

Focus

23/4 11.2023

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Mariam Ongala* and her daughter Zawadi, who was born at six months gestation weighing just 600 grams. This is Mariam's only child – she had previously suffered five miscarriages. *ob*

*Name has been changed to protect identity.

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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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Born too soon – helping premature babies survive and thrive



Benatus Sambili
Country Director Tanzania

Globally, newborn deaths (death within the first 28 days of life) account for nearly half (46%) of all under-five deaths. The majority of newborn deaths occur in the first few days after birth. The leading causes are birth asphyxia, preterm delivery, low birth weight and infections. To improve neonatal survival rates, high-quality care is needed during pregnancy, labour, delivery and the period immediately after birth.

Tanzania still has an above-average neonatal mortality rate, at 20 deaths per 1,000 live births. Since 2018, SolidarMed has therefore been working with the Ministry of Health and regional health authorities to champion better healthcare for premature babies and those with low birth weight. Following the successful Healthy Newborns project in Malinyi, which ran from 2018 to 2021, SolidarMed launched the Good Start project.

The aim of the Good Start project is to improve the survival chances of newborns by addressing issues such as infections, hypothermia, respiratory distress and feeding problems. The project has three priorities: setting up specialised labour wards, providing appropriate technology and equipment, and delivering hands-on training, coaching and mentoring for staff. Local engineers are planning and overseeing these projects and 'Fundi' (a Swahili word for technicians) are carrying out the construction work.

The Good Start project is not only about newborn survival in the first critical days, but also enabling them to develop and thrive in the subsequent weeks and months. SolidarMed is therefore working with the Ifakara Health Institute (IHI) – a renowned local research institution – to study the interventions needed to ensure optimal care for newborns after they have been discharged from hospital.

You can read more about the Good Start project on pages 4–9.

Thank you so much for supporting our efforts to help all babies survive and thrive. ■



▲ Baby Zawadi ('gift') was born weighing just 600 grams. Thanks to Kangaroo Mother Care, she weighed 2.6 kilos by the time she was 12 weeks old. *ob*

The critical first few minutes

Some 45,000 newborn babies die every year in Tanzania due to inadequate medical care. In a three-year project, SolidarMed is improving the survival chances of premature and low birth weight babies in the rural Morogoro region and is relying on an established method to do so.

Tanzania The hilly town of Mahenge is still cloaked in morning mist, while a humid breeze blows through the lush green trees. The maternity ward at the District Hospital is already a hive of activity. A young woman has just given birth to a baby boy but there is no newborn cry. Nurse and midwife Leticia Mwamlambo realises straight away that something is wrong with the baby's breathing and that the situation is critical. The team needs to act fast

as every minute wasted can mean the difference between life and death for newborn babies. With the aid of a ventilator, which was recently purchased by SolidarMed, she manages to stimulate and stabilise the child's breathing.

"A few weeks ago, I wouldn't have been able to do much in this situation as we didn't have any equipment," says the 36-year-old.



Tanzania

Population:	63.6 million
Neonatal mortality rate:*	20 (Switzerland: 3)
Birth rate:	4.7 per woman

*Deaths < 28 days per 1,000 live births

She has been looking after mothers and their new babies for over ten years. It is a challenging job, she explains, as there is a lack of medical infrastructure and adequately trained staff in many places.

A safe arrival

Thanks to SolidarMed, the situation at Mahenge Hospital has already improved significantly. It is one of three hospitals in the rural Morogoro region where neonatal wards have been expanded with SolidarMed’s support. Medical equipment has already been procured, like the ventilator mentioned

“The worst thing is when you know what needs doing but you don’t have the equipment. That’s sad and frustrating.”

**Leticia Mwamlambo,
Nurse and midwife
at Mahenge District Hospital**

above, while the ward extension is still under construction. Previously, the infrastructure needed to treat premature and low birth weight babies was lacking. But it is not only medical equipment that is crucial, knowledge and expertise are vital, too. Healthcare professionals at the hospitals are therefore being trained in the care of premature babies with low birth weight. This will noticeably improve the survival chances of around 12,000 newborns a year in the catchment areas of the three healthcare facilities.

