Annual Report 2022
97 years old

3,097,515 people with access to improved healthcare

90,153 babies safely delivered

2,267 healthcare professionals and community health workers trained

181 healthcare facilities assisted

39 projects

Contents

03 President’s report
07 Director’s report
10 Our core areas
12 How SolidarMed makes a difference
14 Our project regions
16 Lesotho
18 Mozambique
20 Zambia
22 Zimbabwe
24 Tanzania
26 South Africa
28 Kenya
29 India

30 We are SolidarMed
33 Awareness-raising work
35 Annual financial statement
36 Balance sheet
37 Income statement
40 Thanks
41 Partnerships
42 Publication details
Between change and constancy

The last year has drastically exposed the fragility of progress made in the areas of nutrition and health. Many countries in Africa had barely recovered from the health and economic impacts of Covid-19 when the war in Ukraine broke out, causing food prices to skyrocket. On top of that, one of the worst droughts of recent years was raging in East Africa, pushing millions of people into hunger and poverty. The majority of African households spend 50% – so half – of their income on food. In poor households, this figure can be almost 100%. By way of comparison, most Swiss households spend less than 10% of their gross salary on food.

The most minimal price rises therefore directly affect food and the health of millions of people in our partner countries. We have seen that many families who were already struggling to make ends meet before the Ukraine crisis are now living in poverty. The social and health impact will last for years: malnourished children, children dropping out of school, adolescents with no prospects.

Africa is the continent that is most frequently affected by epidemics, such as cholera, Ebola, meningitis, measles, yellow fever and plague.

The Covid-19 pandemic also showed how vulnerable healthcare can be, particularly for countries in southern Africa. Their health systems were already stretched and underfunded before the pandemic. They therefore lack the resilience to be able to respond to an epidemic or pandemic without neglecting other areas. Pandemic preparedness is currently a hot topic for health systems across the world. This is about the need for countries to be better prepared for future pandemics. Particularly in countries with perpetual flashpoints, working on strengthening health systems in the longer term is a challenge. For us this means that in our programme work we rely on a mixture of direct support and lasting investment in local health systems.

Examples of direct support are helping children living with HIV/AIDS in Kenya and South Africa, delivering medical care to remote communities through mobile clinics in Lesotho, supporting dentistry in Zimbabwe and caring for newborns in Tanzania. Meanwhile, examples of longer-term efforts to strengthen health systems include improving the training of healthcare professionals in a targeted way in Zambia, introducing triage systems for emergency care in Mozambique and supporting the development of new treatment guidelines in Lesotho. When doing so, we always coordinate closely with local health authorities and build on the existing health system.

This is the only way we can achieve our overarching goal of strengthening systems in a sustainable and holistic way.
“Many families who were just about managing before the Ukraine crisis are now living in poverty. The social and health impact will last for years.”

Niklaus Labhardt, President
So SolidarMed will not be re-inventing itself in 2023, but continuing to adapt to the global and regional changes and challenges. But it is not only what we do that requires constant reflection, but also how we do it. The decolonisation of development cooperation is becoming ever more important. Our goal has long been to work on an equal footing with local partner organisations on the ground. As a modern organisation, we want to step up to the challenge of shifting more decision-making power to partner countries in the medium term.

In a constantly-changing world in which new crises and challenges are emerging all the time, we are staying true to our principles and continue to pursue our vision of a world in which everyone can enjoy the best possible health, and live a dignified and self-determined life. We can only achieve that with your support.

In our projects in Kenya, Lesotho, Mozambique, Tanzania, South Africa, Zambia and Zimbabwe, we are a long-standing partner organisation for many different interest groups: health authorities, academic institutions and health facilities. This breeds trust and allows long-term and lasting collaboration. This in turn is only possible through your long-standing and reliable support. On behalf of our partners, I would like to say a big thank you.
Children and adolescents living with HIV need more than just access to medication. This is why SolidarMed works closely with the DAMKA organisation in Kenya, which provides holistic support to young people with HIV. This support allowed Emmanuel (pictured) to become a car mechanic.

“Solidarity is not an abstract concept for SolidarMed, but an incentive to tangibly improve people’s lives.”

Jochen Ehmer, Director
Our solidarity is needed more than ever

Do you too sometimes feel uncomfortable when you hear news about the war in Ukraine, about melting glaciers and about the emergence of new diseases? Globalisation has brought prosperity to millions of people. But it has also shown how dependent we are on one another and how small the world has become. Because viruses don’t care about national borders, and neither do emissions. If Ukraine stops exporting grain, hunger surges in Africa. In this interconnected world, bold action and solidarity is more important than ever.

Permanentley strengthening health systems

Solidarity is not an abstract concept for SolidarMed, but an incentive to tangibly improve people’s lives. SolidarMed’s commitment can take various forms. For example, in 2022, 61,340 newborns got a healthy start in life thanks to SolidarMed, 43,254 people living with HIV/AIDS were provided with life-saving drugs and 82,500 internally displaced people received support in their new homes in resettlement camps in northern Mozambique.

Bringing healthcare to people is particularly important to us. This is the only way our programmes can reach those who most urgently need medical assistance.

Our solidarity always aims to sustainably improve healthcare. This means expanding medical services so that they can be permanently supported and offered by governments. To achieve this and to reduce dependencies, SolidarMed works closely with local authorities and partners, encourages them to take initiative and supports them in securing the necessary resources in the long term. The expansion of clinical capacity is also guided by this principle. For example, our team in Zambia is supporting the development of training centres for interdisciplinary vocational training of clinicians. Meanwhile in Zimbabwe, treatment centres for chronic diseases were set up in six hospitals.

Innovation and fresh ideas

Action driven by solidarity must also be bold enough to try new approaches. In healthcare in particular, innovations are vital, for example in the development of vaccines and in the complex treatment of diabetes.

Together with a network of academic experts, SolidarMed is therefore actively involved in developing new medical approaches. The molecular measurement of viral load for improved treatment of HIV and the use of digital X-rays to diagnose tuberculosis are just two examples from 2022. In order for successful solutions to be scaled up, SolidarMed works closely with health authorities and medical schools.
“Experience and expertise are the areas where our organisation can really add value. Thanks to our staff on the ground, we are familiar with the situation on the ground and can develop effective solutions.”

