

Focus

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Thanks to support from SolidarMed, Manfred Pius Lyoga was trained as a community health worker for the Ulanga District in Tanzania. He helped the family of Abbas Nalole (in the background) following the premature birth of their son. *rl*

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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 basic and further training. Our projects are developed in close collaboration with local partners, supported by our health experts on the ground. As a non-profit organisation with the ZEWO seal, SolidarMed conducts true and fair financial reporting, provides transparent information and has appropriate controls in place. **SolidarMed is supported by the Swiss Agency for Development and Cooperation SDC, which is part of the Federal Department of Foreign Affairs FDFA.**



No health without water

Dear Reader

A few will remember the International Drinking Water Supply and Sanitation Decade, which was declared by the UN General Assembly back in 1980. The goal of the programme was to provide everyone on Earth with access to clean drinking water and sanitation by 1990. While the programme made some progress, its objective was not achieved. In the world's poorest countries in particular, there are still some very significant gaps.

Twenty years later, at the Millennium Summit – the largest gathering of heads of state and government at the time – the UN General Assembly agreed to deliver on the Millennium Development Goals by 2015. In the area of water and sanitation, the goals were more tentative this time. They sought to halve the number of people without access to clean drinking water over the subsequent 15 years. While these targets were met at a global level, not least thanks to development in China, progress in sub-Saharan Africa fell well short of the targets. In 2015, 17 Sustainable Development Goals were set out under the 2030 agenda. Goal number 6 once again called for access to clean water, appropriate sanitation facilities and hygiene for all by the end of the current decade.

According to UNICEF, 2.2 billion people worldwide still lack access to clean drinking water. In other words, one in four people on earth is affected. This is predominantly in the world's poorer regions, and particularly in rural areas. Although it may be difficult to imagine for us, some 673 million people practice open defecation and this is part of everyday life in many countries of the world. They unfortunately don't have access to toilets, instead relieving themselves by the side of roads, in fields or in bushes.

At a workshop held in 2017 with the health authorities in Tanzania's Malinyi District, it was revealed that of the ten health centres for which the district medical officer was responsible, none had running water or its own water supply. Most of the toilet facilities had become unusable in the course of the year, and at best there was merely a hole in the ground for waste disposal. This is an unsustainable situation for health care facilities. On closer inspection, however, it also became clear that the poor state of the infrastructure was often due to a lack of maintenance. Wells that had been built had become unusable and toilets were never repaired. It is therefore important that local authorities and populations are included from the outset in the planning and implementation of water and sanitation projects launched by SolidarMed. In addition, technical innovations such as solar-powered water pumps, allow sufficient quantities of high-quality water to be provided sustainably. This is key to the proper functioning of a health care facility and a basic requirement for good medical care. SolidarMed campaigns for the achievement of the international community's goal by 2030. You can read more about details of specific activities on page 8. ■



Dr Markus Frei
Board member



▲ Community health worker Manfred (right) visiting the family of Abbas Nalole (centre) and Amida Nachucha (left). *rl*

Committed to health

Particularly in rural parts of Africa, the concentration of health care facilities is low. Nevertheless, community health workers are deployed to educate people in rural communities about health matters and to assist them with medical questions.

Tanzania When Amida Nachucha tells her story, her eyes light up. Just under seven years ago, she and her husband could not believe that their baby son Rajabu, born two months premature, had a chance of survival. In their society, a premature birth means a high risk of losing the child. There is a widespread belief that a premature birth brings bad luck to the whole family. Amida and her husband Abbas were devastated and prepared themsel-

ves for the worst. After a few days at the health centre, they were visited by Manfred Pius Lyoga, a community health worker. “Manfred showed me how to hold my baby directly against my upper body – skin to skin. This helps the baby survive,” explains Amida. Unfortunately at the time there was no kangaroo mother care station, like the ones subsequently built by SolidarMed. Manfred was able to help the baby in other ways, too. “He

reassured us both that our baby boy would survive, and showed us how to look after him – including offering advice on things such as breastfeeding.” Amida, her husband, and everyone in the community could hardly believe that little Rajabu, who was so premature, was developing so wonderfully. Without the community health workers, he might not have survived and would almost certainly not be a happy schoolboy now.

