

Focus

21/2 5.2021

In the spotlight Why good staff housing improves health care

SolidarMed makes a difference How SolidarMed puts scientific discoveries into practice

SolidarMed face-to-face Speaking to board member Bernadette Peterhans

Good to know SolidarMed assists refugees in the North of Mozambique



Partnerships for Health

SOLIDAR
MED

03 A point of view

The backbone of the health care system

Jochen Ehmer on the importance of secure housing for health care personnel.

04 In the spotlight

Staff housing for health

SolidarMed is successfully involved in the construction and running of simple staff housing to sustainably improve rural health care provision.

08 SolidarMed makes a difference

From knowledge to impact

SolidarMed develops programmes in collaboration with partners based on validated scientific knowledge.

10 SolidarMed face-to-face

Knowledge transfer as a catalyst

Board member Bernadette Peterhans reports on more than 30 years of experience in medical development collaboration.

14 Projects

Subsidies for non-electric icebox

SolidarMed and partners have developed a non-electric icebox to store vaccines and food in rural Mozambique

15 Anniversary

SolidarMed through changing times

How a mission organisation for medical personnel developed into a modern, effective relief agency.

16 Good to know

Humanitarian crisis in the North of Mozambique

Thanks to your donations and Swiss Solidarity, SolidarMed provides support to 100,000 people in need.



On the cover

Seba Phiri and Linda Chitentabunga both completed SolidarMed's vocational training programme. The picture shows them on a SolidarInvest construction site in Zambia. *gb*

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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.

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The backbone of the health care system

Dear Readers,

Do you still remember when people in Italy were applauding on balconies to pay their respect to those who risked their lives for others? A brief media moment of gratitude dedicated to the committed and competent health care personnel around the world who stood firm for others in the COVID-19 crisis. Qualified personnel are the backbone of every health care system, including here at home in Switzerland. Who else should vaccinate, care for and treat us when we need medical assistance?

And yet, around the world, there is a shortage of 17 million health care professionals – most of them in poor countries. Africa, for examples, has only 4% of the globally available health care personnel, although that is where 25% of the world's cases of disease occur. It is not hard to imagine what that means in concrete terms for a child with malaria or a mother with HIV. Due to the demographic and epidemiological changes, the unmet need will continue to drastically increase over the next 10 years. A silent and continuous catastrophe ignored by the media.

SolidarMed does not want to resign itself to this reality. Therefore, in many countries, we support the training of clinicians, midwives and nurses. We train personnel with innovative programmes while improving the quality and practical applicability of training. At the same time, we create conditions so that trained personnel can move to, and once there, remain in, rural areas. Secure housing is one of the most important prerequisites for this, as confirmed by numerous studies. A roof, bed, electricity and running water – not much else is needed for a registered nurse to feel at home in rural Africa.

SolidarMed searched for and found partners to sustainably promote housing construction for health care personnel and expand its expertise in the field of construction. The Hilti Foundation, from Liechtenstein, is one example. Thanks to the teams from Vaduz, housing for health care personnel is now less expensive, better and greener. We use solar power, less cement, produce fewer CO₂ and train building professionals who then go on to work as small entrepreneurs in their own villages. We even formed a small business that generates income from rent proceeds which in turn assures maintenance and upkeep. Read more starting on page 4.

Thus, a lot is interconnected and some interdependent. Climate, prosperity, security and health are closely interlinked and decisive for the lives of our children. Modern development cooperation can only happen cross-sectorally and with good partnerships. And even a virus like COVID-19 is only controlled when we all work together and achieve high vaccination rates around the world. Together, we need to take more precautions, since it is only a matter of time until the next pandemic. This is impossible without dedicated and competent health care personnel.

Please continue to support us!

Have fun reading,

Yours sincerely,

Jochen Ehmer



Jochen Ehmer MD
Director of SolidarMed



▲ Registered nurse Otrine Dhlodhlo Haakonde with her son Ethan in front of her SolidarMed-built house in Mpanshya.. gb

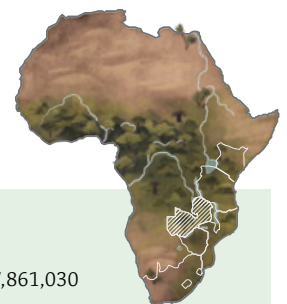
Staff housing saves lives

Remote health care centres in Africa are not the most attractive working locations, even for local professionals and their families. Jobs often remain unfilled if appropriate housing options are lacking. Therefore, since 2013, SolidarMed has successfully got involved in the construction and operation of simple staff housing facilities in Zambia.