Jochen Ehmer, Director
Healthy people on a healthy planet
Innovation is also urgently needed to counter climate change. As the African proverb goes: “When a river dies, people die.” Tackling the destruction of the natural world, which underpins human health, is the most important issue of this century. In an alliance with other Swiss organisations, SolidarMed is therefore actively working to tackle climate change and to build more disaster-proof health systems. To effectively reduce emissions, we are analysing our environmental footprint. Issues such as sustainable nutrition, epidemic preparedness and human and animal health will become ever more important going forward.

Acting together to bring about change
Experience and expertise are the areas where our organisation can really add value. Thanks to our staff on the ground, we are familiar with the local situation and can therefore develop effective solutions. Did you know that over 95% of our staff are from partner countries?

Our programmes are only possible thanks to the many partners who support us with donations, large or small. More than ever before in the history of humanity, we share a common future. We can only master the challenges we face through solidarity and bold action. For a future in which children can grow up healthy and women can give birth safely, whether they live in Lesotho or in Switzerland.

My heartfelt thanks go to all those who share this vision of the future and encourage us to keep going. Without your solidarity, our work would not be possible.

Signed
Hospitals and health centres are the backbone of healthcare in rural Africa. A lack of infrastructure in the medical field, coupled with inadequate power and water supplies pose major challenges to health workers. Once again in 2022, SolidarMed supported hospitals and health centres by providing infrastructure, medical equipment and devices, and took targeted action to improve hospital hygiene.

This is the only way to ensure that operations can be conducted and babies delivered safely and to prevent infections and antimicrobial resistance. In 2022, SolidarMed partnered with 181 hospitals and health centres to contribute to effective basic primary healthcare.

Key figures 2022:
- 27 hospitals supported
- Improved services in 154 health centres
- 25 operating theatres manned
- 1'893'429 outpatient consultations
- 90'153 safe births

Many African countries have a gravely alarming skills shortage in the healthcare sector. In rural areas in particular, there is a lack of qualified healthcare professionals, which has a direct impact on the health of local communities. Training and continuing education for doctors, nurses and midwives is therefore key to sustainable development and strengthening of the health system. In the year under review, SolidarMed trained a total of 1,331 nurses, doctors, medical licentiates and midwives. By promoting decentralised and hands-on training models, SolidarMed is helping to ensure high training quality and large numbers of students.

Key figures 2022:
- Initial training of 766 professionals
- Continuing education for 565 professionals
- Continuing education for 198 medical trainers
- 18 medical schools supported
In rural areas in particular, there is often a lack of knowledge about health, and access to medical services is limited. SolidarMed therefore trains many local community health workers and peer educators every year, and helps with transportation to sometimes distant health centres. The tasks of community health workers include carrying out prenatal check-ups and checking the health of newborns. They are also increasingly involved in the prevention of chronic diseases. Peer educators are young people who educate their peers on sexual and reproductive health – this too is an important part of the puzzle in improving healthcare in rural areas.

**Key figures 2022:**
- 738 community health workers trained
- 144 initiatives on sexual and reproductive health
- 4,943 people now with access to drinking water
- 79,555 people educated about chronic diseases

SolidarMed works with many different partners to review the results and effectiveness of its programmes and projects on an ongoing basis. The results feed directly into programmes in the form of adaptations of existing measures or ideas for future projects. In addition, once again in 2022, SolidarMed worked with local and international partners on a number of scientific field studies. This knowledge benefits people well beyond the project areas as SolidarMed makes the findings available to local authorities, health institutions and the international research community.

**Key figures 2022:**
- 19 academic publications
- 37 national health strategies shaped
- Participation in 10 conferences to transfer knowledge and continue to expand the network
How SolidarMed makes a difference

Access to medication and mortality rate of HIV-positive people*

Thanks to SolidarMed, more and more people living with HIV have gained better access to antiretroviral therapy (ART). This has led to a continual decline in the mortality rate of people with HIV over the years.

Proportion of children in SolidarMed’s HIV programmes*

The treatment of children with HIV is very difficult. However, as more mothers are getting treatment before the birth of their children, the proportion of HIV-positive children and therefore children in treatment has declined.

Operating theatres built by SolidarMed are in operation**

Functioning operating theatres increase the range of medical services offered and significantly increase the number of people who use them. Pregnant women in particular are more likely to visit healthcare facilities and to give birth in a safe and supervised environment.
How SolidarMed makes a difference

Skills shortages and a lack of further training make it difficult to deliver healthcare in many African countries. SolidarMed supports training facilities, builds housing for staff and provides continuing education for healthcare professionals.

**Patients treated by newly trained healthcare professionals**

- **2017**: 0
- **2018**: 0.2 m.
- **2019**: 0.4 m.
- **2020**: 0.6 m.
- **2021**: 0.8 m.
- **2022**: 1 m.

**Treatment of patients who have suffered violence**

- **2017 to 2019**: 1,000
- **2020 to 2022**: 2,000

**Newly-trained healthcare professionals**

- **2017**: 0
- **2018**: 1'000
- **2019**: 2'000
- **2020**: 3'000
- **2021**: 4'000
- **2022**: 5'000

The newly trained healthcare professionals strengthen health systems in SolidarMed’s partner countries. This allows many people to access better quality medical treatment.

Physical, sexual and psychological violence is an area that SolidarMed is increasingly focusing on. The need is particularly great in fragile contexts, such as northern Mozambique.

* Data from Lesotho, Zambia and Zimbabwe
** Data from Lesotho, Zambia, Zimbabwe and Tanzania
**South Africa**
- Population: 59,392,255
- Poverty headcount ratio*: 20.5 %
- Life expectancy at birth: 65 years
- Maternal mortality rate**: 119
- Number of projects: 3
- Partner organisations: Jika Uluntu, CHoiCe Trust, Sophiatown Community Psychological Services

**Zimbabwe**
- Population: 15,171,979
- Poverty headcount ratio*: 39.8 %
- Life expectancy at birth: 61 years
- Maternal mortality rate**: 458
- Number of projects: 6
- Number of staff: 24

**Zambia**
- Population: 19,473,123
- Poverty headcount ratio*: 61.4 %
- Life expectancy at birth: 62 years
- Maternal mortality rate**: 213
- Number of projects: 3
- Number of staff: 17

**Tanzania**
- Population: 65,588,334
- Poverty headcount ratio*: 44.9 %
- Life expectancy at birth: 66 years
- Maternal mortality rate**: 524
- Number of projects: 5
- Number of staff: 17

**Switzerland**
- Population: 8,703,405
- Poverty headcount ratio*: 0 %
- Life expectancy at birth: 83 years
- Maternal mortality rate**: 5
- Head office: Lucerne
- Number of staff: 20
**Kenya**
- Population: 53,005,614
- Poverty headcount ratio*: 29.4 %
- Life expectancy at birth: 63 years
- Maternal mortality rate**: 342
- Number of projects: 1
- Partner organisation: Don Amolo Memorial Kids Ark (DAMKA)