Although great progress has been made in recent decades in delivering health care to the populations of some countries, like Tanzania, it is still inadequate for pregnant women and newborns. The number of miscarriages as well as maternal and infant mortality rates

“I became a community health worker because I wanted to serve my community. I act as a bridge to the health system.”

Manfred Pius Lyoga

remain high. SolidarMed is therefore committed to strengthening primary health care with a focus on these vulnerable groups. Activities in the community are a key part of this.

A link to the health system

Community health workers like Manfred are members of the community who, armed with basic knowledge and equipment, deliver health care services to rural populations. As they are usually from and chosen by the communities they serve, they are well accepted and bring the necessary cultural awareness. They constitute the important link between often very remote villages and the health system. At the same time, they promote disease prevention by raising awareness of various health issues. They often help to dispel prejudice about conventional medicine and can, for example, promote acceptance of prenatal check-ups and proper care for premature babies. In view of the huge lack of health care professionals in Africa and the fact that they are very unequally spread across the continent, community health workers have become an invaluable source of support in improving health care provision.

Mozambique Traditional birth attendants are also highly respected in

Mozambique’s rural and remote Namuno District. They too are chosen directly by the communities they serve. Their job is to provide support to pregnant women from the community at their regular prenatal check-ups and during childbirth. This is often time-consuming work and is not remunerated by the health care authorities. And yet Maria Mussa (38) has been doing this important job for over ten years. During the rainy season, it is particularly difficult to reach the nearest health centre in Namuno as it is impossible to cross the river. She therefore has to transport women on her bike to the centre in Ncumpe, which is further away. On several occasions, she has also accompanied women with severe complications to the hospital in Montepuez, which is three hours away, so as not to leave them alone during this difficult time if their families are not able to be there. Maria is a great role model for other traditional birth attendants. At a meeting organised by the district health authorities together with SolidarMed, she received an award in 2020 for her important work. Throughout the year, she supported

77 women during childbirth and provided medical care at this important moment in their lives.

Strengthening mental health

Zimbabwe Violet Machokoto embarked on her journey as a community health worker in 2015. She was one of the few to gain the trust of her community, and took part in a six-week training course for community health workers. To promote mental health care and relieve the strain on health facilities, SolidarMed Zimbabwe has been supporting the rollout of the Friendship Bench initiative in Zaka district in Masvingo Province since 2019. The Friendship Bench is an intervention that deploys task shifting to address common mental health disorders in Zimbabwean primary care. Violet was chosen to receive additional training in dealing with mental health issues. She therefore provides counselling to people with mental health issues as otherwise there are no mental health services available.

This work has already allowed her to experience some very encouraging and



▲ The role of community health workers includes, for example, teaching mothers about hygiene, diet and the importance of vaccinating their children, as shown here in Tanzania’s Ulanga District. *rl*



▲ The Friendship-Bench-Initiative in Zimbabwe, which is supported by SolidarMed, sees community health workers help fellow community members deal with mental health issues. *pma*

heart-warming moments in which she has been able to provide people with vital support. Like Sarudzai*, an elderly woman who had lost her daughter-in-law and was left alone to care for her six grandchildren. The children’s father was not able to look after them, so Sarudzai was left to shoulder the burden alone. Violet listened

to Sarudzai and they talked through all the problems together to find solutions. She encouraged Sarudzai to join a horticultural cooperative. This allowed her to raise the necessary funds for the children’s food, education and health care. This eased some of the huge mental burden and Sarudzai is now happier.

Exploiting potential

Community health workers not only improve the lives of the community, they can also experience a positive personal transformation. “I am now able to plan and implement projects, which I couldn’t do before. I also have more self-confidence. I’ve learned to

Facts and figures on SolidarMed programmes

Tanzania

Community health workers in partner regions	643
Community health workers who have received basic and further training	440
Children/mothers who have received preventive counselling/treatment of diarrhoea from community health workers	22,000

Mozambique

Community health workers in partner regions	85
Community health workers who have received basic and further training	55
Children/mothers who have received preventive counselling/treatment of diarrhoea from community health workers	2,750

Zimbabwe

Community health workers in partner regions	889
Community health workers who have received basic and further training	188
Children/mothers who have received preventive counselling/treatment of diarrhoea from community health workers	9,400

* Figures from our 2020 Annual Report.

speak in front of larger audiences and to make a positive difference to the community,” says Violet.