Zambia Evonne Lubinda worked for 7 years as a nurse in Mpanshya. She had to live with her family under uncomfortable conditions. The bathroom and toilet were located outside the house, and she pumped the drinking water from the well at the health care centre. Hardly pleasant living conditions for a qualified registered nurse.

Thanks to her experience, in 2019, Evonne was promoted and transferred to a

larger health care centre in rural Chinyunyu. She was lucky, since SolidarMed had constructed six simple staff houses shortly before her arrival. Now she lives in one of these new houses together with her daughter and a niece. “A good housing situation motivates me to work efficiently and perform well as a nurse”, Evonne Lubinda says. The solar panels on the roof of the house also contribute to her new-found quality of life.



Zambia

Inhabitants: 7,861,030
Doctors per 1,000 inhabitants: 0.187 (4.4*)
Life expectancy m/f: 61/67 years (81/85*)

* Comparison figures for Switzerland

Evonne and her family now have electricity for light and a refrigerator. “With the staff houses, SolidarMed has truly strengthened our medical professionals”, she points out.

There is a critical shortage of health personnel in every country in Southern Africa, especially in rural areas. Provision of basic health care suffers as a result. Targeted incentives and strategies to attract good health care personnel to rural areas are needed to tackle this problem. A study by the World Health Organisation (WHO) mentions, for example, governmental performance bonuses for jobs at remote health care centres as well as training bursaries. However, the availability of housing is a decisive factor for many health care professionals for a job in a rural area. Three of four health care professionals polled would even prefer a rural position to one in the city if there were reasonable housing available.

Nzila Lubinda, project manager of “housing for health workers” for SolidarMed in Zambia confirms the high demand for housing: The waiting list of interested registered nurses is long. Very often, houses are shared by several people. In addition, there is also interest from other professional groups. Lubinda regularly receives enquiries, e.g. for teachers from the Ministry of Education.

Opportunity for young professionals

As the developer and operator of the houses, SolidarMed makes great efforts in direct partnership with the Ministry of Health to continuously improve the housing situation for health care personnel. Designing the houses more cost-effectively and more CO₂-neutral is one step in the process. Initially, the project used bricks and cement blocks which required a lot of resources to manufacture and were rather harmful to the environment. For two years now,

the houses have been built from blocks manufactured right at the construction site. Dirt is mixed with cement and

“With the staff houses, SolidarMed has sustainably strengthened our medical professionals.”

Evonne Lubinda, registered nurse at the Chinyunyu health centre

shaped into blocks in a special “Makiga” machine. They then dry under cover for a week. Compared to cement blocks or bricks, these pressed dirt blocks give off eight times less CO₂ and require ten to fifteen times less energy.

With regard to surface design as well, SolidarMed looked for new possibilities and switched over from tile flooring to mainly cement floors. Thanks to these cost savings, additional houses could be built. New jobs were also created through the construction of the blocks on site. Thus, 144 people from the surrounding communities collaborated in the production of thousands of

blocks. Many then went on to find jobs with local construction companies. SolidarMed also introduced a vocational training programme for a total of 24 young professionals as part of the block production. In this programme, the students are taught by one trainer per district. The diploma they receive after completing their training opens up good possibilities for a job in the construction trade.

At the end of the current project phase, an operation model will be created which can be copied and implemented by the Ministry of Education for teachers. For Nzila Lubinda, the experience acquired from this flagship project has a good chance of assisting other local partners in implementing similar projects.

Mozambique

Suitable housing for health care personnel is also lacking in the remote Namuno district in North of Mozambique. In 2009 and 2020, SolidarMed built a surgery building with two operation rooms, e.g. for C-sections, in Namuno. At the same time, a staff house was also constructed by Solidar-



▲ Existing staff house at the SolidarMed construction site in Mpanshya, Zambia. gb



▲ Construction workers forming the blocks made out of soil and cement using the “Makiga” machine. Nzila Lubinda

Med. Both buildings were completed in September 2020. The surgical professional responsible for providing surgical care to the district’s 247,000 inhabitants will live in the staff house. Recently, a doctor’s house was equipped with solar power. In Meloco, also in the district of Namuno, SolidarMed is currently building a small staff house for a registered nurse to improve her living situation.

