

Focus

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Collins Omondi is a great role model for many young people. Due to side effects of an HIV medicine, he almost lost his eyesight. As a peer educator, he tells others how he overcomes the many challenges in his young life. *mr*

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Thank you very much!



SolidarMed improves health care for more than 2.5 million people in rural Africa and in Hyderabad, India. We systematically improve medical services and 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. SolidarMed is supported by the Swiss Agency for Development and Cooperation (SDC), Swiss Federal Department for Foreign Affairs (FDFA).

Remembering 95 years of SolidarMed



Prof. Dr. med. Niklaus Labhardt
President

SolidarMed was founded by Dr. Friedrich Kürner in Zurich 95 years ago under the name “Swiss Catholic Association for Missionary Medical Care”. Created in the colonial and missionary period, the activities at the time were inspired by an impetus for Catholic relief for people in the global south. Yet, just as we have transformed and modernised our perception of Africa in Europe over the course of the last 100 years, so has SolidarMed’s understanding of its own mission: Starting in 1987, SolidarMed transformed from a church-based aid organisation into a modern Swiss non-governmental organisation. SolidarMed’s core values of solidarity, equal opportunities and the universal right to medical care remain intact. Today, we see our mission as egalitarian cooperation with local partners on an equal footing in terms of giving and receiving.

Looking at pictures or reading reports from our beginnings awakens ambivalent feelings in me today: The patronising attitude toward Africa expressed at times in these historical documents is foreign to me and does not fit with my understanding of global cooperation. Nonetheless, I have great esteem and respect for those Swiss men and women who back then, and sometimes for decades, lived in very remote regions of Africa under the most basic conditions and positively contributed to the health of the local population.

I am pleased and proud today to belong to a modern, international organisation which strives towards improving global health as a partner of local, national and international organisations. SolidarMed is an organisation which lives and breathes diversity and internationalism and seeks out innovative solutions together on an

equal footing with organisations in our partner countries. Thanks to long-term, integrative projects and many loyal donors, the organisation is appreciated as a dependable partner.

95 years of SolidarMed. 95 years of change and progress. The fundamental conviction which drives our work and will continue to do so in the future with great urgency has remained constant: Everyone has the right to access the best medical care! I am thrilled with where SolidarMed is present and what it stands for today. All of us – members, the board of directors, the management and employees together with many loyal donors – will continue to devote ourselves to ensuring that our organisation does not remain stuck in the past, but rather that we are constantly moving and looking forward. Only this way can we tackle the challenges in global health today and in the future.

We are taking advantage of this anniversary year to collect and publish personal experiences, stories and events from the past. If you have any stories about SolidarMed from past eras, or would like to share photo or film material, we look forward to hearing from you. For more information, please see the back of the magazine.

Thank you for your loyal support! ■



▲ The children and teenagers listen to Collins with avid attention at the monthly meeting. *mr*

Let's talk about sex.

The engagement and involvement of peers when it comes to youth sexuality is a successful concept. SolidarMed supports young people and shares information about sexual rights, contraception options and protection from sexually transmitted diseases.

Kenya and Zimbabwe A group of children and teens sit in a circle in the shade of a large tree. They listen to the enthusiastic Collins with avid attention. Without shame, the young man, together with his colleague Faith, explains how HIV is transmitted, but also how young people can protect themselves from it. Each month, this group of HIV-positive children and teens meet to discuss topics like these. These meetings are designed to strengthen the

physical and mental well-being of HIV-positive people. They are a central component of a SolidarMed project in the Butere region of Africa, which is implemented by our Kenyan partner organisation "Don Amolo. Memorial Kid's Arc" (DAMKA). DAMKA looks after around 140 HIV-positive children and teenagers. Thanks to the monthly club meetings, in which peer educators are involved, the participants receive, in addition to health checks and medi-



Kenya	
Inhabitants	52,573,973
Doctors per 1,000 inhabitants	0.2
Number of people with HIV/Aids	1,500,000

nes, age-specific information through workshops and discussions as well as a joint lunch.