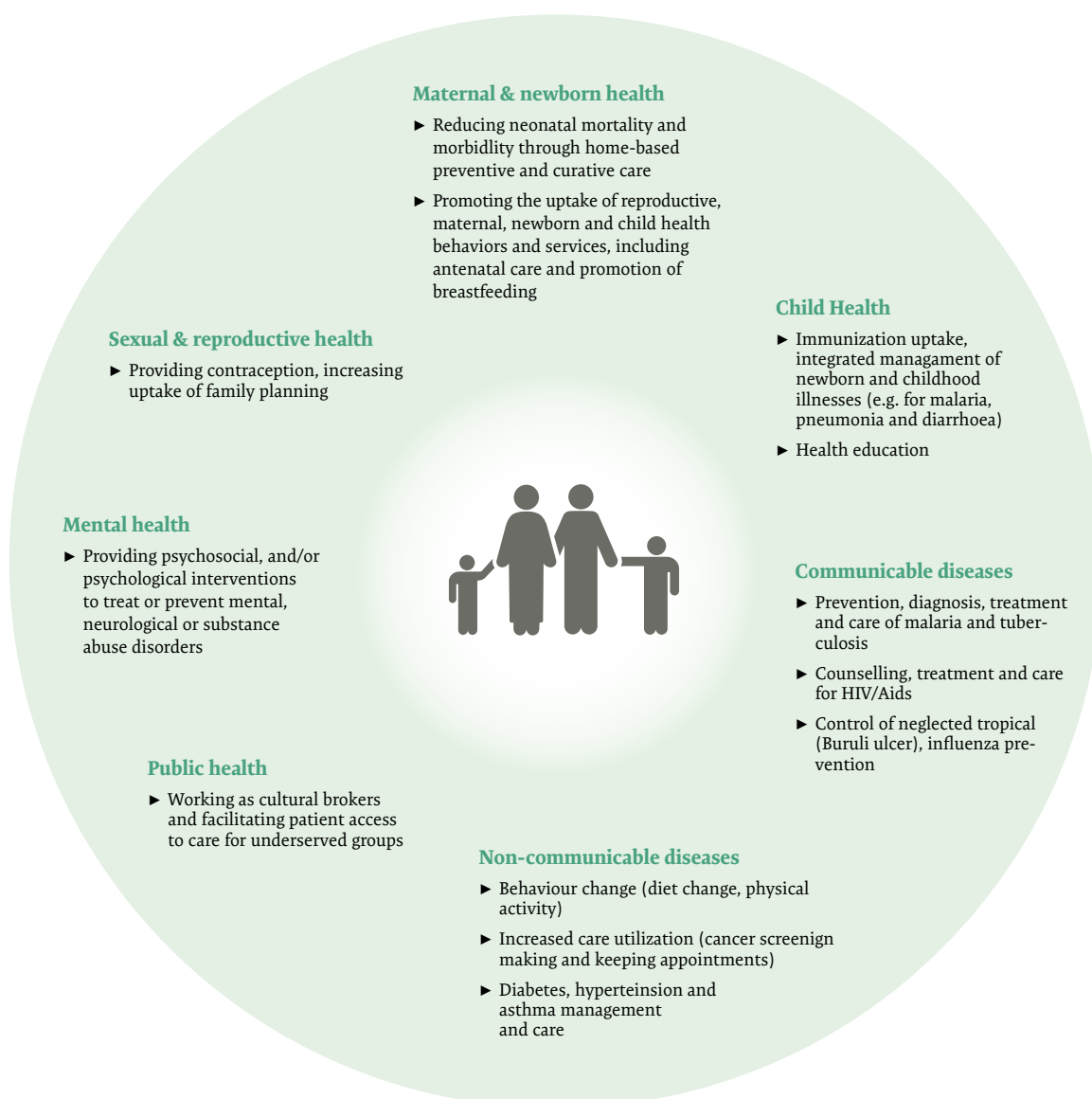
These accounts from Tanzania, Mozambique and Zimbabwe highlight the importance of the work of community health workers. In many areas, they close the gaps in health care provision and contribute to the

wellbeing of the whole community. Although community health workers have been deployed in many different countries for over 50 years, there is still untapped potential. SolidarMed will continue to promote this potential in several partner countries, with a focus on further training and support with data collection methods and coordination. This will allow these

important links between communities and health systems to continue improving health care and allowing children like little Rajabu to live healthy lives. ■ pm

*Name has been changed.