Zimbabwe

In 2000, a cyclone destroyed the remote health centre at Samu in the Chiredzi district. While the clinic was rebuilt, the staff houses remained destroyed. Medical staff were forced to live in the maternity waiting house. Three nurses

and their families occupied six small rooms, one of which they used as a kitchen and a second as a storage room. Together they shared an outside staff toilet and used the health centre’s washing area. There was no electricity. However, maternity waiting homes serve another important purpose: pregnant women from remote villages stay in the basic rooms close to their time of delivery, to await the birth of their children. In this way, they receive timely medical assistance in the event of any complications, as transport and distance to the clinics are a problem.

Due to the cramped living conditions, the working relations among staff became very tense in this remote area,

affecting staff well-being, motivation and quality of care as well. The nursing staff usually served for only a short time and then actively sought transfer to health centres with better accessibility and accommodation. In 2020, SolidarMed renovated the one severely damaged staff house so that the senior nurse and his family could move in. Two registered nurses are still living with their families in the maternity waiting house until SolidarMed’s new staff house is completed, while the other rooms are used for the necessary storage of the building material and contractor’s accommodation.

Bolstering the local economy

“In Samu, SolidarMed also built with local builders and suppliers to strengthen the economically depressed region”, explains Justin Mahuni, SolidarMed project coordinator of the staff house construction and house renovation project. For example, the brickmakers are from the health centre’s catchment area and made 35,611 bricks. They were involved in excavating the foundation for the new building. But the work on the health centre site has also led to deeper exchanges between village communities and staff. In the process, misunderstandings about medical care were cleared up and previously existing problems were resolved.

The new staff house is scheduled for completion in December 2021. After the HCW families have moved in, the maternity waiting house can once again

Core data on the three countries

Zambia

Rural population percentage: 55%
 Percentage of health care personnel in cities: 90%
 Health care personnel (excluding doctors) per 1,000 inhabitants: 1.3 (17.5*)

Zimbabwe

Rural population percentage: 67%
 Percentage of health care personnel in cities: 88%
 Health care personnel (excluding doctors) per 1,000 inhabitants: 1.9 (17.5*)

Mozambique

Rural population percentage: 63%
 Doctors per 1,000 inhabitants: 0.084
 Health care personnel (excluding doctors) per 1,000 inhabitants: 0.6 (17.5*)

* Comparison figures for Switzerland

serve its original purpose. “The maternity waiting home in Samu, which will then be available again, will have a positive impact on the health of mothers and newborns”, Justin Mahuni is convinced. Heavily pregnant mothers will then be able to receive timely care from the health centre.

Promotion of housing for health care personnel will continue to be a major concern for SolidarMed. It represents an elementary foundation to ensure basic medical care in rural areas. Since, without good personnel, care will remain at a low level. ■ *ji*



▲ SolidarMed repairing the roof on this staff house at the Ncumpe health care centre in Namuno, Mozambique. *sm*