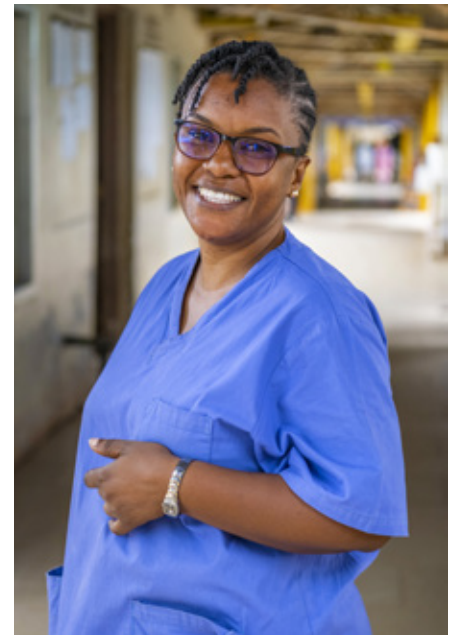
This is urgently needed as neonatal mortality in Tanzania is shockingly high, at 20 deaths per 1,000 live births. By way of comparison, in Switzerland that figure is three. The rate is even higher in rural and remote areas of Tanzania. Although the government affirmed its commitment to reducing

the neonatal mortality rate in its current health strategy, the country is still a long way from achieving the UN Sustainable Development Goal of no more than 12 deaths per 1,000 live births by 2030. The inadequate care of premature babies and newborns in the first few hours after birth is a key reason as the risk of dying of birth asphyxia, hypothermia or other complications is high during this period. The professionals at these health facilities therefore need to be able to respond rapidly if needed.

Continual skin-to-skin contact

A simple yet life-saving method to combat hypothermia and infections in low birth weight and sick newborns is Kangaroo Mother Care (KMC). SolidarMed has already achieved positive outcomes using KMC in comparable settings and clearly highlighted its effectiveness in a pilot project at Lugala Hospital (see box ‘Scaling up an approach that works’).

A neonatal ward was also completed several months ago at the Morogoro Regional Referral Hospital. The new mothers being looked after at the



▲ Midwife Lilly Rwabutembo has worked at Morogoro Regional Hospital for ten years. *ob*

hospital delivered their babies very early and now, thanks to the specialised ward, they are able to spend a few days in hospital after the birth.

To protect the privacy of labouring mothers, the neonatal unit for premature babies is a spacious and calm area that is separated from the rest of the labour ward.



▲ Mariam Ongala* at the weekly meeting in the ward for premature and newborn babies at Morogoro Regional Hospital. *ob*

In the spotlight



▲ Nasra Kilomba's* son Samwel* quickly recovered from his jaundice thanks to light therapy at Mahenge Hospital. *ob*

Midwife and nurse Lilly Rwabutembo looks after and supports women and passes on her knowledge. “Many of the mothers here had birth complications. They are afraid of getting things wrong and need support to feel comfortable caring for their low birth weight babies,” she says. As she talks, she is dressing a several-day-old baby that she has just bathed. She also explains the principles of Kangaroo Mother Care to the new mothers. Ideally the mother – or another caregiver – should carry the newborn with direct skin-to-skin contact for at least eight hours a day for

several weeks. Lilly Rwabutembo is well aware that this is a challenge for many women: “Many new mothers do not systematically practise Kangaroo Mother Care at home,” she says. The weekly check-ups after discharge from hospital are therefore all the more important. The mothers come back to the ward every Friday to have their babies weighed and their state of health monitored.

One of these women is Mariam Ongala*. Her daughter was born at six months gestation, weighing just 600

grams and had to spend several days in the neonatal intensive care unit. It is Mariam's only child as she already suffered five miscarriages. “She is our gift, which is why we named her Zawadi,” she says as she gently strokes

“I too used to think that you should cover premature babies with as many blankets as possible to keep them warm.”

**Mariam Ongala*,
mother of a premature baby girl**

her baby girl's forehead. Zawadi means gift in Swahili. Mariam's devotion is also shown by her patience and persistence in practising Kangaroo Mother Care. “My friends and family were amazed at first as they didn't understand it,” she recalls. “I too used to think that you should cover premature babies with as many blankets as possible to keep them warm.”