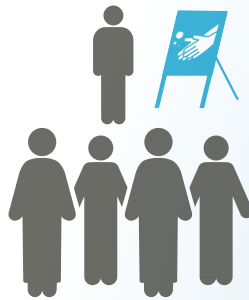
There is scientific evidence that community health workers are effective in the following areas of primary health care:



Source: World Health Organization (WHO), Guideline on health policy and system support to optimize community health worker programmes (2018).

Access to water reinforces health care facilities

Access to a reliable and clean water supply is essential to health care provision. In Tanzania, for example, only 42% of health centres have running water. SolidarMed is committed to improving water supply to health centres – and not only in Tanzania.



Knowledge

Neither the public nor health care workers are always aware of the dangers of contaminated water. Water-borne diseases – whether due to contaminated drinking water, or defective or lacking sanitation facilities – are therefore widespread.



works SolidarMed provides training to educate health care workers and the public about water and hygiene. We raise awareness to improve hygiene conditions and promote the economical use of water. Training is also provided on the maintenance of existing wells and sanitation facilities.

WASH reduces preventable diarrhoea

- ▶ Preventable diarrhoea is still common. Eight per cent of child deaths in Tanzania are due to diarrhoea.
- ▶ Campaigns to promote simple hygiene practices, such as handwashing with soap, can reduce the frequency of diarrhoea by an estimated 47%, while appropriate sanitation can reduce diarrhoea by an estimated 36%.

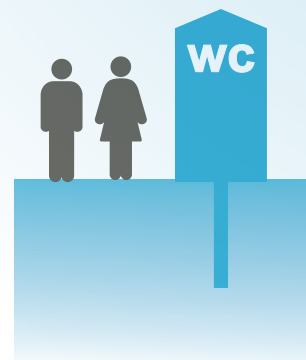
What is

Access to sufficient clean water is essential for the necessary hygiene

WASH (which stands for Water, Sanitation and Hygiene) means having a clean water source within 500m, the availability of latrines, and the use of soap and handwashing

Insufficient water hygiene compromises health and can be life-threatening for children

WASH helps reduce infections and a lack of antibiotics



Existing sanitation or extended latrine use allows women to give birth, and



Wells

In Tanzania's remote Malinyi and Ulanga districts, only one in three health centres has its own water supply. Most are reliant on local water sources, which they usually share with the local community. The water supply is therefore unreliable. When patient numbers are high, water supplies are often used up during the course of the day. This becomes an additional burden for staff, who, besides having to care for patients, also have to take care of refilling the water reserves.

SM works makes a difference: SolidarMed has improved the water supply at eight particularly neglected health centres by building wells, a solar pump and a water tower. The water can be used for medical care, and also for drinking, personal hygiene, washing, cleaning and cooking. To start with, the health centres were inspected by a water engineer, in order to determine the state of the water supply, sanitation facilities and hygiene conditions.

WASH?

Health services, which should comply with hygiene standards.

(Water and Hygiene) means access to a water supply, toilets, and handwashing stations with clean water.

For example, infections during childbirth for both mother and baby.

As a result, reduce the consumption of antibiotics.

Handwashing stations

Particularly in the age of Covid, it has become clear that sufficient water is absolutely essential for staff and patients to maintain hygiene standards and prevent infections. In many cases, this is lacking.

SM works The handwashing stations provided in health centres allow staff and patients to wash their hands.



Sanitation facilities

Sanitation facilities are renovated to improve privacy. This allows women to have a shower after giving birth and provides easier access for disabled people.

SM works Existing sanitation facilities are renovated or extended to improve privacy. This allows women to have a shower after giving birth, and provides easier access for disabled people.

In this way, SolidarMed is contributing to the following UN Sustainable Development Goals:



Interview with Janneke van Dijk

“I feel a deep empathy for people in disadvantaged situations”



▲ Janneke van Dijk with project assistant Tawanda Mangara visiting the Gezani Clinic, which is supported by SolidarMed. *pma*

Janneke van Dijk has been Country Director in Zimbabwe since early 2015 and has made a lasting impact on our country programme. Before leaving SolidarMed at the end of the year, we sat down with her to talk about the last few years.