But sport and games are on the programme as well, a crucial component in promoting the children's and teenagers' physical health.

Collins Omondi was born and grew up HIV positive. In primary school, he never talked about his status, not even with his teacher. He was shy and afraid of being outcast. Only through his exchanges in a group with other affected children and teenagers did he learn how to talk about his HIV infection, to express himself and feel understood.

Collins wants to pass on this experience. As part of the monthly meeting, he talks to HIV-affected children and teenagers and helps them be able to live a normal life, in spite of the virus. Collins also puts his whole heart into making sure that HIV-positive people do not suffer discrimination. Through the meetings and his exchanges with peers sharing his fate, he has developed into a self-confident and independent young man. As a peer educator, Collins is vested with a lot of trust and helps young men and women on their path.

Knowing how to handle changes in your body

Often, young people are left completely on their own when it comes to the changes happening in their bodies. They educate themselves through various channels which do not offer complete or verified information on topics such as contraception, sexuality or pregnancy, e.g., through social media. One consequence of this is unwanted teenage pregnancies.

Besides higher health risks of teen pregnancy for mother and child (see box), they often lead to illegal and

risky abortions by traditional healers and other dubious care providers. In their despair, pregnant girls often take

“Teens tend to listen to me more since we’re the same age. They also trust me since I’ve known them for a while now and we’ve become friends.”

**Collins Omondi, Peer Educator,
Butere, Kenya**

e.g., herbs which can induce life-threatening bleeding. Teenage pregnancies also force girls to quit school. This drives these young women further into poverty.

Talent, for instance, is a 16-year-old girl from Zimbabwe. Sexuality and contraception were taboo in the education she received from her parents and school. Like many adolescent women in Zimbabwe, Talent had heard about means of contraception such as condoms but did not know how to get

or use them. Then she became pregnant without wanting to. Luckily, this young woman received all the prenatal checks during her pregnancy from the local health care centre and the pregnancy ran without any complications. She spent the final weeks, right down to the day she had a premature rupture of the membranes, in the maternity waiting home at Silveira Hospital. A few days later, her baby was delivered by caesarean section in the maternity ward. Today, Talent is happy about her healthy baby and is grateful to the midwives and doctors for the good care she received. But the shock over what happened to her still runs deep and she wants to prevent another unwanted pregnancy in the near future at all cost.

SolidarMed employee Eveline Muvirimi takes young girls like Talent under her wing, educating and advising them about the various means of contraception. Eveline is the head of the project which improves quality and health care for young women and mothers with newborns. Her target group also includes teenagers.



▲ Sport and games are a crucial component when it comes to promoting physical health. *mr*



▲ Young Talent holds her baby in her arms.
Picture made available

Starting this year, SolidarMed will focus more on teenagers in Zimbabwe. The professionals at the health care centres will be trained in the needs of these young people. Self-help groups for pregnant teens, education campaigns in the villages and youth-friendly services play an active part. Peer educators, too, are of vital assistance in closing knowledge gaps among teenagers. They too are already

being employed by the HIV project team in Zimbabwe.

Role models create more role models

Peer educators such as Collins in Kenya were shaped by contacts with peers by being able to talk to them about topics which concern them. Today, Collins is an important role model for other teenagers and makes a lasting impact on their lives at the monthly meetings. Peer educators are supported by professionals who do not always have direct access to the teens.

“It’s fantastic to see how timid Collins has grown into a self-confident young man who is firmly in control of his life and supports others in this process”, says Dorothy Mabunde, founder of DAMKA. “It’s stories like these that give us strength to continue working with peer educators to instil self-confidence, strength and knowledge about sexual health in the young generation.”

■ pm



Zimbabwe

Inhabitants	14,645,468
Doctors per 1,000 inhabitants	0.2
Number of births in 15-19-year-olds per 1,000 and per year	108

Teenage Pregnancies

Although the number of teenage pregnancies worldwide is falling, it is still high in SolidarMed’s partner countries. If a girl gives birth early in her life, she often needs to quit school. Poverty and ostracism are the result. This is also dangerous from a medical perspective. A girl’s body is not yet prepared for the burden of a pregnancy. Complications for mother and child, which can be fatal, are no rare occurrence.