**Hyderabad (India)**
- Poverty headcount ratio*: ca. 10 Millionen
- Poverty headcount ratio* (India): 10 %
- Life expectancy at birth: (India): 70 years
- Maternal mortality rate** (India): 145
- Number of projects: 1
- Partner organisation: John Foundation

**Mozambique**
- Population: 32,077,072
- Poverty headcount ratio*: 64.6 %
- Life expectancy at birth: 61 years
- Maternal mortality rate**: 289
- Number of projects: 9
- Number of staff: 53

**Lesotho**
- Population: 2,281,454
- Poverty headcount ratio*: 32.4 %
- Life expectancy at birth: 55 years
- Maternal mortality rate**: 44
- Number of projects: 11
- Number of staff: 106

* Percentage of the population who live on less than USD 2.15 a day.
** per 100,000 live births
Source: World Bank
Lesotho

Rising prices hit Lesotho particularly hard in 2022. However, the parliamentary elections held in October have given people hope as the new government has pledged to increase foreign direct investment and to create new jobs to revitalise the economy. Yet in terms of health, the country still faces major challenges.

How SolidarMed is making a difference in Lesotho

**Mobile clinic**

- **Project duration**: running since 2020
- **Region**: Butha-Buthe and Mokhotlong
- **Target group**: Pregnant women and new mothers with their babies; patients living with HIV, tuberculosis and diabetes
- **Objective**: To improve access to and quality of primary basic healthcare for people in remote communities. This involves a team consisting of a nurse and driver treating and educating people in their communities from an off-road vehicle converted into a clinic.
- **Main activities**
  - HIV counselling and testing including the initiation of antiretroviral therapies (ART) and community ART refills
  - Pregnancy tests/screening, nutritional counselling for babies and toddlers and growth monitoring
  - Immunisation and advice on family planning
  - Screening and monitoring of blood pressure and glucose levels, and corresponding treatment

**ComBaCaL**

- **Project duration**: 2021 – 2025
- **Region**: Butha-Buthe and Mokhotlong
- **Target group**: People in remote and difficult-to-reach communities, community health workers, health centres
- **Objective**: To improve the health, social and economic wellbeing of adults living with NCDs in an innovative, evidence-based, sustainable and scalable way.
- **Main activities**
  - Trial conducted in more than 100 villages to test the effectiveness of the healthcare model delivered by community health workers
  - Development of an eHealth app for the training of community health workers and healthcare professionals
  - Prevention and treatment of patients with diabetes and high blood pressure through a community-based model
  - Microfinancing concept to provide financial support to community health workers
  - Influencing guidelines on non-communicable diseases

**Health 4 Life**

- **Project duration**: 2020 – 2022
- **Region**: Butha-Buthe and Mokhotlong
- **Target group**: Pregnant women and new mothers with their babies
- **Objective**: To sustainably improve the health of pregnant women, mothers and newborns.
- **Main activities**
  - Training and mentoring of healthcare workers on the identification of pregnancy complications and high-risk pregnancies
  - Outreach activities in remote areas to improve prenatal care in Mokhotlong district
  - Supporting community health workers through awareness and prevention campaigns
  - Peer educator awareness campaigns to teach adolescents about sexual health and contraception
  - Offering youth-friendly health service delivery through an adolescent health centre including confidential counselling, HIV tests, STI tests and pre-natal check-ups
Partnerships for Health

Irene Ayakaka, Technical Director

2022 was an exciting year for the Lesotho country programme, with staff changes, the successful completion of various projects and studies, and the launch of new ones. The Health 4 Life project, which had a huge impact on the lives of many mothers and babies, came to an end. An external evaluation revealed that during the project phase, screening appointments in early pregnancy increased from 27% to 45%. In addition, 100% of high-risk pregnancies and pregnancy complications were correctly treated by health workers in 2022. It also found that youth-friendly health services were lacking. A new project specifically designed to improve adolescent health was therefore developed, building on the success of Health 4 Life. The MistraL project, which was developed in 2020 in response to the Covid-19 pandemic, played a key part in the effective pandemic response.

Mamello Letsie joined the SolidarMed team as Operations Director. We would like to extend a warm welcome to her and to all other new members of the SolidarMed family. With our ongoing projects and studies and our able, enthusiastic and motivated team, 2023 promises to be a great year.

The Swiss Agency for Development and Cooperation SDC at the Federal Department of Foreign Affairs donated CHF 425,347 to support the Lesotho country programme.

Fulfilling a desire to have children

A 23-year-old woman, Mamello Mohapi*, turned up at Linakaneng Health Centre in January 2022 because she had not had a period for some time. The pregnancy test showed a positive result, which she was delighted about as Mamello and her husband had longed for a baby for a long time. Her medical history revealed that she had previously been pregnant four times and each time had suffered a miscarriage. The nurse treating Mamello referred her directly to Mokhotlong Hospital for an ultrasound scan. This showed that she had a weakened cervix. The doctors, who had been trained in high-risk pregnancies, knew that a miscarriage could be avoided by inserting a Shirodkar suture**, which they did in Mamello’s case. She was also advised to avoid strenuous work and to attend her prenatal appointments. On 1 August, Mamello gave birth to a baby weighing 2.3 kg by caesarean section. She was delighted and proud to realise her dream of becoming a mother and to see that her baby already weighed 5 kg at 14 weeks.

* Name has been changed to protect the person’s identity.
** Intervention to treat cervical weakness and reduce the risk of miscarriage.
Mozambique

Mozambique is one of the world’s poorest countries and also one of the most affected by climate change. This is partly because over 80% of the population is reliant on agriculture. The conflict in Cabo Delgado continues to stretch the country’s already weak health system.