When you think back, what made you want to join SolidarMed in the first place?

After having worked in a small, remote village in Zambia for about 10 years, we moved to Zimbabwe at the end of 2012. Our daughters were just starting high school at that time, which was the main reason for the move. I started voluntary work at the large HIV clinic at Parirenyatwa Hospital in Harare. But I was looking

for job opportunities where my skills and experience as a medical doctor could be of most use, and where they could be further developed, while helping improve access to and availability of public health care for those in need.

What were your expectations and were they met?

The opportunity to support public health care through a non-governmental

organisation, with a combination of clinical research was something that really appealed to me. The organisation's mission really resonated with what I believed and still believe in: working in close collaboration with the Ministry of Health and Child Care and strengthening health systems through a comprehensive approach, whilst working at provincial, district, primary health care and community level. Together with our wonderful

and motivated Zimbabwean team we managed to further pursue this and worked towards several considerable accomplishments.

And what were these accomplishments during your time?

We moved from a relatively small organisation in a country with a rather average portfolio, to an organisation that really pursued the available opportunities to assist the MoHCC in the implementation of the National Health Strategy. We were able to include a focus on digital health at a very early stage, which we can see is now becoming more and more relevant. We included a focus on non-communicable disease, which is still receiving little NGO attention in our area. Mental health and oral health also came on the agenda. We have attracted and implemented various research activities and established an organisational interest

“It is very important to continue working closely with the health authorities and filling gaps with the expertise from SolidarMed.”

Janneke van Dijk

and expertise that can be further built on. The strong collaboration with local universities further fosters scientific excellence and can harness and grow local talent.

Which skills and experience were the most important for your role?

Having a long experience of living in rural areas and working in public health care was hugely beneficial. It exposed me to ‘rural-realities’ and taught me the necessary resilience and adaptability. Furthermore, cultural sensitivity, communication skills, planning, teamwork and interpersonal skills are very important. As there are few

specialists around in resource limited settings, you often have to be a ‘jack of all trades’ and develop broad expertise in a variety of areas.

Which challenges have you had to overcome in the past years?

There are always challenges. During elections and the coup there were challenges associated with political unrest. There have been serious challenges with essential resources, like fuel, electricity, cash, etc. For our local team, these challenges were not new and together we managed to work around them and find solutions. Our dynamic country team showed a lot of resilience during often difficult political and economic times. A current challenge is the devaluation of government salaries, which leaves many people struggling to make a living, and health care workers demotivated to take that extra step. Unfortunately, this affects quality.

How did you balance your tough and demanding work with your private/family life?

While working with SolidarMed, I was able to maintain a good balance between my working life and private life. I feel a deep empathy for people in disadvantaged situations and am highly motivated to work towards improving access to and quality of health care service delivery for all. The variety within the Zimbabwe SolidarMed country program and the comprehensive approach have been very rewarding and motivating. I am blessed with a husband who is also very motivated, energetic and has a love of Africa. The African environment is an inclusive one. Our children grew up with us in Africa and combining work and family life here is probably easier than it would have been in Europe.

What will you miss the most and what won't you miss?

The people, the nature, the space, the flexibility, and the many opportunities

and possibilities. Not sure yet about what I won't miss – probably the potholes, police roadblocks, and the irregularity of certain conveniences, but then again, this also makes life interesting and make you all the more appreciative when you do have them.

What is your advice to your successor?

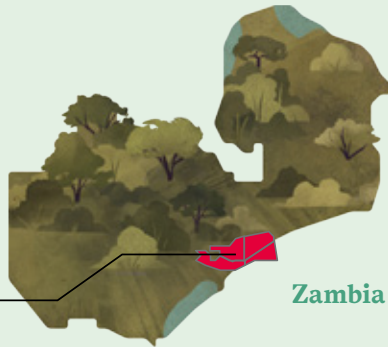
Zimbabwean people are ambitious, capable, and welcoming, and open and pleasant to relate and work with. Within the health care sector, there are many great guidelines and policies, technical working groups, and people who know which direction to go. It is very important to continue working closely with the Ministry of Health, aligning activities with all stakeholders, and providing support in the areas where the priorities are set, and where the expertise of SolidarMed can fill the identified gaps. There is a danger of ‘following the funding’, which can be fine if this also matches the need. Above all, the vision of both the MoHCC and SolidarMed should remain the focus, and people should avoid following their own agendas. ■ pm

Janneke van Dijk studied medicine in the Netherlands, where she obtained her Diploma in Tropical Medicine & Hygiene and PhD. From 2000, Janneke worked as a medical doctor in India and Zimbabwe, and as a clinical research director of the Macha Research Trust in rural Zambia. In 2015 she was appointed Country Director of SolidarMed Zimbabwe, which has its country offices in Masvingo. Janneke van Dijk will return to Europe at the end of the year to be closer to her family.

