

Focus

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SolidarMed improves healthcare 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, and 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.

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SolidarMed supports children and young people living with HIV



Patrick Thomas

Programmes Zambia, South Africa, Kenya, India

In March 2012, Carolyne Mabunde set up the independent aid organisation Don Amolo Memorial Kids Ark (DAMKA) in memory of her two brothers who died of AIDS. DAMKA supports children and young people living with HIV in Butere in Western Kenya, where Carolyne and her brothers grew up.

When Carolyne founded DAMKA, many children infected with HIV would not have attended school due to stigma and poor life expectancy. Also, many of these children were AIDS orphans or had lost a parent to AIDS. They often had no access to higher education or vocational training, which meant they had limited opportunities to live fulfilled lives and to maximise their potential.

Stigmatisation still exists and children with HIV are less likely to be in school than their peers. Carolyne Mabunde's organisation, DAMKA, supports these children from birth to when they leave education. It also supports the families and caregivers, to help the children stay in school, access medical care and treatment, and receive much-needed HIV and psychosocial care and assistance. The range of support on offer also includes projects to strengthen the economic situation of affected households.

DAMKA has received support from Switzerland since 2015. This has allowed more children to be enrolled in the programme. The organisation's activities revolve around the monthly club meetings at the local hospital. These meetings are a unique opportunity for medical screenings, peer support, relationship building and learning, and are therefore very popular with children and young people.

SolidarMed took over this project from the Aids & Kind foundation in 2020. As part of the integration process, I had the pleasure of meeting Carolyne in Kenya. I was blown away by her dynamism and commitment to improving the lives of children and young people. A few things have changed since then: new regions have been added, more than 175 beneficiaries have been included and there are plans to expand the programme to help an additional 200 children and adolescents next year. Carolyne is still tirelessly working to strengthen and empower her local community. For example, she has set up a goat farming project to help alleviate poverty. She has also bought a plot of land in her village on which she plans to have a centre built for medical care, vocational training and community events.

SolidarMed is providing vital support to children and young people living with HIV in Butere and improving their chances of living an independent and fulfilled life. Thank you for supporting this and other activities of SolidarMed. Your support is much appreciated.

You can read more about this project and the children and young people it is helping on page 4. ■



▲ Fourteen-year-old Mary (on the right) is visited by Vivian, who herself was previously helped by DAMKA and is now passing on her experience. *ob*

“I want to be a doctor.”

Children and young people living with HIV in Kenya receive very little medical and psychological support. The stigma is too great, and the widespread poverty too crippling. Thanks to SolidarMed, local partner organisation DAMKA now supports more than 250 children, giving them hope of living a normal life.

Kenya “How are you doing?” Vivian asks 14-year-old Mary*. The pair sits next to each other on an old sofa in a mud house close to Butere. Mary lives here, in tropical western Kenya, with her parents and five siblings. They all have HIV. Like most people in the area, they live on subsistence farming. Mary’s parents cultivate maize and vegetables

all year round; in front of the house a cow is grazing with its newborn calf.

“I’m well,” answers Mary, “I’m feeling good. And look at my grades from last term.” Twenty-one-year-old Vivian, who herself is HIV positive and now works for DAMKA, looks at the report and makes a note of something in the open folder.



Kenya

Population:	53 million
HIV rate:	5.9%
Poverty headcount ratio*:	31.1%

* Percentage of the population who live on less than USD 1.95 a day

Vivian not only records what Mary says, but also observes her physical appearance. For example, if she has a rash on her skin, it would indicate an excessive viral load. Vivian then takes the dose of medication from Mary and counts the remaining tablets. She gives a satisfied nod. “All good.”

Medication alone is not enough

This close support is important for Mary. She is precisely at the age when life gets particularly difficult for those living with HIV. There is such a stigma attached to the disease in Kenya that many children and young people wouldn't even tell their best friend about it. The fear of social exclusion is great. But when they move to secondary school, which here is a boarding school, keeping things secret becomes very difficult. There is an increased risk that students will fail to take their medication regularly, or stop taking it altogether.

What's more, some people only discover at this age the real reason they have had to take medication every day since childhood. They may have heard of HIV but not been aware they were infected. Their families may have tried to protect them. When they then receive an HIV diagnosis in their teens, it comes as a shock. Many struggle to accept that the illness will be with them for life. As a result of these difficult circumstances, young people with HIV are more likely to be sick, miss lessons, suffer from psychological stress and as a result lose hope of living a normal and healthy life.