Sustainable building for health



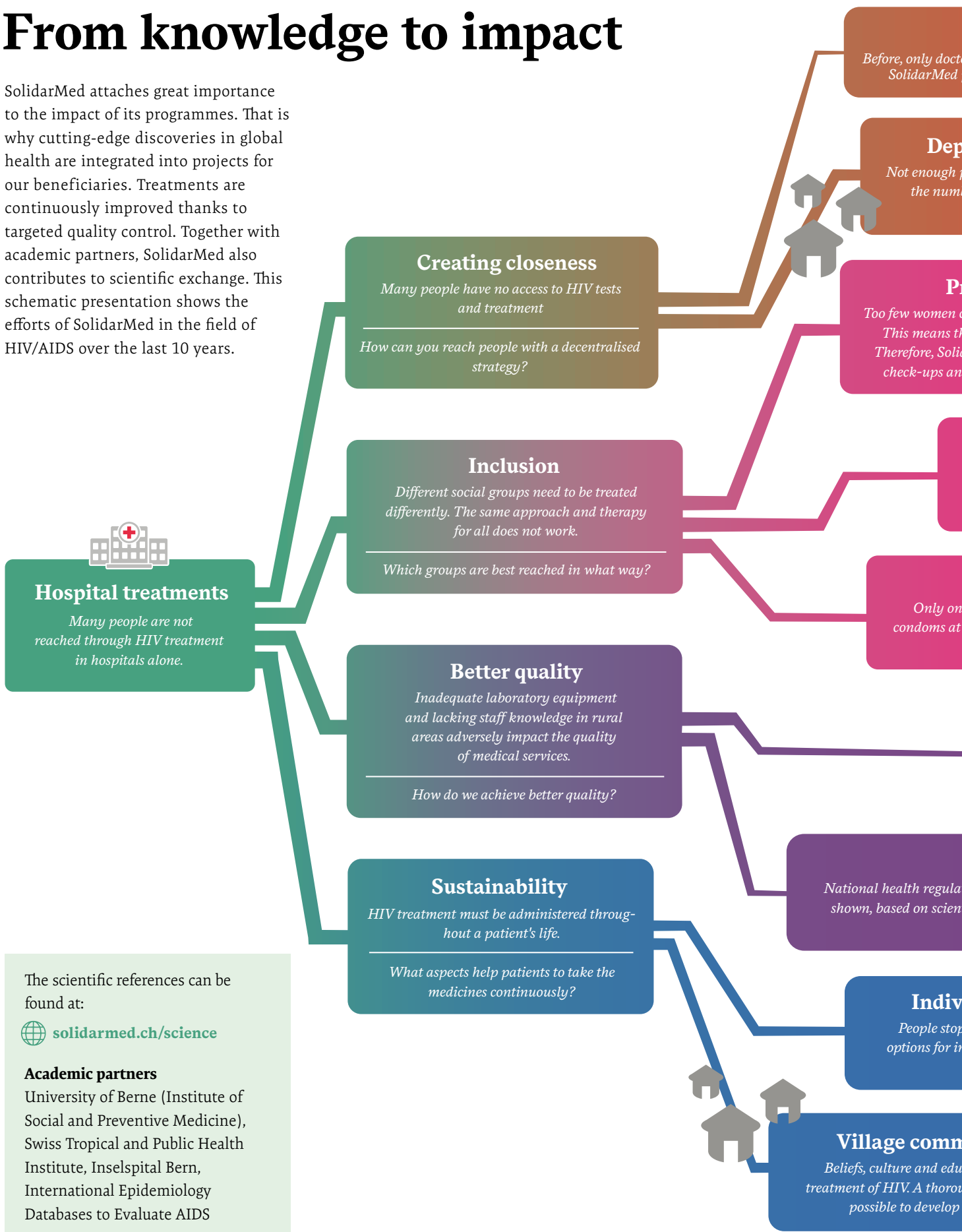
▲ Young professionals working at the SolidarMed/SolidarInvest construction site as part of the vocational training programme. *sm*

In 2011, SolidarMed founded the SolidarInvest housing collective as part of the “Sustainable Housing for Health” project in Zambia. In addition to existing health care

facilities in rural regions, it will build staff houses while offering training options for local young people in construction. SolidarMed intends to use this to create incentives for health care personnel in rural areas in order to assure health care provision. SolidarMed also renovates existing staff houses belonging to the health care facilities and integrates them in the portfolio of SolidarMed's own houses. The health care personnel are hired by the authorities. The rent for the houses is deducted directly from the wages of the health care personnel and paid to SolidarInvest. The proceeds are invested in maintenance and the surplus used for newly upgraded housing and hospital expansion projects. Sustainable and ecological construction on site is an important principle here. During the first phase from 2013 to 2014, 10 houses were built. Other houses were added with each new phase and over the years. There are currently 87 staff houses. SolidarMed will have built 106 staff houses by the end of 2021. If resources are available to renovate already existing houses thanks to cost savings, this figure could increase to 112 houses.

