girls, lowering the number of early pregnancies



▲ Contraceptives and family planning: direct dialogue about delicate topics. 75

Nazaria Baptista is an expert in sexual health. At a health care centre in the north of Mozambique, she talks with young women and men about family planning and contraception. Anna Bagemiel met this dedicated woman on site.

Mozambique An overfilled treatment room in the health care centre in Ncumpe, in the north of Mozambique. Young teenage girls sit on the floor of the room, enveloped in colourful cloths and clothes. Standing behind them are some men, accompanying their partners. One holds his child in a baby sling on his back. Three elderly women lean against the left wall of the room: traditional

midwives from the village who accompany the women and their partners to their exams in the health care centre.

Despite the many people present, it is quiet in the treatment room. All attention is directed to Nazaria Baptista who from her desk oversees the entire room. Her energetic, convincing, and empathetic demeanour

captivates everyone. Nazaria informs the attendees about the topic of family planning. With great precision, this 49-year old woman explains the use of various contraceptives: condoms, Femidoms (female condoms), DPMA injections or the birth control pill. The women and their partners ask questions. Nazaria Baptista answers them all with a lot of patience and compassion.

“These advising sessions are very important”, says Nazaria Baptista thereafter, “since contraceptives contribute decisively to lengthening the period between two pregnancies.” And this protects the health of the young women. Pregnancies which follow each other too

“Teenage pregnancies are a health risk for mother and child which should not be underestimated.”

Nazaria Baptista

quickly increase the risk of pregnancy and birth complications. The health care centre in Ncumpe also dispenses the

contraceptives free-of-charge and counsels the couples individually.

Yet, particularly in terms of individual counselling in family planning matters, there’s a lot of catch-up to be done, says the sexual health specialist. Technically, every prenatal check-up also includes a talk about contraception. Yet many women only take advantage of this appointment in the seventh month, shortly before giving birth. “That’s too late.” The four prenatal appointments are important for detecting potential complications early on. “And then there would also be more time before birth to talk about family planning matters.” Yet many of the women have to travel many kilometres on foot to even be able to get to the health care centre. That’s no easy task especially during pregnancy.



▲ Nazaria Baptista advises young women with a passion. *rs*

Which means SolidarMed’s work in villages is all the more important. Instead of waiting until people come to the health care centres, the health care teams go to them. “The education work on contraception and the risks of teenage pregnancy absolutely need to be expanded”, Nazaria Baptista insists during the talk. Because sexual education in schools falls short. In addition, girls in many parts of Mozambique have to leave school after their first period. This often results in pregnancy and marriage at a very young age. Only occasionally do parents come to the health care centre with their daughters to get contraceptives. “Unfortunately, much too seldom.”

Even if Nazaria hopes for a change in this social phenomenon, she doubts that wide-ranging changes can occur quickly. She just learned from a co-worker that his 11-year old sister got married, with her parents’ full consent. Examples like this spur Nazaria Baptista on. Sexual education work and use of contraceptives are her contribution towards increasing girls’ independence and reducing the number of teenage pregnancies. ■ *ab*



▲ During a follow-up examination, there’s room to also discuss other topics. *rs*

Projects



▲ Provision of disinfectants, soap, and mobile water dispensers to improve the hygiene conditions in Tanzania. *pma* (picture made available)



▲ Temperature-taking as part of the Covid-19 screenings in Lesotho. *pma*



▲ In Lesotho, flyers are used to indicate the correct behaviour in times of Covid-19. *pma*



▲ Unconventional situations require unconventional measures: masks are produced in Mozambique. *pma*



▲ Provision of required materials in the fight against the coronavirus in Chongwe Hospital in Zambia. *pma*

Covid-19: Ensuring basic health care

Together with health care centres and hospitals, SolidarMed has taken steps to contain the spread of the coronavirus and protect patients with other conditions. In Mozambique, Tanzania, Zambia and Zimbabwe, Covid-19 departments and isolation wards were set up in health care centres.

At the same time, the local SolidarMed teams have equipped the health care personnel at partner hospitals and health care centres with protective masks, gloves, protective goggles, and clothing and provided thermometers and basic equipment for hand-washing. Our health care employees receive training on how to detect patients with Covid-19 symptoms early on and provide the best possible treatment. ■ *ab*



▲ The hygiene conditions are being improved in Zimbabwe by providing soapy water. *pma*

Stronger together!

The tradition-steeped *Aids & Child* Foundation joins SolidarMed. The existing activities for children and adolescents affected with HIV/AIDS in South Africa, Kenya and India are continuing. A stroke of luck for both organisations.