She has since learned that this in fact has a negative impact on development as babies are unable to regulate their body temperature through the thick blankets. Mariam's persistence with Kangaroo Mother Care is now paying off – at her 12-week check-up, Zawadi is doing well and is already tipping the scales at 2.6 kilos. “I'm pleased about every single gram,” Mariam says, visibly emotional.

Scaling up an approach that works

In 2018, SolidarMed launched a pilot project to improve the health of newborns at Lugala Hospital in the Malinyi District. In July 2019, the hospital opened a ward for premature infants and a neonatal intensive care unit for very sick newborns. The focus is on Kangaroo Mother Care, where mothers have direct skin-to-skin contact with their babies for several hours a day. The bodily contact helps babies regulate their body temperature and boosts their immunity to infections and diseases. The method is simple and cost effective – a key criterion in a country where almost one in seven people is living in poverty and neonatal infrastructure is lacking. SolidarMed's pilot project on KMC showed an impressive improvement, with the survival chances of newborns in the first critical days rising from 76% to 91%.

Ward soon to be operational

In Mahenge, over 250 kilometres away, Leticia Mwamlambo's working day is slowly coming to an end. She has stayed late today to monitor the newborn baby boy with breathing problems. "He is now stable. I was able to take him off the ventilator just now," she says, beaming. As she speaks, she enters another room from which a blue light is emanating. On an elevated table, a newborn baby is lying under a bluish green light. "Little Samuel* was born too early and developed severe jaundice," the midwife says as she examines the baby boy. The new lamp means that he can be treated effectively. Before, all we could have done was advise mothers to take their babies outside in the sun several times a day – hardly an ideal solution.

The extension work at the district hospital is making good progress and the new ward for premature and low birth weight babies is starting to take shape. The extension means that in the future there will be enough space for mothers to learn and practise Kangaroo Mother Care under expert guidance, and for newborns to receive optimal care. "The unit will quickly fill up," says Leticia, adding; "I hope that we'll be able to save many lives." ■ ss

**Name has been changed to protect identity.*

Maybe you've seen Zawadi at the station?

Baby Zawadi is one of the faces of our new campaign Gesundheit braucht Teamarbeit ('health requires teamwork'). Become part of Team Health at (german only):

 solidarmed.ch/team-gesundheit



Three questions for Federica Laurenti



▲ Federica Laurenti has worked as a SolidarMed project manager in Tanzania since April 2022. rs

The 'Good Start' project goes beyond cooperation with hospitals. In what way?

If we want to lower the neonatal mortality rate, we have to intervene at

different levels. SolidarMed is raising public awareness about the risks of home births and the benefits of Kangaroo Mother Care. Because unfortunately, pregnant women and new mothers with sick newborns often get to hospital too late. On the one hand, this is because of the long distances and a lack of financial resources. On the other, women are sometimes referred too late to a specialised hospital by dispensaries. More information and awareness is needed in this area.

What does that mean for the next stages of the project?

We are stepping up the awareness work in dispensaries in the next few months. We are also working on increasing public awareness and acceptance of Kangaroo Mother Care. Only when the benefits of this method are known and understood will it be

systematically implemented. The success we have achieved so far helps spread our message.

How have staff in the hospitals responded to the project?

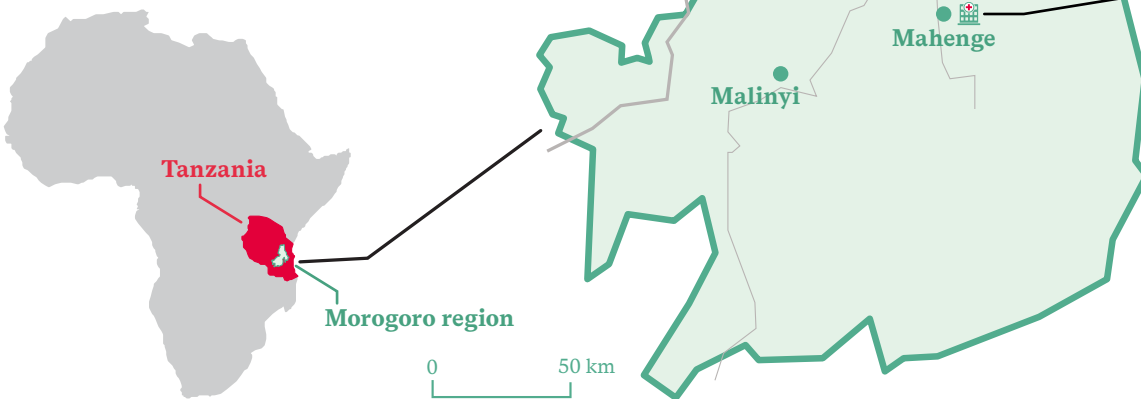
It's clear that the improved infrastructure and enhanced knowledge and experience sharing is having a positive impact on motivation. There's a great team spirit, which I'm really pleased about. Because ultimately it's the commitment of each and every individual and the teamwork that makes the difference – particularly in a difficult working environment with limited resources. ■ ss