“Children and young people living with HIV need more than just access to medication,” stresses Carolyne Mabunde, director of DAMKA, SolidarMed's local partner organisation. “Not only do they need to have access to medication, they also need to be able and want to take it,” she says. Yet services tailored to children and adolescents are lacking in rural Butere. The children and young people usually only pick up their medication



▲ SolidarMed enables many HIV-positive children living in poverty to go to school. *ob*

from the small hospital every three months – but hospital staff can't control what happens in the intervening period. “We can't know whether children and young people adhere to their treatment, what their day-to-day life is like at home and in school and whether someone urgently needs psychological support,” explains Sharon Walata, a healthcare professional at Butere Hospital.

“Children and young people living with HIV need more than just access to medication.”

Carolyne Mabunde,
Director of DAMKA

To improve the support available to children and young people, Carolyne Mabunde set up the organisation DAMKA (Don Amolo Memorial Kids Ark) in 2012. The name pays tribute to her brother Don Amolo, who died of AIDS a few years before. DAMKA is currently fully funded by SolidarMed and now supports more than 250 children and young people living with HIV in Butere. Besides individual home visits, like for 14-year-old Mary, the team works closely with

schools and vocational training centres. Selected teachers know that certain children are sick and can call on DAMKA when problems arise. In addition, all beneficiaries of the project attend the monthly club meetings that provide various support, including information on HIV and AIDS and the chance to build relationships with other young people living with HIV.

An example for others

Twenty-one-year-old Vivian knows only too well the difference that close supervision and peer support can make. When staff at DAMKA first met her at the age of 12, she was covered in lesions and rashes. “For years, I struggled to accept that I had got HIV from my mother, but my siblings hadn't,” she says. Trying to block it out and not take her medication made everything worse because she was constantly sick.

By the age of 14, she was in a critical condition. The hospital in Butere contacted DAMKA which from then on monitored her closely. It was only through this support and the fact that both her parents had since died of AIDS that she finally managed to take her

In the spotlight

medication regularly. She is now studying at university and is a shining example for others.

Through home visits, like this one with Mary, and through presentations at the monthly club meeting, she shares her experiences with others. “I don’t want children and young people to feel they have been left alone to cope with their illness,” she says. “They need to know that despite having HIV, they can still lead a normal life.” During her university holidays, Vivian therefore travels around as a peer mentor for DAMKA and tells her story to inspire other young people affected by HIV. She knows many children and young people who have learned to cope with their illness thanks to DAMKA, some of whom have become her best friends.

Tackling poverty and prejudice

A major challenge in caring for young people living with HIV remains the widespread poverty. “We can’t tell a poor family to take their child to hospital if they can’t even afford to eat,” explains DAMKA director, Carolyn Mabunde. Families with sick children don’t invest in their children’s education out of a fear that the investment won’t pay off. But poverty and a lack of education increase prejudice against people with HIV.



▲ Apprenticeships provide opportunities for young people who have missed out on schooling and were unable to attend secondary school due to their illness . ob

HIV in young people in Kenya

Western Kenya has the highest HIV rate in the country. Depending on the district, the rate is estimated to be between 4% and 26%. However, the significant stigma attached to HIV/AIDS means that not everyone is aware of their status, which in turn makes it more difficult to treat those who are sick. This means there are still deaths – for example, malaria, which is widespread, can quickly be fatal in those who are HIV positive with a high viral load and a weakened immune system.

Young people aged between 15 and 24 are the age group in which new HIV infections are growing the fastest in Kenya. One reason is the fact that sexual activity is taboo in this age group, which means there is a lack of access to condoms. The need for better awareness of prevention, treatment and living with HIV/AIDS is therefore particularly high among young people. This is why staff from DAMKA, SolidarMed’s local partner organisation, give presentations in schools. They teach students how the virus is spread and work to tackle prejudice. DAMKA thereby promotes an honest and open approach to the disease and helps remove the stigma for people living with HIV/AIDS.

Since DAMKA was set up ten years ago, there has been an ever greater focus on tackling poverty besides providing medical and psychological support for children and young people living with HIV. DAMKA helps with the cost of school uniforms and examination fees for almost all the children and young people enrolled on the programme. This ensures the children have access to education and the prospect of a bright

future despite HIV. DAMKA also organises rapid transport to hospital where necessary and covers the cost of treatment so that students don’t have to miss lessons. In some cases, the organisation also enables small-scale renovations of homes and toilet facilities to rectify poor hygiene

conditions, or provides families with a goat to improve its economic situation.