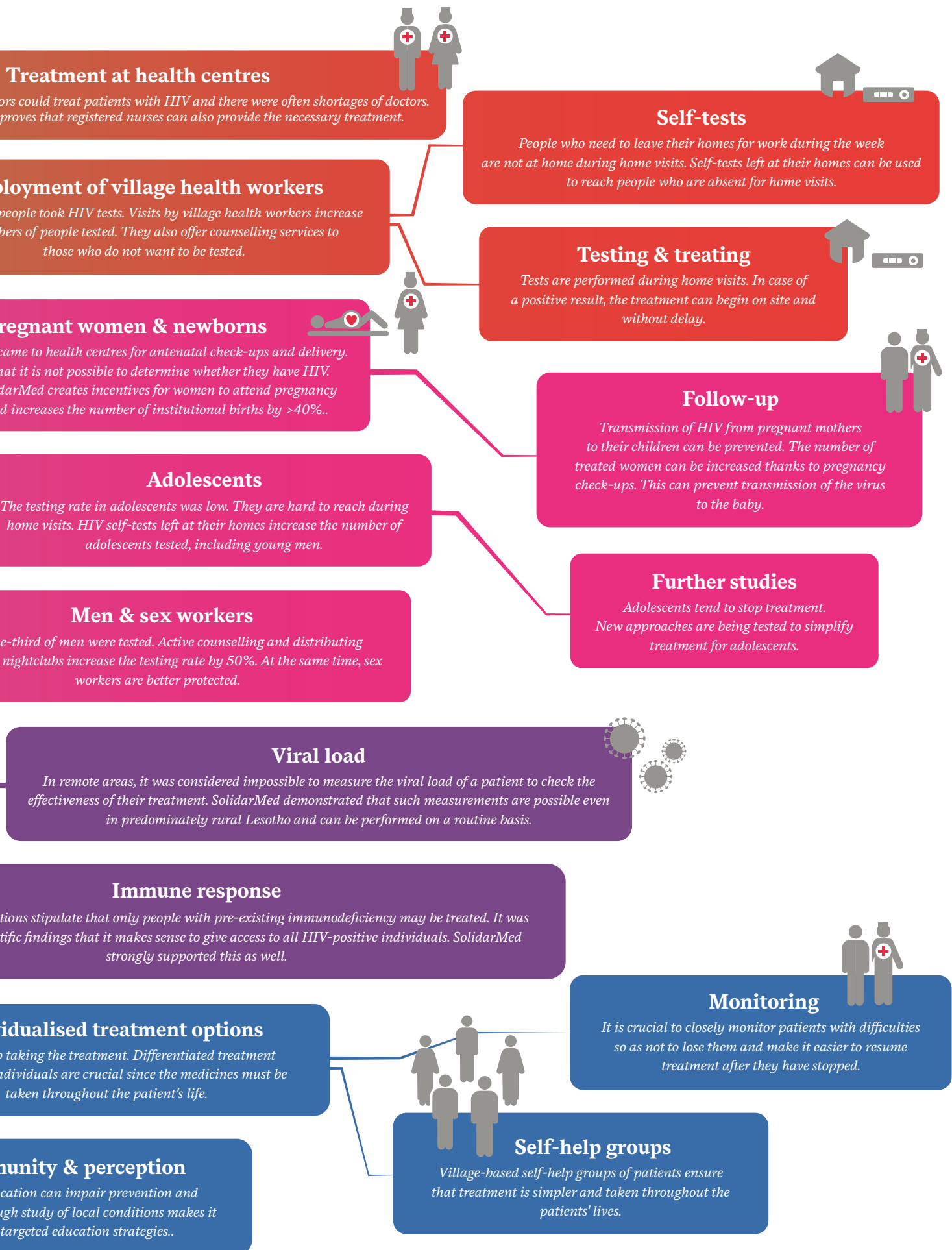
From knowledge to impact

SolidarMed attaches great importance to the impact of its programmes. That is why cutting-edge discoveries in global health are integrated into projects for our beneficiaries. Treatments are continuously improved thanks to targeted quality control. Together with academic partners, SolidarMed also contributes to scientific exchange. This schematic presentation shows the efforts of SolidarMed in the field of HIV/AIDS over the last 10 years.



The scientific references can be found at:
solidarmed.ch/science

Academic partners
 University of Berne (Institute of Social and Preventive Medicine), Swiss Tropical and Public Health Institute, Inselspital Bern, International Epidemiology Databases to Evaluate AIDS



Interview with Bernadette Peterhans

“Even one small drop can have a large impact.”



▲ Bernadette Peterhans on a SolidarMed project visit in Mbulu, Tanzania 2016. *pma*

When Bernadette Peterhans joined the board of the Association, they gained an experienced and dedicated woman. She has over 30 years of experience in medical development cooperation and already visited several local SolidarMed projects.

Basel Bernadette Peterhans (63) is excited about contributing her experience and expertise as a SolidarMed board member to various projects. Pierina Maibach spoke with this expert in health in low-income countries via Zoom.

What made you leave Switzerland back then at 32 years of age?

Already before and during my education, I wanted to go abroad and dedicate

myself to people's health. The decision to pursue my career in health care was thus obvious. I then got the chance and a good opportunity to carry out a mission for just four months in Namibia – to get a taste of what it is like working abroad for health, so to speak. For one of the first missions for the United Nations, the Swiss military did not have enough professionals to be deployed in one of their hospitals in Namibia.

What were the most decisive impressions in your career as a whole?

Particularly the missions with the International Committee of the Red Cross (ICRC). They take place right in areas in crisis.

In Afghanistan, for example, we did military medicine. I was very well trained in emergency medicine and was thus able to provide added value in triage

and first aid. While working there, I noticed that I found myself in a forgotten tragedy and that there was no more outer world for these people. The fact that a lot of civilians are affected in wars also makes an impact. In Afghanistan, we primarily treated women and children. It became clear to me that you can achieve a lot with very little – in this kind of setting, even a small drop can make an amazing difference.