In Zimbabwe, for example, 23 percent of maternal deaths happen due to pregnancies in girls aged between 15 and 19 years. The risk of pregnancy poisoning or a dangerous infection is high at this age. In addition, the babies often have a low birth weight and premature births are becoming more and more frequent. Persistent health

problems which follow these young women their whole lives are not ruled out either. Prolonged labour can result in obstetric fistulas, tears between the vagina, bladder and rectum through which urine or faeces leak out. Although the problem can be corrected with a simple surgical procedure, treatment is not widespread. Women live with incontinence, foul odour and other side effects. Often this gives rise to psychological problems and social marginalisation.

Five questions for Collins Omondi



▲ Collins has grown into a self-confident and happy young man. *mr*

What do you enjoy the most as a peer educator?

I have the privilege of assisting others on their path through my experiences and I myself learn more and more each time around.

What is the biggest challenge as a peer educator?

The children's and teens' individual situations are very different. It's not always easy to give the right advice and start an open and direct conversation.

Why is your work important?

Teens tend to listen to me more since we're the same age. They also trust me since I've known them for a while now and we've become friends.

What are the adults' reactions?

They see me as a good example and are happy that I talk to their kids. They know how many challenges I've overcome in my own life and have seen me grow up.

What are you particularly proud of?

I'm proud to be able to lead a normal life and hope that I never let myself be dominated by the HIV in my body. ■ *pm*

Peer education in the SolidarMed projects

Lesotho und Tanzania Socialisation of adolescents and knowledge exchange happens in many cultures through peers. The peer education programme's approach builds on this when it comes to reproductive and sexual health in SolidarMed's projects. Knowledge transfer and discussions about reproductive and sexual health topics can be accomplished more effectively among peers. Young people internalise messages or better adapt their behaviour when the information is conveyed by people on an equal footing, by people who share the same concerns. This method shows success, particularly in a socio-cultural context in which many topics are taboo.

Last year alone, for example, in Lesotho, in Mokhotlong District, SolidarMed trained 15 teenagers from the village communities, in whom peers hold great trust. Once a month, all the peer educators meet with Mamonyane Makhetha, a trained nurse. She gives advice, deepens knowledge and answers questions. The teens take this information back to their villages. Mamonyane Makhetha also accompanies the peer educators to public information campaigns right in their village communities which often have the character of a youth festival with lots of music and dance. In addition, SolidarMed plans to open a house near the hospital in the district



▲ Monthly peer educator meeting in Lesotho. *M. Makhetha*

capital Mokhotlong, which will be available to adolescents for advice and medical services.

In Ulanga District, Tanzania, SolidarMed has set itself the goal for this year of educating and raising the awareness of at least 10,000 teens in meetings in the villages on sexuality-related topics and education. Peer educators are used, but dialogue is also sought through schools and teachers.

Our solidarity is needed

Protection for health care personnel and the population in the fight against Covid-19

The coronavirus poses fierce challenges for health care around the world. In Southern Africa, where there is a shortage of necessary intensive medical care, ventilation equipment and nursing staff, people with severe Covid-19 infections have slimmer chances of survival. “We must ensure that people who are in charge with providing medical care to the population are adequately protected from Covid-19”, said Jochen Ehmer, director of SolidarMed, at the start of the pandemic. “Only this way can we guarantee health care for other diseases as well.” Functioning health care facilities are an important objective of our interventions. At the same time, at-risk groups must be protected from infections: People afflicted with other severe infections such as tuberculosis, malnutrition or HIV.