Projects



SolidarMed
Districts



Zambia

Expanding medical education in Zambia and beyond

Zambia SolidarMed in Zambia focuses on developing and supporting innovative vocational medical and clinical education programmes. Medical Licentiate students (also called physician associates) spend most of their time learning in health facilities rather than in a traditional college or school environment. This model of decentralised education involves some challenges, however. In particular, students often have trouble accessing high quality learning resources in remote facilities. To help address this challenge, SolidarMed launched Z-MED – Zambia’s first medical education podcast.

Z-MED uses an interview format in which an expert, usually a senior doctor or clinical lecturer, reviews a specific topic. For the launch series, twelve episodes were recorded on important emergency procedures that Medical Licentiates face in practice every day. The podcast provides medical content that increases students' clinical and practical knowledge and prepares them for everyday life as a physician associate.

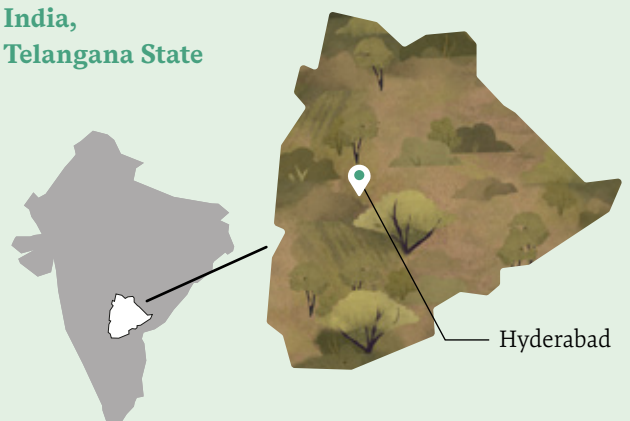
Not only has Z-MED proved to be a popular learning tool, with over 300 downloads in its first month, but the digital learning resource has been well received in the age of Covid. Furthermore, Z-MED is not confined to Zambia. As an internationally available podcast, Z-MED also has listeners in Tanzania, the United States, India, Germany, the United Kingdom and Switzerland. A second season of Z-MED has been recorded and will soon be available, and a further 30 episodes are planned for 2021. ■ *pm*

Emergency aid for India



India As we have seen in the media, the second wave of Covid in India drastically came to a head in the spring. Case numbers surged rapidly and at the end of April, India accounted for a quarter of all new infections globally. For many people the situation was desperate. SolidarMed responded rapidly with its local partner, John Foundation, to distribute food parcels to families in need. A parcel contains 10 kg of rice, 2 kg of flour, 2 l of cooking oil, 2 kg of lentils and 2 kg of sugar. The parcels were mainly distributed to single mothers who had lost their husbands to coronavirus, and people who had lost their jobs during the lockdown. This emergency aid allowed those affected to survive the first few weeks and regroup. In addition to this and as a longer-term measure, they will be offered vocational skills training and therefore the chance to regain some financial security. ■ *ab*

India,
Telangana State



Improving ear health in patients with drug-resistant tuberculosis

Zimbabwe Tuberculosis is widespread in Zimbabwe, and the growing number of patients with drug-resistant tuberculosis presents an additional challenge for the weak health system.

Up until 2020, drug-resistant tuberculosis was treated using injectable drugs. One of the drugs used - kanamycin - is associated with adverse effects, such as hearing loss. Affected patients are then dependent on hearing aids, or in severe cases, cochlear implants.

Thanks to the procurement of an audiometer by SolidarMed, for the past two years it has been possible to carry out hearing acuity screening for patients with drug-resistant tuberculosis before, during and after treatment. This audiometric monitoring allows damage to the inner ear caused by the drug to be detected early, treatment to be adapted and therefore long-term hearing loss to be prevented.