Since SolidarMed took over the project from the Aids & Kind foundation in 2020, DAMKA has also been able to invest in a targeted way in vocational training. This provides opportunities for young people who could not attend secondary school due to poverty and low average grades. Sixteen of the young people supported by DAMKA are currently doing a two-year apprenticeship at a vocational training centre.

DAMKA covers all costs, visits them regularly and arranges transport to the monthly club meetings.

Big plans for the future

Finding a permanent job after completing an apprenticeship is not easy, as Emmanuel’s story shows. After a difficult adolescence, the 24-year-old was able to complete an apprenticeship as a car mechanic thanks to support from DAMKA. Since he finished a year ago, he has been working for the same small business where he trained. But he has yet



▲ Thanks to support from DAMKA, Emmanuel completed a vocational training programme as a car mechanic. But finding a permanent job is difficult. *ob*

to secure a permanent contract. His boss thinks he needs to gain more experience before he can stay on permanently. This casual working arrangement means his pay is irregular, which is a challenge for the young family man. Besides his own child and his wife, he also provides for the two children of his late brother and for two children from the DAMKA project who were abandoned by their families. Emmanuel is therefore hoping to secure more regular work in the future. “I would like to open my own garage so I can be more independent,” he says. “But I haven’t got the money to buy my own equipment.”

Carolyn Mabunde’s team has recognised the problem. With funding from SolidarMed, they have bought a plot of land to build a community centre and a work-

shop. It is not only to be used as a meeting place for various project activities, but also as a centre to help place

“I don’t want children and young people to feel they have been left to cope with their illness alone.”

Vivian,
Peer mentor at DAMKA

those who have completed apprenticeships. For example, in the future anyone in Butere looking for a car mechanic like Emmanuel will be able to contact the centre, which will be able to propose someone who has completed an apprenticeship with support from DAMKA. Expanding the project in this way closes

the circle and ensures that children and young people living with HIV really can get the chance of a bright future despite poverty and stigma.

At Mary’s house, Vivian has finished taking notes. She shakes Mary’s and her father’s hand and says goodbye. “Asante sana – thanks very much,” says Mary, and gets back to her homework. Her dream of becoming a doctor no longer looks so distant. ■ *bw*

* Name has been changed.

Get to know other children and young people from the project:

 solidarmed.ch/damka

From development project to locally-managed business

Zambia At many health centres and hospitals in rural Zambia, there is a lack of accommodation for healthcare workers and their families, which makes recruiting and retaining good medical staff a challenge. Since 2012, SolidarMed has been building homes for staff with the support of the Hilti Foundation so that rural healthcare facilities can also offer attractive housing for staff. In this way, SolidarMed is working to tackle the acute shortage of healthcare workers in rural areas. In 2024, the investment and develop-

ment project is to become an independent social enterprise. Ubuntu Homes will let out the existing staff homes and will take care of maintaining them. The over 120 homes in three different provinces make a significant contribution to more sustainable healthcare. SolidarMed and the Hilti Foundation will largely be stepping back from this project at the end of the year and handing the operational management over to local actors. ■ pm

2012

2013

2017

2018

1.1.2012 – 31.12.2012

Development of a business model

The lack of accommodation for medical staff in rural areas is recognised and a business model is developed to build and let out private staff houses. The revenue is to go back into maintaining the houses and building new ones.



1.7.2013 – 31.12.2017



Initial construction phase

Work starts on building staff houses at rural hospitals. This helps retain healthcare workers and improves the quality of care provided at the hospitals.



15.3.2017 – 30.6.2019



Integration of vocational training

The project is scaled up to include the building of more staff houses. In parallel, the vocational training programme for locals in bricklaying and plastering is launched. The competent Zambian authority is involved in the project (TEVETA – Technical Education, Vocational and Entrepreneurship Training Authority Zambia).



Sustainable construction

Sustainable and environmentally-friendly components have been an integral part of this project for several years now.

► Since 2019 the houses have been built using blocks that are manufactured locally on the building site. They are produced on site from local red earth and cement, which is formed in moulds using a manual or hydraulic press, and then dried by the sun. The manufacturing process uses significantly less cement

and saves on transport. The method therefore has a reduced eco-footprint but also considerably reduced costs.