Data for optimal prevention

Tanzania In a three-year project, SolidarMed is helping to reduce neonatal mortality in the Morogoro region with a population of over 3.2 million people, by improving care for sick and low birth weight babies. Thanks to the project, all three hospitals will have a specialised ward to treat at-risk preterm babies, those with low birth weight and newborns who are sick.

An accompanying study is evaluating the activities at the three hospitals in terms of quality and cost efficiency. To do so, it is collecting the health data on a total of 340 newborns during their hospital stay and over the next 28 days. The subjects are all newborns whose chances of survival were compromised due to preterm birth, low birth weight (<2,500 g), birth complications or an infection. The study results will provide valuable insights to help formulate recommendations for further measures and to rectify the identified weaknesses. ■ ss

Study catchment area:



Neonatal deaths in Tanzania: 20 per 1,000 live births (Switzerland: 3)

UN Sustainable Development Goal by 2030: reduce neonatal mortality to at least 12 per 1,000 live births.

- ### Measures
- ▶ Construction of a ward for premature babies
 - ▶ Procurement of medical equipment (e.g. ventilators)
 - ▶ Training of nurses
 - ▶ Educating caregivers on the care of newborns born prematurely



Data collection

Health data is systematically collected in partnership with the Ifakara Health Institute to monitor the quality and progress of the activities and to evaluate them in terms of cost efficiency.

In the healthcare facility: During the hospital stay, indicators on newborns' state of health are regularly recorded (e.g. weight gain).

After discharge from hospital: The state of health of the newborns continues to be checked and recorded after they are discharged from hospital. Caregivers are also asked about their experiences of hospital treatment and of Kangaroo Mother Care and about the challenges they face.

Morogoro Regional Hospital

Number of live births 2021*:

5,941

of which premature births:

10% (594)

Kibaoni Health Centre

Number of live births 2021*:

4,407

of which premature births:

15% (671)

Mahenge District Hospital

Number of live births 2021*:

959

of which premature births:

10% (96)

* Figures from the 2021 baseline study.



▲ After being discharged, mothers keep coming back to hospital for weekly check-ups. *ob*



▲ After being discharged, mothers keep coming back to hospital for weekly check-ups. *ob*

neonatal intensive care unit and a ward for
at all three locations
medical equipment that is lacking

s in neonatal care and emergency obstetric care
ers on caring for newborns, particularly those

“In order to measure the impact of our activities, we need to know about the state of newborns’ health after they leave hospital. This is why we collect data that goes beyond the hospital stay.”

Federica Laurenti,
Project manager, ‘A Good Start’

health are

regularly
ked about
challenges



Results

The results are used to derive an optimal package of measures to prevent neonatal deaths.



Knowledge transfer and policy dialogue

The research findings and recommendations are presented in working groups and at scientific conferences and shared with the Ministry of Health, in order to scale up the interventions to other healthcare facilities in the medium term.

Can you change a thousand lives?



▲ Catherine Nachalwe wants to educate her fellow citizens about preserving nature and climate change. *pad*

Catherine Nachalwe from Zambia is from a poor background. Thanks to the charity Our Moon Education and an internship at SolidarMed, she now has a bright future ahead of her. In September, the 19-year-old embarked on a university programme in the United States and she hopes to help shape her country's future.