What particularly motivated you to pursue this work?

The fact that I could create added value with my knowledge motivated me. Exchanges with others advance both you and them. The gratitude but also first and foremost the drive of my colleagues to exchange views touched me and still touches me a great deal. This coexistence spurs me on. After my further training at the former Tropical Health Institute, I quickly acknowledged that you have to

think more long-term. Let us take the example of South Sudan: In a country that has been a crisis region for years, you cannot just remain in emergency mode. You have to proceed in a more structured manner to be able to sustainably develop basic health care. With the responsibility at the Institute for education and further training came the awareness of the need to increase

“I had seen SolidarMed’s projects before on site and was impressed with how they are implemented.”

Bernadette Peterhans

capacities. Expertise and knowledge can be sustainably developed and can work as a sort of catalyst. This further spurred on my motivation.

What motivated you to work on the board at SolidarMed?

I had seen the projects on site before and was impressed with how they are implemented. My experience from various countries and visits to projects by various organisations offer me opportunities for comparison where I can bring an outside perspective into the mix. I know where caution is needed, and what also worked well in other settings. In a word, I combine my knowledge of various contexts and different institutions, but also current topics in academic discourse. In all my years at the Institute, I supervised over 700 students from numerous countries. Both my network and my own body of knowledge became very large as a result. I can combine fields such as training, research and implementation of evidence-based projects.

What is important to you as a board member?

I focus on sharing my experiences, the strategic area and aim to promote a

good balance of the three fields mentioned above. Community-based primary health care and the principle of never overlooking anyone and targeting the most widespread fairness are all very important to me. Quality management in the programmes and at all levels is also important to me. A health care system which works well at the community level is not very useful when the health care institutions to which patients are referred perform poor services.

What has changed in development cooperation and where will the journey go next?

Today, there are a lot more stakeholders involved. International cooperation in global health has become more complex. It is more difficult to set priorities and make decisions. On the other hand, the speed of interventions has risen significantly, and the expertise of the local professionals is significantly greater today. I hope, and I believe that the local stakeholders will assume more leadership. The basic pillars of a functioning health care system should be locally anchored. Knowledge sharing between South and North and vice versa is invaluable. Sometimes, you are stuck in your own context and lack inspiration if there is no chance to look out beyond your own garden fence, so to speak, and learn from others. ■ pm

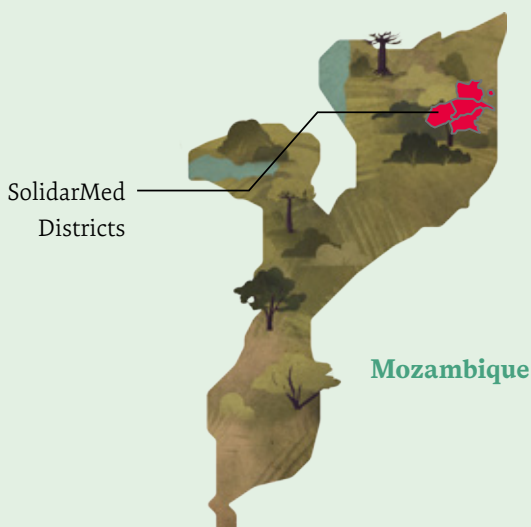
Bernadette Peterhans Since 1995, Bernadette Peterhans has been at the Swiss Tropical and Public Health Institute in Basel (Swiss TPH) and since 2016 has headed the department of postgraduate studies. She was trained as a registered nurse and specialised in emergency care. Her first mission abroad took her to Namibia in 1989. Thereafter, she spent some years travelling with the International Committee of the Red Cross in various missions in Afghanistan, Somalia, Sierra Leone and South Sudan. In 1999, she completed a Master of Science in Public Health for Developing Countries at the London School of Hygiene and Tropical Medicine. In her work at the Swiss TPH, she serves among other things as an outside advisor for the evaluation of health care systems and for project planning for various organisations.

SolidarMed wins grant for icebox project

Mozambique Every year, more than 1.5 million people die of a disease which could have been prevented with an immunisation. In order to be fully effective, vaccines must be stored refrigerated. In remote areas where the supply of electricity is not always assured, this represents a major challenge.