- Where there is no existing water and power supply, solar-powered boreholes and solar lighting systems are installed.
- The houses are designed to be comfortable with little or no heating or cooling.

2019

2020

2021

2022

2024

1.7.2019 – 30.6.2021



Sustainable housing for health

Blocks are manufactured from earth locally in a manufacturing process that emits less CO₂. Existing accommodation is renovated and integrated in the project. The vocational training programme is scaled up to include other occupations, such as carpentry, plumbing and electrical engineering including solar power.



1.7.2021 – 31.12.2022



Establishment of Ubuntu Homes

The project is taken to the next level and is to become a self-sustaining social enterprise that offers trusted housing solutions and support services to tenants and partners. In addition to the staff houses, student hostels are built to also accommodate students in remote locations.



2024 onwards



Further autonomy for Ubuntu Homes

All essential healthcare workers should have access to affordable, high-quality housing in rural Zambia. Additional student hostels are to be built. Vocational training programme to resume once a more profitable model has been developed.



Interview with Federica Laurenti

“I believe in the right to healthcare for everyone.”



▲ Federica Laurenti (second left) and healthcare professionals after a four-day training course at Morogoro Hospital in September. *sm*

Thirty-two-year-old Federica Laurenti has worked as a SolidarMed project manager in Tanzania since mid-April this year. Born in Italy, Federica has lived in various African countries and worked as a midwife mainly in humanitarian contexts. She tells us about her first few months in Ifakara and what motivated her to move to Tanzania with her family.

Federica, what originally motivated you to become a midwife?

From a very young age, I've always been fascinated by the care sector. I decided to train as a midwife because I liked the idea of working with women and for women. I also wanted to be a part of the

'mum and newborn bubble' and help get mother and baby off to a good start.

You used to work in the Democratic Republic of the Congo and the Central African Republic. What keeps bringing you back to the African continent?

I've always been fascinated by Africa, but in a very naïve way. I was influenced by the media and so only knew about the typical stereotypes. I've always been interested in other cultures. That's why I first went travelling alone at 19. I gained my first professional experience as a

volunteer in Congo. That's when I realised that that was exactly what I wanted to do.

How was that experience?

I think in the beginning you only do those sorts of assignments for yourself.

You can't bring much added value with only limited experience under your belt. Like many other volunteers, I had the cliched idea of 'I'm going to Africa to help'. But in a very short space of time and with no experience, you can't help. I realised that I wanted to live in a country with limited resources but only if I could add value in a constructive way. That's why I believe SolidarMed is the right organisation for me. We are strengthening existing systems, supporting local stakeholders

“I can have more of an impact as a project manager than I would on the labour ward.”

Federica Laurenti,
Project manager 'A Good Start', Tanzania

and developing partnerships. We're in it for the long term and focus on sustainability.

Apart from that, why did you apply for the position in Tanzania?

I want to help fight inequality through my work. I strongly believe in the right to quality healthcare for everyone, all over the world. Whether someone is born in Switzerland or Tanzania, they should get the same package at birth. Unfortunately, this is still not the reality and I don't know if it ever will be.

Is that also why you now work in a project management role?

If you're in a humanitarian crisis, clinical work can make a big difference. I wanted to move more towards development work. As I'm aware of

the challenges and reality on the ground, I can bring greater added value as a project manager to strengthen the system. Sometimes I miss working on the labour ward. But I believe in the partnerships we are building with the Ministry of Health and hospital management teams. I can have a bigger and more lasting impact as a project manager than I would in the labour ward.

You're responsible for the 'Good Start' project. Can you tell us more about it?

The project focuses on improving neonatal health and the neonatal survival rates. We mainly start with infrastructure and medical equipment because it is urgently needed. It's also important to train and mentor staff. But focussing solely on healthcare facilities is not enough. People need to trust the healthcare system and need to be educated about its benefits. This is why we collaborate with community health workers who know their respective communities. And finally, together with the Ifakara Health Institute, we also want to measure the impact of our activities.

What were the first few weeks in Tanzania like?

What I learned from my past experiences is that when you arrive in a new country you are a real foreigner. This is why you have to go 'pole, pole' * as the Tanzanians say. You have to get to know the people, observe the context and situations and try to understand before you start implementing. So, I started with getting to know people, building relationships and learning.

You moved to Ifakara with your two children (aged four and 18 months) and your husband. How do you balance your demanding position with family life?