Catherine Nachalwe's eyes light up. She is happy when she looks back at her life so far, and ambitious when she looks to the future - her own but also that of many others. In an interview with SolidarMed, Zambian

Catherine Nachalwe looks back on her past and the experiences that Our Moon Education and SolidarMed made possible. Our Moon Education is a charity that promotes education for promising young minds in Zambia

(see box). Thanks to a gap year at this organisation followed by an internship at SolidarMed in Zambia, Catherine got the opportunity to study for a bachelor's degree at Duke University in North Carolina. She

has had to overcome many obstacles to get this far.

A turning point in life

Rewind 19 years: Catherine Nachalwe was born in Lusaka, the capital city of Zambia. She grew up with two older sisters and one older brother in a poor family. Her father died when she was five.

“It was really hard for my mother to provide for all her children and to get us a good education,” Catherine explains. She therefore attended a village school. These are free schools for poor and disadvantaged children that are set up and run by local people and have few resources.

Catherine was a gifted pupil and could have secured a place at one of Zambia’s best schools, the David Kaunda National STEM Secondary School. But as her mother could not afford the school fees, Catherine went to St.

“In Zambia, being a doctor is the most prestigious profession.”

Catherine Nachalwe,
Former intern at
SolidarMed Zambia

Francis and Clare Secondary School instead. In 2021, she graduated with one of the top grades in her year. A schoolfriend therefore advised her to apply for a gap year at Our Moon Education, which she did successfully. Catherine took part in the programme and learned to be open-minded, cooperative and inquisitive. “The gap year was a turning point in my life,” Catherine explains. The organisation not only developed her skills but also opened the door to university.

An internship at SolidarMed

To allow graduates of the programme to hone their skills and make a

contribution to society, Our Moon Education works with local organisations that offer internships. This is how Catherine got the opportunity to do an internship at the SolidarMed office in

“SolidarMed is a fantastic organisation. I too would like to help people in need one day.”

Catherine Nachalwe,
Former intern at
SolidarMed Zambia

Zambia in the first half of 2023. She was involved in a variety of tasks: from compiling questionnaires and scientific data, to landscaping and garden design, to examining how to make the clinical training centres initiated by SolidarMed more environmentally friendly and sustainable. She speaks very highly of her employer: “SolidarMed is a fantastic organisation. It improves the health of so many people.” She goes on to explain that experiencing this on a daily basis throughout her internship was both impressive and inspiring. “I too would like to help people in need one day.”

“I feel a responsibility”

For a long time, Catherine wanted to be a doctor herself. “In Zambia, being a doctor is the most prestigious profession,” she explains. People with good grades at school generally study medicine. But Catherine now has other, equally ambitious plans. “After my degree in the US, I want to come back to Zambia and work to tackle deforestation at the Ministry of Green Economy and Environment,” she says. She is keen to educate her fellow citizens about nature preservation and climate change. She hopes that the master’s degree she is aiming for will help her develop her home village and her home country. She says she cares about future generations and feels a

responsibility. The root of her passion for the environment does actually come from medicine. “As a child, I suffered from asthma,” she explains. “My grandmother would always be concocting drinks made from leaves and roots to alleviate my symptoms. I started to love trees because they protected me.”

Catherine is one of over 20 million people in Zambia. Yet she has big plans. Perhaps the vision of Our Moon Education will come true and Catherine really will be one person who can change a thousand lives. ■ *rm*

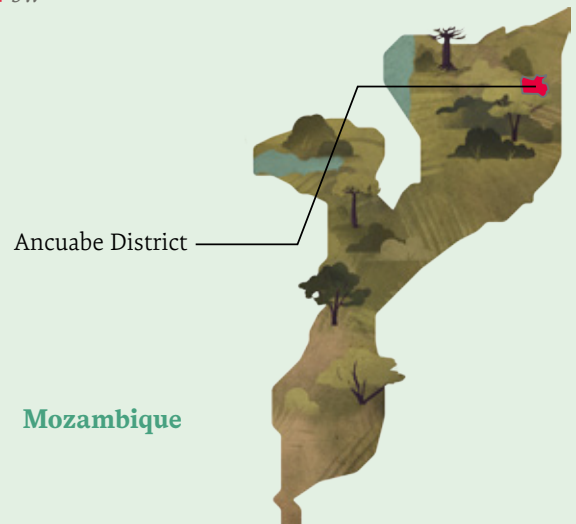
What is Our Moon Education?