▲ HIV/AIDS affected families in the informal settlements of East London (South Africa) are not left to suffer alone with their concerns and needs, but rather are aided by social workers. *mr*

For three decades, the *Aids & Child* Foundation stood up for sufferers of the HIV epidemic. People that often get forgotten. Founded during the time of the open drug scene in Zurich, it was a powerful voice in Switzerland when it came to matters about children affected with HIV. The images from the film “Platzspitz Baby” from 2020 refreshed memories of these 1980s. The spread of HIV in Switzerland is also closely tied to the open drug scene. The virus not only

endangered the lives of drug addicts, but also concerned an entire generation of affected parents and their children.

The *Aids & Child* Foundation came into being in this period in Zurich. It advocated for HIV-affected children and adolescents in need in Switzerland and abroad, supported especially needy individuals and saw to their well-being. Since 2014, the foundation had focused its activities on South Africa, Kenya, and

some years later, India. HIV/AIDS is still very widespread in these countries, with children and their parents getting infected with the virus every day.

Now, the foundation is joining SolidarMed. The proceeds from donations could only have continued to finance the projects for a limited time. By joining SolidarMed, the existing projects are being continued by SolidarMed according to the *Aids & Child* Foundation goal.



The project manager in charge and co-director Martin Ramsauer is moving to Lucerne (see interview). At the same time, the foundation is transferring its foundation capital from a former bequest to SolidarMed. This ensures the sustainability of the projects in favour of the beneficiaries in Africa and India. "SolidarMed is a stroke of luck for the *Aids & Child* Foundation. Both organisations cover similar interests in favour of HIV/AIDS-affected children", says Prof. Walter Zingg, president of the *Aids & Child* Foundation Council. "We are stronger together thanks to the merger."

With the transfer of the projects and assets of *Aids & Child* to SolidarMed, children and adolescents with HIV/AIDS and AIDS orphans in South Africa, Kenya and India will have a solid prospect. *bg*

South Africa: Lucky kids – despite HIV

The children in the *Aids & Child* projects in South Africa grow up under very difficult living conditions. Many have lost their parents to AIDS. Rape and murder are also part of everyday life in the townships of Johannesburg. The local partner organisation provi-

des professional, psychological, and social assistance for highly traumatised children, adolescents, and their caregivers. During home visits, through individual and group therapy sessions, they work on how to cope with the trauma. The clients are empowered to take back charge of their own fate, take their medicines regularly, look for a job, or get an education. The therapeutic work with employees of children's homes and clinics is becoming more and more important: Only once they have gotten past their own painful experiences can they care for the children entrusted to them.

In rural Tzaneen, in the north of the country, many HIV-infected children and AIDS orphans live in extreme poverty.

With regular home visits and group activities, these children are supported in adherence to medicine regimens and advised on topics such as HIV and sexual health. Their caregivers, usually grandmothers, attend workshops on educational topics and learn how they can improve their economic foundations through savings and loan groups, horticulture or starting a small business.



▲ Ensuring schooling of HIV-affected children in Hyderabad. *mr*

The home visits of our social workers also play a central part in a project in the industrial city of East London. Since only in the safety of their own four walls do these people reveal the closely guarded secret of their HIV infection. In order to get through to these people, our local partner organisation works together with a government primary school. Distributing breakfast to the 800 pupils, regular private tutoring, offering individual advice, health check-ups and a day care centre improve the children's future opportunities.

Kenya: Help in Butere

One out of six people in this rural project region in Western Kenya is infected with HIV. Access to the life-saving medicines is made very difficult by the widespread poverty (often, there's not enough money for the monthly clinic visit) and poorly trained health care personnel. This project started off with a monthly club meeting for infected children. Today, 65 HIV-positive children and their families are intensively supported. A highly motivated team regularly visits



them at home and at school and assists them in living with the virus. General health checks, accompaniment to the clinic, tutoring during school holidays, distributing school uniforms, assistance with vocational training and training of peer educators round off the programme.

India: Hope in Hyderabad

Overall, HIV/AIDS is not as widespread in India as in Sub-Saharan Africa. In

the megalopolis of Hyderabad/ Secunderabad, where the North-South and West-East transit routes through the subcontinent cross, the spread of HIV in at-risk groups is however similarly high at 10-40 percent. This a result of human trafficking, long-distance drivers and forced prostitution. HIV-positive people are excluded from society. Although HIV medicines are produced in India and even exported to Africa, many infected persons do

not receive sufficient quantities of their tablets due to the widespread corruption. The project enables and reinforces the schooling of HIV-affected children. It assists them and their parents with health issues and adherence to therapy, carries out prevention campaigns and offers children and adolescents in need temporary lodgings as well as state-recognised vocational training in its own vocational training centre. ■ *mr*

“SolidarMed was the partner of choice for Aids & Child”

The previous *Aids & Child* project leader and co-director Martin Ramsauer will continue to supervise the projects at SolidarMed. They will be integrated into SolidarMed’s programmes.

What do you hope for your existing projects under the umbrella of SolidarMed?