I've always said that my kids are the most difficult mission of my life (laughs). I always have to find a balance

between motherhood and being fully committed to a project. But I think that would be the same anywhere in the world. My husband and I both really believe that it is great for our kids to experience different cultures. ■ pm

*Typical Swahili expression that means 'slowly, slowly'.

You can read the full interview on our website.

 solidarmed.ch/federalicalaurenti



A healthy start in life for newborns

In Tanzania, 45,000 newborns die every year, 50% within the first 24 hours. A crucial factor is sub-quality care for premature babies and newborns with low birth weight. Many deaths could be prevented and are directly related to inadequate care during pregnancy, delivery and the postnatal period. The three-year project 'A Good Start' aims to improve newborns' chances of survival in three rural hospitals and healthcare facilities. This is to be achieved through the gradual rollout of evidence-based interventions, such as Kangaroo Mother Care and training of healthcare staff. In parallel, implementation research will help determine the minimum package of interventions needed to achieve the maximum reduction in mortality. The results will inform decision-making to scale interventions up to other regions.

Working to protect eyesight

Zimbabwe Diabetes increases the risk of a range of eye diseases. If left untreated, diabetic retinopathy – a disease of the retina caused by diabetes – is one of the main causes of impaired vision and blindness. The World Health Organization estimates that around 5,000 cases of blindness every year in Zimbabwe are caused by diabetic retinopathy. This is due to a lack of diagnostic facilities in rural health centres, district and transfer hospitals, and delayed treatment. This means that people lose their sight when it could have easily been avoided. SolidarMed supports eye examinations for diabetic patients in the Masvingo Provincial Hospital. This allows retinal disease to be identified and treated early so that blindness can be prevented. ■ *pm*



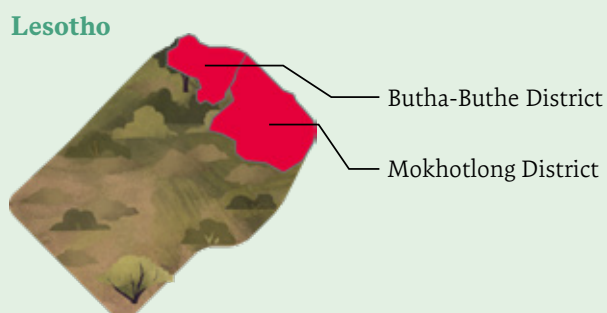
▲ A patient is screened for diabetic retinopathy at Masvingo Hospital.
Charmaine Mhondiwa

Mobile healthcare – launch of the second clinic on wheels

Lesotho In last November's issue of Focus we reported on the mobile clinic that delivers healthcare to the remotest communities in Lesotho's Butha-Buthe district. The clinic provides urgently-needed treatment to the medically underserved mountain communities with the second-highest HIV rate in the world. At the time, project manager Dr Ravi Shankar Gupta pointed out that such healthcare facilities were also needed in other medically underserved regions of Lesotho. Now – a year later – a second mobile clinic has been launched to cover the mountains in the Mokhotlong district, at over 2,000 metres altitude. Unmade roads and inaccessible locations make it difficult for the over 100,000 inhabitants to access healthcare. The second mobile clinic was inaugurated on 3rd October in the presence of the health minister Semano Sekatle. In November, the ten-time mountain bike world champion and SolidarMed ambassador Nino Schurter will travel on his bike to the remotest mountain villages and experience first-hand the punishing journeys in Lesotho's most far-flung mountain valleys. We'll report on his visit in a future issue of Focus. ■ *pm*



▲ The second mobile clinic was inaugurated in Mokhotlong in early October.
sm



Formal opening of the training centre in Kafue

Zambia Following a planning and construction phase lasting over a year, Zambian health minister and member of parliament Sylvia T. Masebo opened the new multidisciplinary training centre in Kafue on 11th October. It allows teams of nurses, doctors and midwives to be trained in a cross-disciplinary manner. “Good healthcare is team work,” says Petros Andreadis, who is heading up the SolidarMed project.

The multidisciplinary training centre offers practice facilities in 20 different clinical situations, e.g. resuscitation of a patient, complex birthing situations, simple surgical procedures and spinal punctures. Mixed teams comprising doctors, medical licentiates, nurses and midwives can practise different therapeutic situations on dolls and dummies under the guidance of clinical instructors. This is intended to improve quality of care and promote collaboration at patients’ bedsides and in operating theatres.