**How SolidarMed is making a difference in Mozambique**

**Health for internally displaced people**

- **Project duration:** 2021–2022
- **Region:** Ancuabe, Chiúre
- **Target group:** Internally displaced people and host communities
- **Objective:** To respond to the immediate humanitarian needs of more than 80,000 internally displaced people. To improve health through easier access to health services, information campaigns and prevention of communicable diseases. To raise awareness of gender-based violence and to create structures to detect and prosecute cases.
- **Main activities:**
  - Supporting healthcare facilities close to resettlement camps by handing out hygiene kits and distributing surgical and medical supplies
  - Promoting hygiene, dispensing advice on nutrition and diet, and running prevention campaigns
  - Deploying mobile health teams in resettlement camps
  - Raising awareness of issues such as gender-based violence in resettlement camps

**Survive and thrive – a colour-coded triage system**

- **Project duration:** 2021–2023
- **Region:** Cabo Delgado and Nampula provinces
- **Target group:** Children up to the age of 15
- **Objective:** To identify children who are very sick in overcrowded emergency wards in order to deliver timely treatment. The colour-coded triage system introduced by SolidarMed classifies the urgency of treatment and has reduced child mortality by almost 50%. This colour-coding system is now to be rolled out in other provinces and SolidarMed is supporting the health authorities.
- **Main activities:**
  - Rolling out the system in six healthcare facilities
  - Renovation work to improve patient flows
  - Training of reception staff in assigning coloured cards
  - Launching an app to classify patients
  - Knowledge sharing at national level, integrating triage concept in the national training curriculum

**Infection prevention and control**

- **Project duration:** 2021–2022
- **Region:** Chiúre, Ancuabe, Namuno
- **Target group:** Hospital staff and patients
- **Objective:** To promote the implementation of IPC good practices such as the sterilisation of medical devices, the use of personal protective equipment, and hand hygiene in various healthcare settings to prevent the spread of infections and antimicrobial resistance.
- **Main activities:**
  - Building better and more efficient plants to incinerate infectious waste
  - Providing cleaning equipment and personal protective equipment
  - Repairing handwashing stations and toilet facilities
  - Training hygiene officers and educating all hospital users on hygiene, recycling and composting
  - Documenting (before and after), analysing and further developing the measures

More than 170 mobile clinics delivered healthcare to over 30,000 patients in resettlement camps.

12 trained activists visited over 5,000 families and identified 360 cases of gender-based violence.

94.4% of children triaged in the six emergency wards.

18.4% of children triaged in the six emergency wards.
The challenges are many and varied, ranging from political uncertainty and large numbers of internally displaced people, to chronic underfunding of state services, rundown infrastructure and an impoverished population. In this challenging environment, we still managed to improve health through integrated and flexible approaches. I find that encouraging.

The Oka taxi in the resettlement camp not only connects internally displaced people with the health system. It also helps people become productive members of the community, by giving them access to markets, schools and other important local services and facilities.

Work helps to forget trauma

Julietta Fundi is one of the many people who has had to flee northern Mozambique, as the village where the 62-year-old midwife lived was raided by armed men in August 2022. In the resettlement camp where she is now living, SolidarMed provides support in the form of equipment, training, mobile health teams and awareness work. Julietta is pleased that as a midwife she can play a part. Work also helps her forget her own trauma. In July 2022, SolidarMed rented one of the tuktuk ambulances that have been used in Mozambique for some time to a driver in the camp. He can use it to offer taxi services and to earn a living. As soon as Julietta calls him and a pregnant woman needs medical assistance, he has to take her immediately to the nearest health centre free of charge. On average, he drives eight women a month to hospital – a record compared to other Oka taxis in operation.

Barbara Kruspan, Country Director

The challenges are many and varied, ranging from political uncertainty and large numbers of internally displaced people, to chronic underfunding of state services, rundown infrastructure and an impoverished population. In this challenging environment, we still managed to improve health through integrated and flexible approaches. I find that encouraging.

The Oka taxi in the resettlement camp not only connects internally displaced people with the health system. It also helps people become productive members of the community, by giving them access to markets, schools and other important local services and facilities.

The survive and thrive colour-coding triage project was expanded to Nacaraôa district. Other highlights were the introduction of teaching modules at the institute of health professions in Pemba, and the successful lobbying of the Ministry of Health regarding the introduction of emergency triage at national level.

The infection prevention and control project is also particularly useful as it takes a comprehensive approach to tackle the problem through various partnerships, for example with municipalities and district or hospital authorities.

The Swiss Agency for Development and Cooperation SDC at the Federal Department of Foreign Affairs donated CHF 832,346 to support the Mozambique country programme.
Zambia

The optimism from the 2021 elections carried through to 2022. Yet Zambia still faces serious economic challenges. The commitment of health authorities to strategically tackling the skills shortage in the health sector is positive. A project steered by SolidarMed is making a real difference in this area.

Our project regions

Projects in all provinces

Head office: Lusaka

How SolidarMed is making a difference in Zambia

<table>
<thead>
<tr>
<th>Sustainable housing for health</th>
<th>Decentralised nurse training</th>
<th>Advancing clinical training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project duration</strong> 2019 - 2023</td>
<td><strong>Project duration</strong> 2019 - 2022</td>
<td><strong>Project duration</strong> 2022 - 2024</td>
</tr>
<tr>
<td><strong>Region</strong> Lusaka province</td>
<td><strong>Region</strong> Selected nursing colleges in several provinces</td>
<td><strong>Region</strong> The main partner is the Levy Mwanawasa Medical University (LMMU) in Lusaka, while clinical training facilities are spread throughout the country</td>
</tr>
<tr>
<td><strong>Target group</strong> Health workers in rural areas</td>
<td><strong>Target group</strong> Nursing students</td>
<td><strong>Target group</strong> Students at LMMU as well as core clinical cadres (doctors, nurses and medical licentiates)</td>
</tr>
<tr>
<td><strong>Objective</strong> To establish a social enterprise providing affordable housing solutions for rural health workers to improve the appeal of these regions and to enhance the quality of healthcare in the long term.</td>
<td><strong>Objective</strong> To improve the quality of healthcare by professionalising the training of nurses in rural Zambia through a flexible, efficient and decentralised vocational training model.</td>
<td><strong>Objective</strong> To sustainably improve healthcare for rural and underserved populations through a professional vocational training programme.</td>
</tr>
<tr>
<td><strong>Main activities</strong></td>
<td><strong>Main activities</strong></td>
<td><strong>Main activities</strong></td>
</tr>
<tr>
<td>► Improving living conditions and enhancing the appeal of rural health worker placements by renovating and building new affordable housing for healthcare professionals</td>
<td>► Supporting existing nursing colleges in taking on a leading role in the expanded decentralised training model</td>
<td>► Improving the learning and teaching environment of clinical cadres to drive improved clinical vocational training in Zambia</td>
</tr>
<tr>
<td>► Building student hostels for nursing students to support increased student capacity in rural colleges</td>
<td>► Reviewing lessons learned and best practices to design a scale-up project for decentralised nurse training</td>
<td>► Improving the teaching skills of lecturers and clinical instructors at the medical university in Lusaka</td>
</tr>
<tr>
<td>► Strengthening the social enterprise, Ubuntu Homes, to ensure sustainability and long-term profitability</td>
<td></td>
<td>► Building skills labs at three hospitals across Zambia. The multidisciplinary training centres offer opportunities to practice in over 20 different clinical situations.</td>
</tr>
</tbody>
</table>
John Tierney, Country Director

A major success has been the expansion of the nurse training model in close collaboration with the health authorities and our donors. Every province in Zambia now has a nurse training facility and over the next four years, the pilot project will be scaled up to become the new normal way of training nurses throughout Zambia. Another milestone is the promotion of clinical training through the launch of skills labs, which fundamentally change the way clinical skills are taught. Teams of nurses, doctors or midwives are trained in a transdisciplinary manner and can practise their skills in 20 different practical situations.