Our Moon Education is a charitable organisation in Zambia whose vision is ‘We change one life to change a thousand’. Our Moon gives bright but financially-disadvantaged young people the skills, knowledge and dispositions to lift themselves and their families out of poverty, to become responsible leaders and to contribute to positive social change. In doing so, they become role models to inspire future generations of extraordinary young people.

Urgent renovation following water damage

Mozambique Several thousand minor and major operations are carried out at the Metoro health centre every year. In addition, around 9,000 babies are delivered, including around 200 by caesarean section. It is the largest healthcare facility in the Ancuabe District with a population of around 200,000. Other hospitals are at least an hour away. It has been possible to deliver babies and carry out operations there safely thanks to the construction of a new operating theatre and a labour ward nine years ago, which were financed by SolidarMed. But above-average rainfall, strong winds and some structural defects have caused the roof to become leaky. When there was heavy rainfall, operations could not be carried out for several days at a time. There was also damage to ceilings, walls, doors and electronic equipment, which made it impossible to operate safely. In consultation with the local health authorities and the staff at the health centre, SolidarMed contracted a local construction company to repair the roof and to replace the

damaged infrastructure. The construction work is expected to be finished by the end of the year and from then on, the operating theatre and delivery ward will again be fully functional. ■ *bw*



Fresh veg for a more balanced diet

South Africa Since June last year, the community centre in Gonubie Farmers Hall, close to the town of East London, has had a vegetable garden. Volunteers from the surrounding settlements plant seedlings, water them with rainwater, spread compost, pull up weeds and harvest peppers, spinach and tomatoes. The vegetables are then prepared in the kitchen at the community centre, where up to 161 children and adolescents get a daily meal. With relatively little effort, this has made the meals healthier, explains Zuko Hendrick. He is project manager at Jika Uluntu, SolidarMed's local partner organisation that operates the community centre.



▲ The garden at the Jika Uluntu community centre provides fresh vegetables and also serves as a teaching venue. *pad*

The garden also serves as a teaching venue – but not only for children. “Because of the high unemployment, we see great potential in families growing more vegetables, fruit and berries,” says Hendrick. While many local families are already involved in agriculture, they are more focussed on poultry and cattle farming, and until now have not really grown vegetables. One reason for this is the difficulty in accessing fresh water in the informal settlements. Jika Uluntu is therefore training families in water-saving permaculture techniques and helping them grow vegetables in their gardens sustainably. This will teach them new skills, save them money on food, and improve their families’ health. ■ *bw*



The mobile clinic launches in Tanzania

Tanzania For people living in the remote communities of the Malinyi District, healthcare is largely inaccessible. The greatest obstacles are the long distances and a lack of financial resources to pay for transport to the nearest health centre. Most people are farmers but they barely grow enough to feed their own families. Poverty and a lack of access to prevention, early detection and treatment of diseases are affecting the health of the whole population.

This is why SolidarMed is supporting the district health authorities in making basic primary healthcare accessible in these regions. A mobile clinic has been doing the rounds in particularly remote communities since late September. These specially-converted off-road vehicles are already in operation in the mountains of Lesotho, where they have proven very effective. The mobile clinic in Tanzania, which is financed by the Polarlys Foundation, is also furnished with essential equipment and medicines. It offers services for pregnant women, new mothers and toddlers, as well as diagnosis and treatment for patients with HIV/AIDS, tuberculosis, and non-communicable diseases. It benefits some 25,000 adults, the same number of adolescents, and 18,000 children and newborn babies. ■ *pm*

Find out more about the project in this video on this page:



Tanzania



Malinyi District



▲ At the end of September, the team took delivery of the mobile clinic financed by the Polarlys Foundation in the Malinyi District. *pad*



▲ The mobile clinic makes a huge difference to the people living in remote communities in the Malinyi District. *pad*



▲ The converted off-road vehicle is furnished with essential equipment and medicines. *pad*



▲ Yara Sago* with her granddaughter Ana* at Chiúre Hospital in Mozambique. Thanks to the triage system, Ana's malaria was diagnosed rapidly and she was given drugs to treat it. *rf*

**Not their real names*

“Prioritising the treatment of children in life-threatening situations makes a difference. The mortality rate has significantly dropped since the start of the project in 2021, so we are now rolling out the triage system at other hospitals.”