The consequences of the global pandemic on the programme countries:

- ▶ At the beginning of this year, a second wave overran several African countries, bringing with it more serious consequences than the first wave had.
- ▶ New lockdowns and curfews will drive even more people into poverty, raising the need for health care, food and educational services.
- ▶ According to WHO head, Tedros Adhanom Ghebreyesus, there is a massive divide among Covid-19 vaccines: 39 million vaccine doses were administered by mid-January in wealthier countries, compared to just 25 doses in poorer ones.
- ▶ At the time of going to press, the African continent recorded a total of 3,597,188 Covid-19 cases and 92,370 deaths.

Tanzania



- ▶ Prevention training for 143 village workers.
- ▶ Set-up of isolation stations and screening at our partner hospitals in Dareda, Malinyi and handing out of personal equipment at the same locations.

Zambia

- ▶ Dissemination of information materials and prevention messages over the radio.
- ▶ Holding awareness-raising training for clinical trainers and teachers at three partner nursing schools.
- ▶ Carrying out screenings at six health care facilities.



Zimbabwe

- ▶ Prevention training for 1,143 people in 31 villages in Chikombedzi and Bikita.
- ▶ Deployment of 33 hand-washing stations and maintenance and repair of water pipes at 7 health care facilities.

South Africa

- ▶ Distribution of food packages, vouchers
- ▶ Prevention training for health care persons



India

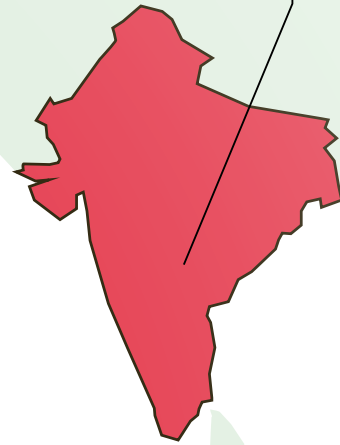
- ▶ Distribution of 1,483 food packages to 700 households during the lockdown.



Kenya

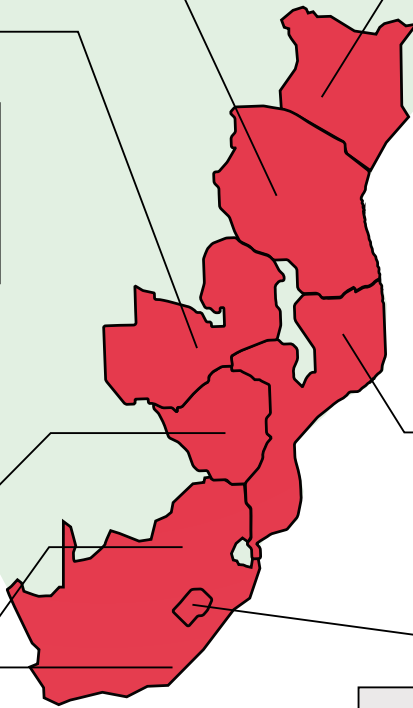
- ▶ Distribution of food packages, vouchers and hygiene materials (masks, soaps).
- ▶ Prevention training for health care personnel and laypeople.

health care
 ening centres
 Mahenge and
 al protective



Mozambique

- ▶ Training of 72 laypeople to convey prevention messages in Chiúre and Ancuabe.
- ▶ Prevention training for 267 traditional midwives.
- ▶ Assembly and use of “tippy tap” (hand-washing system).
- ▶ Training of 246 nurses in using personal protective equipment and triage in Chiúre, Namuno and Ancuabe.



Lesotho

- ▶ Holding training on infection prevention, on Covid-19 screenings and triage for around 520 nurses and support staff.
- ▶ Set-up of isolation stations at 3 partner hospitals.
- ▶ Development of information materials, e.g. flyers and podcasts, together with the youth centre.



s and hygiene materials (masks, soaps).
 onnel and laypeople.

Interview with Benatus Sambili

Country Director with a passion



▲ Benatus Sambili is SolidarMed's first local Country Director. *picture made available*

Benatus Sambili started as a country coordinator in Ifakara, Tanzania, last April. He is the first-ever local country coordinator in a SolidarMed programme country. This expert in public health and family man in his own right hopes to further strengthen teamwork and SolidarMed's work in Tanzania.