Health professionals also have to be willing to live in rural areas. Ubuntu Homes, which is what the independent social enterprise is now called, rents out existing staff housing in remote regions and takes care of maintaining it. Besides housing for health professionals, SolidarMed is now building housing for students. Zambia has huge shortcomings when it comes to mental health care and treatment. With external support we have outlined a concept on how we can improve the mental health sector in Zambia.

Chilombo Lumbala is a 2nd year nursing student at St Luke’s College. She firmly believes that her learning experience has been enhanced by the housing solution provided by SolidarMed. She can now focus fully on her training – as opposed to what she has heard from students at other sites, some of whom have no sanitation facilities or electricity in their accommodation and are living a long way from the training facility, which means they have to walk long distances in the dark to get home. “We are accommodated really close to the hospital and to our clinical instructors and also have good infrastructure to study for the theoretical part,” says Chilombo Lumbala. This benefits students, staff and patients at the health facilities. Ultimately, a better learning set-up leads to better medical professionals and better quality of care.

The Swiss Agency for Development and Cooperation SDC at the Federal Department of Foreign Affairs donated CHF 125,682 to support the Zambia country programme.

Partnerships for Health
Simbabwe

The rising cost of living, inflation running at 243% and unemployment at 19% are just some of the events that shaped 2022. The already weak health system continues to lose healthcare workers from rural areas, and is affected by poor infrastructure and drug supply issues.

How SolidarMed is making a difference in Zimbabwe

HIV and tuberculosis treatments

Project duration 2019–2022
Region Bikita, Zaka, Chiredzi and Masvingo
Target group An estimated 617,760 indirect beneficiaries at risk of HIV and TB and 64,172 direct beneficiaries who are living with HIV
Objective To ensure quality and equitable treatment for HIV and tuberculosis and to be involved in national working groups for differentiated service delivery, clinical mentoring, viral load monitoring and tuberculosis.
Main activities
► Empowering health workers through clinical mentoring and supervision in HIV and TB management
► Viral load monitoring, including resistance testing and management of treatment failure
► Research and data quality management to support service delivery and general strengthening of the health system

Non-communicable diseases

Project duration 2022–2024
Region Bikita, Zaka, Chiredzi and Masvingo
Target group All patients with diabetes, high blood pressure and oral health conditions
Objective To reduce the morbidity and mortality due to diabetes, high blood pressure and oral health conditions by improving access to medical care in rural areas. Developing and promoting strategies to improve the treatment of severe chronic diseases in district hospitals.
Main activities
► Training and mentoring of healthcare professionals
► Providing essential medicines and equipment
► Treating eye complications and oral conditions
► Raising awareness of NCDs in village communities through community health workers

Maternal and newborn health

Project duration 2021–2022
Region Chiredzi, Zaka, Bikita and Masvingo
Target group approx. 16,000 newborns, 125 midwives, 600 community members, community health workers and health centre committees
Objective To improve the quality of medical care for mothers and newborns by empowering women, their families, village communities and healthcare professionals and strengthening healthcare facilities.
Main activities
► Community engagement and sensitisation on maternal and newborn health
► Practical training of community health workers
► Procuring medical equipment and consumables
► Community meetings and support groups for girls and their parents or caregivers

7,198 babies were delivered in healthcare facilities supported by SolidarMed.

60 people received eye operations and had their sight restored.

472 adolescents living with HIV attended support groups.
Partnerships for Health

Kudakwashe Madzeke, Country Director

2022 was an eventful year with many changes to the country programme. To tackle non-communicable diseases, which are also on the rise in Zimbabwe, we launched two new three-year partnerships: one with the World Diabetes Foundation and one as part of the PEN-Plus consortium. This expansion saw four new staff members join the team. At the same time, we concluded three of our longest-running projects. The key activities to improve maternal and newborn health were successfully handed over to the local health authorities. With these changes we bid farewell to our project managers Eveline Muvirimi and Ronald Manhibi, whom we thank for their dedication and valuable contribution over the years. We now shift our programme focus to adolescent health with the launch of a new project in 2023.

We look forward to a promising 2023 with our enthusiastic and highly motivated team who will continue to work to serve the communities and improve health in our programme regions.

The Swiss Agency for Development and Cooperation SDC at the Federal Department of Foreign Affairs donated CHF 925,610 to support the Zimbabwe country programme.

Raising hopes for an HIV-free generation

In Zimbabwe, around 9% of HIV-positive mothers transmit the virus to their babies, although this is medically preventable. Mary Magala*, a 38-year-old woman from the village of Dumisa in the Chiredzi district, received treatment and monitoring that was adapted to her needs thanks to close support from SolidarMed. This comprised appointment reminders on her mobile phone, personal counselling on taking her medication, and regular viral load monitoring. This support ensured that her viral load remained undetectable before delivery, thus preventing transmission to her unborn child. Mary gave birth to two healthy babies. “Thanks to SolidarMed, I can look to the future with optimism and I’m happy that my children will be able to live happy, healthy and fulfilled lives,” says Mary. Her story gives hope for breaking the chain of HIV transmission from HIV-positive mothers to their children, raising hopes for an AIDS/HIV-free generation by 2030.

*Name has been changed to protect the person’s identity.
Tanzania

More than half of Tanzania’s population is under 17, and with a population growth rate of 3.2%, the country is undergoing significant demographic change. Poverty and inequality are on the rise. The health system is impacted by frequent infectious diseases on the one hand, and non-communicable diseases on the other.