My wish is that the medical components of our projects will be further reinforced by SolidarMed’s know-how. In addition, I hope that some projects will also be considerably expanded, as this would not be possible without our collaboration with SolidarMed, and that we thus contribute to more HIV/AIDS-affected children being able to lead healthy and independent lives with dignity.

How does a project in India fit in with the projects in Africa?

Aids & Child operated in India because the need of HIV-affected people there is as large as that in Sub-Saharan Africa. Many HIV-positive people in India still have no access to the vital medicines and the huge stigmatisation results in social isolation and in some cases to expulsion of children from school.

How do you rate the threat of HIV for children in 2020?

Luckily, mother-to-child transmission has significantly declined in past years thanks to the appropriate protective measures around the world and even in our mission countries. The largest risk group for new infections in Southern Africa consists of 15-24-year old young women, which is a result of poverty. We must put an end to the vicious cycle of poverty and HIV through a holistic approach – only thus will we be successful in reducing the threat represented by this virus.

What strengths of A&C should SolidarMed make absolutely sure to continue to foster?

The success of our work is based on four main pillars: our close and very personal cooperation on equal footing with local partner organisations, our close proximity to those receiving assistance, our holistic approach and our long-term commitment.



▲ Martin Ramsauer continues to supervise the *Aids & Child* projects. *mr*

SolidarMed was the partner of choice for *Aids & Child* because we think, and hope, that we can continue to stay on this successful path under the new umbrella. ■ *bg*



► Terzeina Jacinto walked 11 km with her son Atanasio Macia to get to the nearest health centre. Her child is suffering from malnutrition. Neither of them had eaten anything that day. *rs*

“Malnutrition is closely associated with the financial situation of affected families. If the economic situation changes, the nutrition situation also improves.”

Marielle Jousse MD, Project Manager, MAMA, Mozambique

Showing solidarity – even beyond death

It's no pleasant task dealing with one's own mortality. But as Benjamin Franklin once said: "Nothing can be said to be certain except death and taxes."

One day, all of us will go. It's only the when we don't know. Usually, we think, it's far off and we likely still have enough time to settle our affairs or to do this or that. But it can come quickly. I remember the day my uncle passed away suddenly, shortly after his 50th birthday. Fit as a fiddle, in the prime of his life, he lost his life while riding a bicycle. The only consolation is that he died doing something he loved; nonetheless, it was a hard blow for the whole family.

Therefore, as macabre as it might seem, it is never too early to think about one's own death. To note down one's wishes and write a will. That way, you gain clarity not only for yourself, but also for those you leave behind.



▲ Andrea Schneeberger is your contact person when it comes to bequests. 15

“A bequest to SolidarMed helps many impoverished people to enjoy better health.”

Andrea Schneeberger

Writing a will is easier than many think. The first step is to find out what assets there are, what legal heirs in the family exist and what other close people you would like to consider. Perhaps there is an organisation which is also close to your heart that you would like to continue to support even beyond your death.

If you would like to support an organisation, and are married with children, we recommend making a bequest. In case of people who are unmarried and have no children, organisations such as SolidarMed can also be used as heirs.

In the absence of neither a will nor legal heirs, the entire estate goes to the state.



Order our folder on the topic of “Legacies & Bequests”

using the enclosed reply card. Andrea Schneeberger will also be happy to answer your questions personally – confidentially and without obligation.

 solidarmed.ch/en/bequests

The good gift idea: A SolidarMed gift certificate

The two owners of “Wirkungsgrad Ingenieure AG”, Nermin Prasovic and Nicolas Bless, often wondered: “How can we thank our customers in a deliberate and sustainable way?” Last year, they opted for gift certificates from SolidarMed. “We found what we had hoped for: a meaningful gift with a long-term effect and a message”, says Nicolas Bless, happily.

His partner Nermin Prasovic adds: “With the gift certificates, we showcase what values we stand for and that we are deliberately deciding against giving consumer goods and for making a positive contribution in Southern and Eastern Africa.”

The responses to the Christmas gift-giving campaign of these two last year were overwhelmingly positive, the two business owners report, thrilled. Their customer’s feedback showed them that a change of views is happening, away from thoughtless consumerism and towards gift-giving with meaning.

“The great part of the gift certificates is that they actually make a difference”, states Nermin Prasovic. “In a project you can select yourself.” His partner, Nicolas Bless adds: “The positive feedbacks in the professional setting inspired me, in the private setting as well, to delight my friends and family by giving them gift certificates.”



▲ The business owners rely on SolidarMed gift certificates for their Yuletide gift-giving. *Pictures made available*

Give something “meaningful” too

What kind of meaningful present can I give, is the question that comes up more and more, whether as a private person or a company, whether it’s for a birthday or an anniversary. And perhaps you’re even already planning your gift certificates for year-end now. We’re happy to advise you and will adapt the certificates to your needs. One thing’s for sure: Christmas is definitely coming. ■ *ab*

More info at:  solidarmed.ch/en/certificate

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