Tanzania Benatus Sambili (42) is very pleased to be able to fully utilise and expand his expertise, now as a Country Director, in improving health care provision in Tanzania. This trained dentist talked to us about how sooner or later, we end up in the right field of work when we follow our passion.

You're originally a dentist. What are your intentions with this training and how is it that you're now working as a SolidarMed Country Director?

I started off as a dentist, but I always dreamt about becoming a researcher and academic. We all have our dreams. After my Master of Public Health, I worked as a lecturer at the university.

But at a certain point in our careers, we should ask ourselves whether our dreams coincide with our passion. I noticed, however, that academia did not fulfil me. When in 2021 I started as head of a project to improve maternal health in the international NGO sector, I realised: this is my passion!

Benatus Sambili, how were the first few months at SolidarMed?

My start as a Country Director in April was exciting. I was very pleased to start in an organisation whose goal is to strengthen health care systems, since that's just my area of speciality.

How did SolidarMed's partners react to the change?

That was an odd experience. Part of my introduction programme was to meet with the various SolidarMed partners. This included people from the university and hospitals and government representatives. It came as a surprise to them that the new Country Director of SolidarMed was a local. They asked whether SolidarMed was dissolving or whether I was taking over the position during the pandemic as a transition. Since that time, they're starting to appreciate me a great deal. They see that the projects are continuing and SolidarMed is also acquiring new projects. Our partners now understand that this is not a transitional solution and they are now taking me seriously.

Where do you see the advantages and disadvantages of a local Country Director?

As an international non-government organisation, we aim to transfer knowledge from the north to the south and back while at the same time establishing sustainability. With a local professional, you promote both. An expat would likely have less difficulty making decisions than a local. The latter may worry more with each decision about how his own community will view and judge him.

Have you already made any changes to how your team works together? If so, what are they?

At the beginning, they all worked on different projects in their own areas. To promote cohesion in the team, I called for a weekly team meeting. During this virtual team meeting, we

bring each other up to date on the events in our country programme. The project team in the districts of Malinyi, Ulanga and Mbulu communicates with each other once a month about project implementation. In addition,

“As an international NGO, we aim to transfer knowledge and at the same time bringing about sustainability. With a local Country Director, you promote both.”

there is also the quarterly meeting of the national programme team. Over two days, we discuss what we've implemented and learned and what we're planning next. The goal is to promote exchange in the team and expand our knowledge about our projects.

What do you need to do to improve the quality of medical care in Tanzania?

For good collaboration, things have to be done cohesively, especially when you are working with other organisations and service provision has to be ensured. We can all benefit from good coordination.

In your opinion, what sets SolidarMed's work apart?

All employees at SolidarMed are part of a service provision system. So, for example, our project leader in Malinyi is a manager and a doctor, but sometimes he also handles a task in the hospital's technical area. That's not necessarily the case in other organisations. Employees often only visit the project areas briefly to collect information and then they go back. SolidarMed works differently, thus sustaina-

bly strengthening the local health care system.

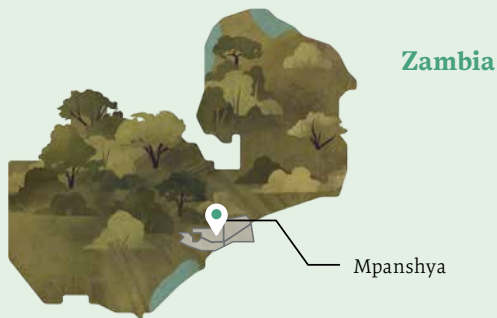
What are you especially proud of in your team?