Thomas Vandamme, Programme Manager Mozambique

Working together to tackle diabetes

Diabetes is one of the most common non-communicable diseases worldwide. In Zimbabwe and Lesotho, SolidarMed is working with the World Diabetes Foundation to provide access to diabetes prevention, diagnosis and treatment for people in rural regions.

Diabetes causes around two million deaths a year, most of which are in low- and middle income countries. Particularly in rural regions of southern Africa, hospitals and health centres have until now been barely equipped to handle such non-communicable diseases, and so medical care and prevention are virtually non-existent. For example, a study by SolidarMed conducted in Zimbabwe in 2022 showed that many rural healthcare facilities are lacking basic equipment, for example to measure blood glucose or kidney function. This sort of equipment is essential in order to identify diabetes and determine its severity. There is also a shortage of staff trained in such metabolic disorders and people have very little awareness of the negative impact of their unbalanced diets.

SolidarMed is therefore expanding its activities in Zimbabwe and Lesotho to include non-communicable diseases like diabetes. The aim is to educate people about eating a healthy, balanced diet, and improve diagnosis and treatment for diabetes sufferers. This includes a range of measures, as Mikkel Pape Dysted knows well. He is programme manager at the World Diabetes Foundation, which co-funds SolidarMed's diabetes projects. "On the one hand, training and equipment are needed so that healthcare facilities can even offer medical services in the first place," he explains. "On the other, administration also needs to be improved." This includes drawing up treatment guidelines, digitalising patient records and defining internal processes.

All these measures have to be adapted to local conditions. In Lesotho, SolidarMed focuses on community health workers in collaboration with the World Diabetes Foundation and many other partners. Community health workers are the link between healthcare facilities and village communities and therefore the backbone of the local health system. Besides HIV and prenatal care, they will also cover diseases such as diabetes in the future. In Zimbabwe the focus is on rural healthcare facilities, where health workers are trained in treating patients with diabetes



▲ Improving diabetes treatment also involves education and free blood glucose tests, like this one being conducted in Bikita, Zimbabwe. *lr*

and the necessary infrastructure is being built. Here, too, community health workers are being educated on issues related to diabetes.

SolidarMed and the World Diabetes Foundation are ideal partners. SolidarMed has been working in Lesotho and Zimbabwe for decades and is very familiar with the health challenges there. It is also keen to integrate new measures into existing health systems. Meanwhile, the World Diabetes Foundation brings worldwide expertise in the prevention, diagnosis and treatment of diabetes and provides the necessary funding. Both partners work closely with local health authorities. "We hope that this will allow us to improve diabetes care at a national level in the long term," says Mikkel Pape Dysted. On a trip to Zimbabwe earlier this year, he once again saw for himself the sheer scale of the immediate need. ■ *bw*

A familiar face?



Does baby Zawadi from our spotlight article look familiar? Perhaps you've seen her at the station or online on a news website? She is one of the faces of our new awareness campaign entitled 'Gesundheit braucht Teamwork' ('health requires teamwork'). Sustainably improving health requires doctors, nurses, mechanics and cleaners, and well as patients and their loved ones to work together as a team. And Solidar-

Med can only help local partners thanks to your donations. Thank you for being part of Team Health. ■ *pm*



solidarmed.ch/team-gesundheit

(German only)

An insight into Team Health – take part in our webinar

At 1pm CET on Tuesday 5 December, Karolin Pfeiffer, SolidarMed programme manager, and Federica Laurenti, project manager for 'A Good Start', invite you to join them for a webinar to take a virtual trip to Tanzania. They will provide an insight into the project that aims to improve the survival chances and health of newborns and premature babies. There will also be an opportunity to ask questions.

We would love it if you could join us. Register now at the link below. ■ *pm*



solidarmed.ch/webinar-tanzania

Your donation makes a difference



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