896 newborns benefitted from Kangaroo Mother Care and the neonatal ward

468 people with tuberculosis and 332 people with HIV started treatment

4,887 schoolchildren and 98 teachers now benefit from access to appropriate sanitation facilities at five schools

How SolidarMed is making a difference in Tanzania

Improving neonatal survival

**Project duration** 2022 – 2024

**Region** Morogoro

**Target group** Newborns (those born prematurely and babies with low birth weight), their mothers and families at three hospitals

**Objective** To reduce neonatal deaths by scaling up successful interventions: strengthening Kangaroo Mother Care and improving neonatal care.

**Main activities**
- New construction of a 20-bed Kangaroo Mother Care unit at the regional hospital
- Purchasing life-saving equipment for neonatal units
- Further training and continuous mentoring for 150 health workers in the fields of deliveries, newborn resuscitation and newborn care
- Educating 146 community leaders and joint development of action plans
- Developing a new partnership with the Ifakara Health Institute

Adolescents’ health in adolescents’ hands

**Project duration** 2022 – 2024

**Region** Ulanga

**Target group** Adolescents, healthcare workers, teachers, adolescent peer educators and parents

**Objective** To empower adolescents and allow them to benefit from improved and tailored health services and to exercise their sexual and reproductive rights.

**Main activities**
- Establishing a collaboration with the SDC alliance organisation Enfants du Monde
- Construction or renovation of adolescent health corners at eight healthcare facilities
- Training of healthcare workers in delivering adolescent-friendly sexual and reproductive health services
- Community dialogue meetings
- Introducing a national data collection tool
- Gathering information on the current state of services, patient satisfaction and teaching methodologies in schools

WASH

**Project duration** 2022

**Region** Malinyi und Ulanga

**Target group** 4,887 schoolchildren and 98 teachers at five schools

**Objective** Improve hygiene, and to educate teachers.

**Main activities**
- Building a well and sanitation facilities at two primary and three secondary schools
- Collaboration with a local organisation to train teachers
Partnerships for Health

Benatus Sambili, Country Director

We successfully launched five new projects focusing on the three thematic areas – newborn, adolescent and maternal health; infectious diseases; and WASH. I would also particularly like to highlight the project ‘Our Girl’, which aims to offer financial incentives to parents not to marry off their daughters young and to keep them in school instead. The major successes of 2022 include new strategic partnerships with the Ifakara Health Institute and the Good Samaritan Cancer Hospital. With the latter we are carrying out coordinated activities directly in communities. We also scaled up our activity to the districts of Ifakara and Morogoro. And we worked to strengthen referral mechanisms across different levels of healthcare to provide the best possible treatment.

In order to share our longstanding experience and the best practices and lessons learned with individuals and organisations, we regularly take part in working groups, forums and conferences at regional and national level, including in 2022 the 9th Tanzania Health Summit Meeting in Dar es Salaam.

Giving premature babies a chance

Baby Rehema was born prematurely at 31 weeks at Morogoro Hospital. She only weighed 1.5 kg and couldn’t breathe on her own, so she was admitted to the neonatal intensive care unit (NICU), where she was given oxygen. During her stay at the NICU she was given breast milk and formula through a feeding tube and spent most of the time having skin-to-skin contact with her mother, who was educated about the benefits of Kangaroo Mother Care. After just six days, Rehema was discharged from hospital and was doing well. She and her mother came back for weekly check-ups to monitor her development and growth. Rehema’s mother is very positive about the care she received: “Kangaroo Mother Care is a magical method for promoting the development of premature babies.” She will now act as an ambassador for KMC in her community and encourage other mothers to try it, especially if they have premature babies. Seven weeks after the birth, Rehema already weighed 2.3 kg and is able to drink directly from her mother’s breast. She is doing really well.

Skin-to-skin contact with the mother and breastfeeding are essential to the health of premature babies. r/l

The Swiss Agency for Development and Cooperation SDC at the Federal Department of Foreign Affairs donated CHF 172,229 to support the Tanzania country programme.
South Africa

Besides the huge economic inequality and 33% unemployment rate, South Africa also has to contend with electricity blackouts. These state-mandated blackouts (or loadshedding) last six hours a day in most areas. Many healthcare facilities are struggling as they have no generators to supply backup electricity.

1,269 adolescents received support with schoolwork.

2,022 children and adolescents received health, social and financial support.

342 HIV-positive adolescents and 367 HIV-positive caregivers received therapy and treatment over the course of the year.

How SolidarMed is making a difference in South Africa

**Window of Hope**
- **Project duration** running since 2012
- **Region** Johannesburg
- **Target group** Children and their caregivers who are affected by HIV, trauma and poverty
- **Objective** To provide trauma counselling and therapy to people who have lost motivation and hope.
- **Main activities**
  - Carrying out home visits to provide personal support to households affected by HIV and poverty
  - Offering one-on-one counselling, support groups and group therapies for children and adolescents surviving trauma
  - Providing school equipment and running youth development groups for at-risk students
  - Debriefing, training, and peer groups to support care workers working with adolescents who have experienced trauma

**Children for Change**
- **Project duration** 2013 - 2022
- **Region** Greater Tzaneen, Provinz Limpopo
- **Target group** Children, adolescents and caregivers infected or affected by HIV
- **Objective** To boost the economic resilience and improve the physical and mental health of children and caregivers.
- **Main activities**
  - Psychosocial support and medical care for children, adolescents and caregivers
  - Monthly home visits for households in particular need of individual support
  - Youth awareness and personal development programmes for adolescents
  - Support to establish income-generating opportunities and community savings groups
  - Adolescent linkage to economic strengthening training and mentorship

**Ilitha**
- **Project duration** since 2018
- **Region** East London, Eastern Cape province
- **Target group** Children, youth and caregivers infected or affected by HIV
- **Objective** To improve the physical and mental health of children and their caregivers, and to boost learning and economic resilience.
- **Main activities**
  - Psychosocial support and medical care for children, adolescents and caregivers
  - Monthly home visits for severely in-need households to provide personalised care and support
  - Financing meals for the neediest pupils from the local primary school
  - Implementation and expansion of a community-based kindergarten
  - After-school and homework support groups for school-age children
  - Improving financial literacy and providing adolescents with career opportunities
Partnerships for Health

A safe workplace brings peace of mind

Sino Khumalo* is 24 years old and a single mother to a five-year-old son. When she first got in touch with SolidarMed’s partner organisation, Jika Uluntu, she was working on a farm, where she faced unpleasant working conditions. Her day-to-day work was permeated by drugs, alcohol and violence, particularly against women. She therefore applied for an internship at Jika Uluntu. Fortunately, she got the position and was able to bring her son to the nursery. She received psychosocial support and access to a computer which she could use to write applications for a permanent job. Not long after, Sino got a job in a local supermarket and is delighted to have finally found a safe place to work. Like many other beneficiaries, Sino has stayed in touch with the partner organisation Jika Uluntu and occasionally makes use of their counselling services.