For good collaboration, it's important that everyone understands what everyone else does and how we can assist every single person. By way of example, a programme manager needs



▲ Benatus Sambili is especially proud of the great teamwork on his team. *pma*

to understand what a clerk does and vice versa. I'm pleased with my team's eagerness to learn and proud of our great teamwork. ■ *ji*



Housing to combat shortage of specialists in rural Zambia

Zambia The disparity is significant. 90 percent of trained health care personnel lives in urban areas whereas more than half the population lives in rural ones. A lack of personnel housing is the main reason why health care personnel stay away from rural regions in Zambia. SolidarInvest, the social company for rural living, started in 2011 as a SolidarMed project and is dedicated to construction, maintenance and rental of personnel housing. SolidarMed intends to utilise these resources to combat the shortage of health care personnel in rural areas and ensure that health care is provided. In addition, SolidarInvest evaluates existing personnel housing belonging to health care facilities. These residences are incorporated through long-term management agreements and then upgraded such that they fit in SolidarInvest’s own housing portfolio. The rent is automatically deducted from the health care personnel’s salary. The proceeds are invested in maintenance and the surplus used for newly upgraded housing and hospital expansion projects.

SolidarInvest collaborates with several health care institutions in the districts of Chongwe, Rufunsa, Luangwa, Nyimba, Chinsali and Kawambwa with several health care institutions. As part of another project called “Sustainable Housing for Health” (SH4H), in 2020, SolidarMed built a total of 24 housing buildings which SolidarInvest now manages. Currently, the portfolio comprises 64 residential units and by mid-2021, another 43 will be added. This will raise the anticipated total of managed units to 107. SolidarInvest and SH4H are financed by the Hilti Foundation based in Schaan, Principality of Liechtenstein. ■ *ji*



► New SolidarInvest personnel housing, Mpanshya, Rufunsa District. *gb*



► The solar panelling on the roof supplies energy for everyday use. *gb*



Renovation of the Ifumbo mini hydroelectric power plant in Mbingu

Tanzania Franciscan Sisters of Charity (FSC), a women’s order in Tanzania, has been developing the town of Mbingu since the 1990s. Mbingu now boasts a health care centre, several social facilities and a spiritual centre for more than 20,000 people. In 2008, the order contracted the construction of a hydroelectric power plant which produces up to 850 kilowatts of power. This is fundamental to supply power to the social services in Mbingu, including the health care centre.

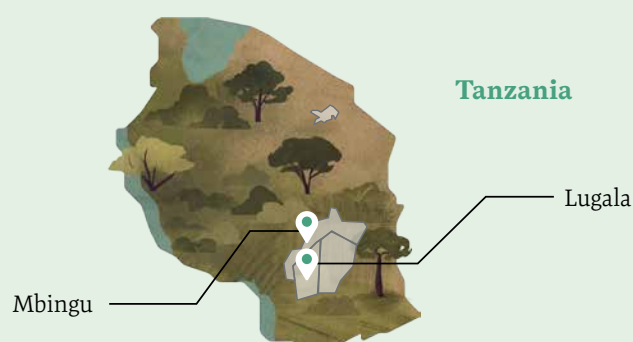
In April 2020, part of the concrete pressure line was damaged, resulting in a power outage. This caused the health care centre and other facilities to shut down. Since October 2020, SolidarMed, which has been active in Tanzania since 1999, has supported the restoration of access to basic medical care for the population of Mbingu. The project is financed by the Swiss Agency for Development and Cooperation (SDC) in Tanzania and the women’s order. At the end of 2020, SolidarMed, together with its local partner FSC, was able to begin implementation and replace the damaged component with an extremely resistant steel pipe (particularly with respect to extreme weather conditions) resistant steel pipe. And at the end of January 2021, the project was successfully completed. Thanks to the power supply working again, the vital health care services for around 20,556 people in the Mbingu catchment area are restored. ■ *ji*



▲ Thanks to the new machine, in the future patients will be able to receive the right treatment within a few hours. *ob*