In the training of healthcare professionals, interprofessional collaboration is often neglected. But in complex medical situations and when under time pressure, it is essential. “Through this training centre we are breaking down silos and training healthcare professionals in communication skills and teamwork,” says Andreadis.

The training centre in Kafue is the first of its kind in Zambia. Three similar centres are to be opened at other hospitals in Kabwe, Chipata in the northeast and Solwezi in the northwest of the country next year. SolidarMed has been involved in training healthcare workers and building housing for healthcare staff in Zambia for over ten years.

The activities are part of the project funded by the Liechtenstein development service to improve the quality of vocational training for nurses, medical licentiates, clinical officers and doctors. ■ *ch*



▲ A trainee doctor practises stitching up a cut on a dummy. *ch*



▲ Practising on dummies and interprofessional collaboration improve quality of care. *ch*





◀ Community health worker Anna is a mentor trained by SolidarMed to facilitate communication between parents and their children at the Pahlela health centre in Zimbabwe. *lr*

“Community health workers provide a safe space in which parents and young people can talk about their sexual and reproductive health. That really impressed me.”

“Solidarity doesn’t hurt anyone.”

Why do some people donate large sums to SolidarMed? We asked a couple who has regularly supported SolidarMed’s projects for many years.

The Australian philosopher Peter Singer thinks that everyone should donate to charitable organisations provided they don’t sacrifice anything “comparably significant” – that they should give enough to help without inhibiting their own ability to live. This is precisely why the Hoffmanns* from Eastern Switzerland donate: “When you’re aware of the many emergency situations and social injustices out there, it stands to reason that from our situation of privilege we should do something.”

They have seen the poverty that exists for themselves when travelling in countries such as Namibia and India. They have both learned to take a very open-minded approach and to show solidarity – they even see it as their duty to do so. “Regular donating doesn’t hurt us financially,” the couple stresses.

They found out about SolidarMed from friends a few years back. For them it was important that SolidarMed takes a sustainable approach and works with local partners on an equal footing to reinforce existing systems: through



▲ The Hoffmanns* at the SolidarMed summer event in September. *rs*



▲ The Hoffmanns are very concerned by the fragile situation in northern Mozambique. *rf*

knowledge transfer, projects to retain healthcare professionals and building infrastructure. Helping people help themselves and sustainability were key criteria for the Hoffmanns, and SolidarMed delivers on both. They were also impressed by SolidarMed’s lean structures. The couple would like SolidarMed to become better known and to further grow its supporter base. Talking about whether it is better to donate several smaller sums to a number of organisations, or one larger sum to a single organisation, the pair agrees that you can achieve a great deal more through the latter.

Feeling close to the organisation is also important to the Hoffmanns. At the SolidarMed summer event in September, they were able to meet staff in

person and get a real insight into the projects. “We were impressed that we were able to learn about the very fragile current situation in northern Mozambique from the country director and that we could ask her questions.” ■ *pm*

**Name has been changed.*

Would you like to donate too?
Visit our website:

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The champion in Lesotho

Olympic champion, ten-time world champion, eight-time winner of the UCI world cup in cross country and SolidarMed ambassador Nino Schurter travelled to Lesotho in early November, where he is visiting SolidarMed projects in the country's mountainous regions. The Swiss national who hails from Graubünden will accompany the mobile clinic on his bike, visiting some of the most remote mountain communities in the country. The trip will give him an idea of how urgently medical care is needed for people living in remote and disadvantaged communities. If you don't want to wait until the next issue to find out more about Nino's journey, you can find updates on our website and social media. ■ *pm*

 solidarmed.ch/ninoschurter

 facebook.com/SolidarMed

 instagram.com/SolidarMed

 solidarmed.ch/newsletter

▲ SolidarMed ambassador Nino Schurter is visiting the projects in the mountains of Lesotho in November. *SCOTT SRAM*

Show solidarity this Christmas

With the festive season fast approaching, why not check out our gift ideas that will make someone happy and do some good this Christmas? How about an attractive and timeless carafe? In the spirit of 'no health without water', by purchasing one of these carafes you are supporting SolidarMed's projects. Our gift certificates are also extremely popular. Choose a project and make someone's day with a personalised gift. Rather than giving superfluous consumer goods this Christmas, give a meaningful gift and support healthcare in Africa. ■ *pm*

 solidarmed.ch/en/give-joy-and-do-good



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