Recently, Jika Uluntu helped Sino access medical care for her child. She says that her links to SolidarMed’s partner organisation have brought greater peace of mind, happiness and the chance to look to a brighter future.

*Name has been changed to protect the person’s identity.

The Swiss Agency for Development and Cooperation SDC at the Federal Department of Foreign Affairs donated CHF 151,681 to support the South Africa country programme.
Kenya

Peaceful elections were held in Kenya in 2022, and the change of government has raised hopes of a brighter future. Like many other countries in the region, Kenya currently faces a cost of living crisis and food shortages. The number of HIV infections is rising, and there is a shortage of HIV tests.

The goat has made all the difference

Gabriel Kamau* is 16 and attends a special school in Matundu because his hearing is impaired. Unfortunately, there is no medical treatment that would improve it. As Gabriel’s mother died of HIV, he lives with his grandmother. Gabriel’s father and his new wife visit often. Gabriel is one of the 20 participants who were given a goat as part of a pilot project run by SolidarMed’s partner organisation DAMKA. He was chosen as his family has a great deal of outside space so the goat would have plenty to eat. Gabriel used to sleep on the floor and would regularly be rained on due to a leaky roof. DAMKA therefore bought a mattress, repaired the roof and also had the latrine renovated to improve the living conditions for Gabriel and his grandmother. The goat has made a big difference, the grandmother explains. It gives them manure, which has increased their vegetable and crop yields, and supplies them with milk. Gabriel is very happy and would like more goats.

*Name has been changed to protect the person’s identity.

Our project regions

Kenya

250 HIV-positive children helped by the project.

136 adolescents attended an annual week-long youth health camp.

100% of all HIV-positive children in the project are on antiretroviral therapy.

Nafasi

Project duration running since 2015
Region Butere, Kakamega County
Target group Children, youth and caregivers infected or affected by HIV
Objective To improve the physical and mental health of children and their caregivers, and to boost learning and economic resilience.
Main activities
► Medical and psychological support and mentoring through home visits, monthly club meetings, HIV counselling and routine lab tests
► Monthly home visits for severely in-need households to provide personalised care and support
► Boosting the economic resilience of households through community savings groups, seed funding and goat-rearing projects
► Building a centre for group sessions, healthcare services and support offerings to boost the economic resilience of adolescents.

28

The Swiss Agency for Development and Cooperation SDC at the Federal Department of Foreign Affairs donated CHF 53,723 to support the Kenya country programme.

SolidarMed
India

An increasing number of children are losing their caregivers due to Covid-19 and other health problems, which pushes them into poverty. Education is key to breaking the vicious circle of poverty. SolidarMed works to ensure that every child can fulfil their potential.

More than 3,200 people educated on topics such as gender-based violence, HIV and human trafficking in 2022.

2,442 children and adults reached by health and child protection campaigns over the course of the year.

772 children and adults received socioeconomic, health and educational support.

Hyderabad/Secunderabad, Telangana State

ASHA Window of Hope

Project duration running since 2017
Region Hyderabad in Telangana state, India
Target group Children, adolescents and caregivers who are affected or infected with HIV and living in poverty.
Objective To enable children and adolescents who are affected by HIV/AIDS and poverty to live stable, healthy and empowered lives.
Main activities
► Providing holistic support to children affected by HIV/AIDS, as well as their parents or caregivers
► Running academic support centres and covering school fees to promote the education of beneficiaries
► Providing vocational training and labour market integration courses for adolescents and young people

“I never thought I’d come this far.”

Due to various personal and family issues, Anjali Karthik* struggled to complete her schooling. With support from relatives, she was able to finish 10th grade, but they were unable to help her financially beyond that. Sitting idly at home all day, she was despondent and didn’t know what to do with her life.

Through a John Foundation alumnus, Anjali heard about the courses at Asha Jyothi. She signed up for a healthcare assistant course and completed six months of training. During the training, she took the opportunity to work at the diagnosis centre on campus and to complete an internship at a local hospital. By the time she graduated in June, she had job offers from a number of hospitals in the Medchal area. She now works at a reputed hospital close to the John Foundation and earns enough to support herself and her family.

*Name has been changed to protect the person’s identity.
We are SolidarMed

Our vision
We are committed to a world where all people have equitable access to good and affordable healthcare.

Values

Solidarity
Our commitment is founded on solidarity and partnership. The name SolidarMed bears witness to this.

Social equity
We are committed to ensuring that all people can exercise their right to physical and mental health without discrimination, regardless of age, circumstance, gender, religion, place of residence or income.

Empowered development
Health empowers people and allows them to reach their potential. We respect and promote the right to empowered individual and social development.

Integrity
Expertise, experience, trust and credibility form the basis and the capital of our work. SolidarMed behaves fairly, transparently and respectfully towards its employees, supporters, partners and local populations.

Sustainability
We stand for reliable, binding and value-preserving development which balances social, ecological and economic concerns.

Bodies

Annual general meeting
The annual general meeting is the highest association body. It meets once a year. Its duties principally include enacting the articles of association, approving the annual report, the annual financial statement and the audit report and electing and dismissing the members of the Board and the president and auditor.

The Board of Directors
The Board of Directors represents the highest executive body and as such reports to the annual general meeting. The Board of Directors is responsible for electing the managing director, supervising the administrative office and approving the agenda, financial plan and annual budget.

Administrative office
The administrative office carries out all of SolidarMed’s activities in Switzerland and abroad according to the resolutions and guidelines of the annual general meeting and the Board of Directors. In particular, the administrative office is in charge of the planning and execution of SolidarMed’s projects, programmes and activities, hiring the staff in charge of the former, preparing the annual budget, fundraising and maintaining membership records and collecting membership fees. The programmes are implemented locally by the country offices together with our partners.