Rapid diagnosis of tuberculosis infections at Lugala Hospital


Tanzania In Tanzania, there are many cases of tuberculosis. The Malinyi District is one of the most affected areas in the country. Tuberculosis is traditionally still frequently diagnosed using microscopy. This wastes a lot of valuable time, however. Since 2010, the World Health Organisation (WHO) recommends a GeneXpert device to diagnose tuberculosis. Compared to microscopic testing, this device provides a diagnosis within a matter of about two hours. In addition, this makes it possible to detect pathogen resistance to one of the most important medicines. At the beginning of 2021, with the generous support of the Allschwil Rotary Club, SolidarMed was able to purchase one of these laboratory machines for Lugala Hospital. Combined with the training of health care personnel and village health workers, as well as education campaigns in the surrounding villages, they can diagnose and treat tuberculosis earlier. This contributes to fewer people dying from this disease and fewer new infections. ■ *ji*



A snapshot

◀ Maria Paolo* with her son in front of the health care centre in Namuno, Mozambique, after a check-up. *rs*

** Name changed by the editorial staff*



“Prevention through medication in case of a positive HIV test result means that HIV is not transmitted from mother to child.”

Gaoussou Diakité MD, Technical Adviser MAMA, Mozambique

Programme start: Consortium in the fight against noncommunicable diseases

A SolidarMed-led consortium will actively tackle the increasing problem of noncommunicable diseases in a combined research and implementation programme in Lesotho. It will be supported by the Swiss Agency for Development and Cooperation.

The number of people with noncommunicable diseases such as high blood pressure, diabetes, and mental illness is also increasing in Southern Africa. In contrast, the frequency of infectious diseases such as HIV/AIDS is decreasing. Lesotho, which has been strongly affected by the HIV epidemic in the last five years, has managed to significantly decrease transmission of HIV and AIDS deaths with a testing and treatment strategy. A crucial element in this is the active participation of lay health workers in the village communities. They test and treat HIV-positive people even in areas far away from the nearest health care centre. This successful approach is now also going to be used as part of the SDC-promoted programme in the treatment of noncommunicable diseases.

ComBaCaL (Community Based Chronic Disease Care Lesotho) is a medical implementation and research programme which was developed by a consortium led by SolidarMed along with the Swiss Tropical and Public Health Institute (Swiss TPH), the National University and the Ministry of Health of Lesotho as well as other local stakeholders.

Significance beyond Lesotho

The five-year programme will be launched in two geographically remote districts in Lesotho. It will initially focus on patients with high blood pressure and diabetes. Later, it will incorporate



▲ Lay health care workers facilitate treating noncommunicable diseases even in remote villages of rural Lesotho. A. Amstutz

mental illness. More than 200,000 people can be provided with enhanced preventive measures, preventive screenings, diagnoses and treatments for noncommunicable diseases. At least hundreds of local health care workers and their families will benefit from the programme and this way receive help to help themselves. Six young scientists from Africa (half of whom are women) will have the opportunity to enrol in a master's or PhD programme. More than sixty practising doctors will benefit from further training. Through its integrated research component, ComBaCaL will generate scientifically validated knowledge for the treatment of noncommunicable diseases, thus contributing to the

detection and treatment strategy of noncommunicable diseases around the world. ■ pm

Read more about this programme on our website:

 solidarmed.ch/en/combacal



95-year anniversary

Appeal: We look forward to hearing about your experiences and stories.



▲ Dr. Bertha Hardegger often treated the sick while on the road during her travels to remote locations. This picture was taken in 1938 in Basutoland, now Lesotho, where she lived for a total of 30 years. *Archiv*

This year, SolidarMed is celebrating its 95-year anniversary. Just as our view of Africa has changed over the past 100 years, so has the organisation. The look back into the first annual reports show the organisation's Catholic origin in the 1920s. Since that time, SolidarMed has reinvented itself time and time again, becoming a modern organisation. A professional, multicultural organisation for international collaboration has emerged from a Catholic society for Swiss missionary doctors. What has remained, is the dedication to solidarity and the dedicated people who give their all for the right of all to access the best-possible health care.

We are using this year to collect and publish personal experiences, stories and events from past decades and report on what has happened in the past 95 years. If you have any stories about SolidarMed from past eras, or would like to share photo or film material, we look forward to hearing from you. ■ *pm*

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