In order to tackle this, SolidarMed, in collaboration with partners, the EssentialTech Centre and the Laboratory for Functional Inorganic Materials at the École polytechnique fédérale de Lausanne (EPFL), developed a concept for a non-electric icebox to store vaccines and food in rural Mozambique. They submitted the concept to the Tech4Impact NGO Impact Council, which then decided to grant the icebox project, as one of four projects selected to receive 300,000 Swiss Francs.

With this project, we came up with a new and innovative product, which can be used around the globe. A master's student will design a prototype of the icebox over the next two years. The finished prototype will be brought into the field for tests, feedback and other improvements. The overarching goal for this and similar projects is to constantly ensure that the result is cost-effective and robust and thus as practical as possible. ■ *ji*



Telephone consultation by health experts

Zimbabwe COVID-19 leads to overloaded health care centres. In Zimbabwe, to maintain routine health care for the population, the Zimbabwean Ministry of Health and Child Care called on its partners to find digital health solutions. SolidarMed therefore collaborated with experts from the Ministry and other partners to develop a concept for a contact centre that provides digital health services to the population of Masvingo Province. The concept was tested and the Digital Information and Consultation Platform (DICP) was put into operation at the end of 2020.

Through the platform, health care professionals provide free telephone consultations to the population on COVID-19-related health concerns. The platform maintains a database powered by an e-Triage algorithm that assists the agents attending the calls. The call agents identify the risk and severity of a possible COVID-19 infection for those calling with symptoms and discuss appropriate next steps. In addition, they provide COVID-19 related health information to those calling with inquiries, helping to demystify the disease. Across Masvingo province, health extension workers are raising awareness about the digital contact centre and the services it offers. The people of Masvingo are increasingly perceiving the digital platform as a helpful way to get information and advice without having to travel far and to overburdened health facilities. ■ *ji*



Improving mental well-being with tension and trauma releasing exercises

South Africa HIV/AIDS, poor educational opportunities and a health care system functioning to a limited extent have left behind deep marks in the lives of many in the villages of Nkambako, Mavele and Mandlakhazi. They are located in Limpopo, South Africa's northernmost province. Due to the widespread prevalence of HIV/AIDS, grandmothers often have to care for the orphans of their sons and daughters who died of AIDS. SolidarMed gets involved in these three villages through its partner organisation "CHoiCe Trust" and in close cooperation with the state health care system for better physical and mental health of affected children and their guardians. The range of measures is broad. The overarching goal is to enable children in the project region affected by both poverty and HIV to lead a healthy life with dignity.

One of the activities carried out by the team locally is called "Tension and Trauma Releasing Exercises" (TRE). This sequence of exercises performed in small groups helps traumatised children who have lost their parents to HIV/AIDS to improve their mental well-being. The TRE method was developed by the American psychotherapist David Berzeli. It helps to eliminate tensions brought about by difficult living conditions, direct or persistent stress situations or traumatic experiences. TRE is a series of easy-to-learn exercises which enable body and mind to return to a natural balance.

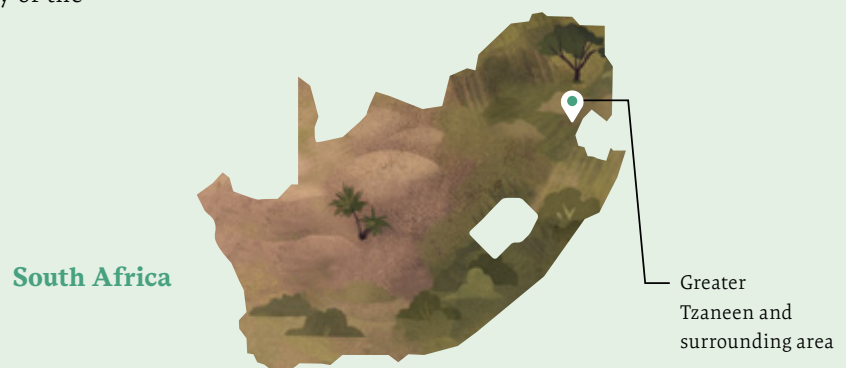
Over the last weeks, SolidarMed supported the training of children who recently learned TRE. Once the children master the exercises, they can participate in the weekly group training sessions. They are led by an experienced child. A trained TRE trainer ensures the quality of the training. ■ *ji*



▲ Children intently performing the TRE physical exercises. *mr*



▲ The TRE method teaches children to eliminate stress and tension. *mr*



SolidarMed through changing times

Over the past 95 years, what began as an association for missionary medical care has developed into a modern, effective relief agency. Now, instead of simply sending personnel, SolidarMed implements coherent programmes to improve basic medical care long-term.