Patients who had already suffered hearing loss despite switching treatment were supplied with hearing aids. Staff were trained on how to carry out appropriate monitoring of patients and how to perform audiometry testing. The further training offered to selected health care workers helped ensure not only that hearing aids were adapted to patients' ear canals, but that they were also checked at regular intervals so they could be adjusted according to whether patients' hearing had improved or deteriorated. ■ *ab*



▲ A patient undergoing an audiometry test to screen for potential side effects of DRTB treatment. *Cordelia Kunzekwenyika*



▲ The portable Heartest™ audiometer allows DRTB patients to be monitored for early signs of hearing loss. *Cordelia Kunzekwenyika*



Zimbabwe

SolidarMed
Districts in the
Masvingo Province

A snapshot

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

** Name has been changed*

“Testing for HIV in pregnant women and giving patients prophylactic medication if the result is positive means that the HI virus is not passed on from mother to child.”

Gaoussou Diakité MD, technical advisor, MAMA, Mozambique

Meeting in Basel

SolidarMed's 95th Annual General Meeting took place in a hot and humid Basel and online on 18 June 2021, and was followed by a panel discussion on the topic of health and climate change.

Basel Soon after all the participants arrived, President **Niklaus Labhardt** opened the 95th Annual General Meeting and welcomed those attending in person and online. In his report, he provided a short overview of the predominant health issues in Africa, presented SolidarMed's 2020 highlight and the outlook going forward. Head of international programmes, **Ilse van Roy**, and director, **Jochen Eimer**, presented the programmes and details of various projects. Head of finance **Elisabeth Meier** then wrapped up with the annual financial statement. Once again in 2020, the costs of administration and fundraising were kept low, at 16.8%. Those attending in person and online then had the opportunity to ask questions. Niklaus Labhardt also took the opportunity to thank **Maria Thiess** – who is retiring from the board after twelve years – for her hard work and dedication on behalf of the whole team.

Does climate crisis equal health crisis?

Following the official Annual General Meeting, experts discussed the topic of health and climate change from different perspectives. Climate change has many implications for humans and their environment. Human health is particularly affected – through hunger, disease and heat. **Ilse van Roy** kicked off with a keynote address looking at the lessons learned from the Covid crisis for dealing with climate change, which set the scene for a lively discussion. She then explored the



▲ A lively discussion on the topic of health and climate change with experts (from left to right) Ilse van Roy, Ivo Wallimann-Helmer, Thomas Häusler (moderator), Janine Kuriger and Jakob Zinsstag-Klopfenstein. *ob*

topic in more depth with **Janine Kuriger** from the Swiss Agency for Development and Cooperation (SDC), Prof. **Ivo Wallimann-Helmer** from the University of Fribourg, and Prof. **Jakob Zinsstag-Klopfenstein** from the Swiss Tropical and Public Health Institute. The discussion was moderated by **Thomas Häusler** from SRF (Swiss Radio and Television). Videos of Tanzania's country director, **Benatus Sambili**, were played to include insights from a country that is directly impacted by climate change. ■ *pm*

Missed the event

No problem. You can check out both events on our YouTube channel:



[youtube.com/SolidarMed](https://www.youtube.com/SolidarMed)

For some photos from the event, see:

[solidarmed.ch/podium](https://www.solidarmed.ch/podium)

Good to know

Cholera in Mozambique's Chiúre District



▲ The tents are used to allow highly contagious patients infected with cholera to be treated in isolation. *pma*

The Chiúre District in Mozambique's Cabo Delgado Province was recently affected by one of the largest cholera outbreaks in terms of number of infections. Cholera is an acute bacterial infection of the intestine that is often transmitted through contaminated drinking water or infected food. In general, the disease is easily treatable but if left untreated, it quickly leads to death. As cholera spreads quickly, epidemics can develop and a swift response is needed, like in Chiúre early this year. SolidarMed worked with local

partners to implement immediate measures to contain the further spread and to treat patients. Tents were erected to treat highly contagious patients in isolation, medical equipment that was lacking was procured, such as PPE and intravenous drips, and 750 patients received food. SolidarMed also supported the local authorities in drawing up an action plan, which included a public awareness campaign. In this way, SolidarMed played an active part in halting the epidemic ■ *pm*

Your donation works.

SolidarMed

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