When SolidarMed was founded in 1926 as the “Swiss Catholic Association for Missionary Medical Care”, missionary medical care was the focus of its activities. Missionary doctors were sent primarily to African colonies of the imperial powers which treated patients with very few medical auxiliaries and only basic resources. Whereas missions used to be lifelong, the model changed with the end of colonial rule. Starting from the 1960s, the professionals supported by the association were increasingly recruited and sent out with two to three-year contracts.

More and more, the focus of the association was on providing sustainable support rather than merely direct relief. The health care system was faced with increasingly greater difficulties caused not least by the predominance of new diseases. The HIV/AIDS pandemic sometimes showed that the objectives of the Alma-Ata Declaration of 1978 were unattainable. The problem needed to be tackled systematically. For SolidarMed, this meant not only sending personnel but also developing and establishing infrastructure in neglected areas over the long-term. Against this backdrop, in 2004, SolidarMed, together with its partners, started a programme to offer an outlook to people with HIV in rural Africa. The aim of the transnational, so-called SMART programme (SolidarMed AntiRetroviral Treatment) was to introduce AIDS treatment into the



▲ Excerpt from the 1978 Annual Financial Statement: The doctors sent by SolidarMed are introduced. *Archiv*

general health care of selected rural districts. The programme was successful and enabled thousands of people to live in spite of the disease.

A programme-oriented strategy is resource-intensive. Professionalisation had to happen at the association's headquarters and continuous personnel expansion was necessary. At the outset of this changeover, the decisions concerning the programmes were mainly made in Lucerne based on project journeys by professionals. The formation of local teams and implementation of so-called country coordinators would follow. These teams developed partnerships with the public health care services to strengthen the systems together. At the

outset, there was only one person working for the business office in the 1980s: now the team numbers 20 employees. This team assists local employees in implementing effective programmes in close cooperation with governmental and non-governmental partners. ■ *pm*

No one is too small to do great things



▲ Beda Meyer wants to help people in Southern Africa with the proceeds from his self-made mobile phone holder. *ji*

Lucerne 9-year-old Beda Meyer has a tough time putting away his file and glue stick. In the spring of 2021, an idea came to him: designing individual mobile phone holders from wood and corrugated cardboard. He quickly converted his parents' restaurant which was closed due to COVID-19 to a workshop. This creative mind busily created several of these little works of art over the winter months.

Beda found it unfair that not everyone is doing as well as he is. He reflected on what he could actively do to help. He had already created a mobile phone holder for himself. He also wanted to produce this invention for others and sell the cult

wooden objects in a fund-raising campaign for SolidarMed.

Beda received a lot of orders from his circle of friends and acquaintances, all of which he happily fulfilled. He designs the colour of the wood finish and the corrugated carton individually according to his customer's wishes. He uses the corrugated cardboard to adjust the angle of the upright mobile phone in the holder. Each buyer determines his or her own price. All the proceeds are given to SolidarMed.

"I have just recently started producing mobile phone holders and have already

collected 850 Swiss francs", says this industrious tinkerer, not without a twinkle of pride. Beda's major effort is dedicated for people in rural Africa. SolidarMed is profoundly grateful to him for this extraordinary effort. ■ *ji*

We are open for creative ideas...

You will find photos of the mobile phone holders on our website.

 solidarmed.ch/en/mobilephoneholder

Good to know

Emergency relief project reaches refugees from terror in Mozambique

Thanks to your donations and Swiss Solidarity, SolidarMed helps 100,000 people in 14 resettlement villages while reinforcing seven health care centres.



▲ The health care facilities in Cabo Delgado are already under heavy strain, as this photo taken last year of people waiting in front of the clinic in Chiure shows. Now refugees are also being added. *rs*

To date, nearly 700,000 people have fled. The UN Refugee Agency UNHCR fears there will be over 1,000,000 displaced people as a result of the new outbreaks of violence unless the situation eases up. The refugees settle in resettlement villages in makeshift huts made from bamboo, wood and clay. SolidarMed assists the local health care authorities in sending mobile clinics to particularly remote resettlement villages. Latrines are set up and chlorine provided for disinfection of drinking water. People's awareness of hygiene

topics is raised to keep cholera outbreaks and COVID-19 spreading to a minimum. Since October 2017, the northern and central coastal districts of the Province of Cabo Delgado have been exposed to deadly violence by Islam-motivated groups. They terrorise villages with looting, attacks and beheading. To date, more than 2,600 people have fallen victim to these attacks. We thank you for your many and generous donations. ■ *ji*

Your donation works.

SolidarMed

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