The headcount at the administrative office in Lucerne as of year-end 2022 was 16.7 full-time equivalents (previous year: 16.3).
SolidarMed Association
Prof. Niklaus Labhardt, President

Director
Jochen Ehmer MD

International Programmes
Ilse van Roy MPH

Human Resources & Finance
Elisabeth Meier-Birchmeier

Communication & Fundraising
Christian Heuss PhD

Executive Board in Lucerne

Lesotho
Irene Ayakaka Technical Director
Mamello Letsie1 Operations Director

Mozambique
Barbara Kruspan

Zambia
John Tierney

Zimbabwe
Kudakwashe Madzeka

Tanzania
Benatus Sambili

1from 1 March 2022

At the end of 2022, SolidarMed employed a total of 237 staff in all countries.
Get to know the current team at: solidarmed.ch/en/teams

Members of the Board of Directors 2022

► President: Niklaus Labhardt 1, head of Clinical Epidemiology Division at the Department of Clinical Research, Basel University Hospital and University of Basel, since 2016; affiliations: staff member at the University of Basel

► Vice-President (until 20 May): Ruth Ospelt-Niepelt 2, Vaduz, economist, since: 2013

► Vice-President (from 20 May): Bernadette Peterhans 3, Fislisbach, senior consultant and former head of Professional Postgraduate Training Unit Swiss TPH, since: 2020; affiliations: consultant at Swiss TPH*

► Dr Markus Frei (until 20 May) 4, Lucerne, specialist in tropical and general medicine FMH; since: 2016

► Laura Frick 5, Schaan, economist, since: 2020

► Guido Keel 6, Winterthur, director of IAM Institute of Applied Media Studies ZHAW, since: 2016

► Bettina Maeschli 7, Zurich, director of Swiss Hepatitis, since: 2020

► Robert van der Ploeg 8, Dürnten, specialist in general internal medicine and tropical and travel medicine FMH, since: 2016

► Dr Gregor Stadler (until 20 May) 9, Uerikon, specialist in general internal medicine FMH, since: 2013

► Hansjörg Widmer 10, Baar, economist, since: 2013

*Carried out a paid mission in Lesotho in the year under review.

According to the ZEWO requirements and §29 of the NPO code, affiliations representing potential conflicts of interest relevant to SolidarMed’s activities are listed.

The members of the Board of Directors performed a total of 560 hours of voluntary work in 2022.
We are SolidarMed
Raising public awareness

SolidarMed raises awareness in Switzerland and Liechtenstein of the health emergency affecting people in rural sub-Saharan Africa. This awareness work takes many different forms and seeks to inform the public about international health and development cooperation topics.

Panel discussion ‘Helping effectively: A discussion on solidarity’
A panel discussion on the theme of solidarity was held after the annual general meeting on 20 May 2022 at the Neubad in Lucerne. The event was moderated by philosopher and SRF presenter, Barbara Bleisch. Ethicist Peter Schaber presented the notion of effective altruism. Exponents of this idea take a data-based approach and donate to organisations where – according to their analyses – they can have the greatest impact. Christian Heuss, head of communication and fundraising at SolidarMed, emphasised the challenge of comparing the impact of different measures. He explained that it is not always easy to convey to donors how effective their donation actually is. Finally, development expert Kristina Lanz argued that political engagement could be an effective form of solidarity. The consensus reached by the participants at the event was that solidarity is a cornerstone of the global community and that it requires both private and state actors.

Webinar ‘Humanitarian crisis in Mozambique’
More than 800,000 people – mainly women and children – have been forced to flee their homes in villages in the north of Cabo Delgado province and to seek refuge in the south of the country because of attacks by non-state armed groups. The humanitarian need is great. Barbara Kruspan, SolidarMed Country Director in Mozambique, hosted a webinar on 26 October 2022 to give us an insight into the situation on the ground.

World champion Nino Schurter as SolidarMed ambassador
Swiss sportsman Nino Schurter has been a committed SolidarMed ambassador for many years. He uses his fame to give a voice to disadvantaged people. In November he travelled to the remote mountain communities of Lesotho to visit some of SolidarMed’s projects for himself. His experiences were documented both on his own social media and on SolidarMed’s channels. Various renowned media outlets reported on Nino’s Schurter’s trip and he spoke about his experiences in a number of interviews. This resulted in more than 1.7 million new contacts.
In northern Mozambique, an alarming number of children die within 24 hours of arriving at hospital. Thanks to a system introduced by SolidarMed, children requiring urgent medical attention get treated more quickly than less urgent cases.

“For every CHF 100 donated, CHF 81.90 go straight into our programmes. The cost of fundraising at 14.9% and of administration at 3.2% is very low compared with the limits set by the Zewo foundation and reflects the efficient way we use the funds entrusted to us.”

Elisabeth Meier-Birchmeier, Head of HR & Finance
Effective programme work and reliable support

In the year under review, expenses in project countries were successfully kept in line with the previous year, at CHF 10.2 million. Besides the fallout of the pandemic, the main challenges to project implementation in 2022 were the long delivery times for goods, and inflation. Thanks to further growth in the donor base and some extraordinarily generous support from a church organisation, donations grew by just over CHF 1 million in 2022, to CHF 2.7 million. The purpose-specific income (including contributions from the public sector and organisations) amounted to CHF 11.2 million. Total income therefore stood at CHF 13.9 million. We are delighted by the great trust placed in us by new and existing partners, supporters and donors, and it spurs us on to keep making a difference.

However, the volatile stock market performance adversely affected investment income in 2022. Thanks to the deposits made into the currency fluctuation fund in previous years, the loss of CHF 665,000 in the year under review was fully covered by past book gains.

A total of CHF 588,500 net from donations for project activities was set aside in the purpose-specific fund for future use. Meanwhile, to cover the remaining project financing, a planned withdrawal of CHF 428,733 was carried out from the organisation capital. Funds 1–3 of the organisation capital increased by CHF 583,500. After the withdrawal from the currency fluctuation fund, the total organisation capital fell slightly, by CHF 81,498, but at CHF 9.3 million at the end of 2022, it still constitutes an appropriate financial reserve to hedge against the most important risks.

The percentage of expenses spent on fundraising at 14.9% and on administration at 3.2% is very low compared with the limits set by the Zewo foundation and reflects the efficient way we use the funds entrusted to us: for every CHF 100 donated in 2022, CHF 81.90 flowed into our programmes.

Please note: The annual financial statement including the auditor’s report and annex can be found on solidarmed.ch
## Balance sheet as of 31.12.22

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>%</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>9,303,735</td>
<td>7,542,924</td>
</tr>
<tr>
<td>Assets held for trading at quoted market price</td>
<td>3,213,030</td>
<td>4,479,497</td>
</tr>
<tr>
<td>Other short-term receivables</td>
<td>40,908</td>
<td>118,424</td>
</tr>
<tr>
<td>Accounts receivable from related parties (project advances)</td>
<td>84,750</td>
<td>67,680</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>122,872</td>
<td>49,415</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>12,765,296</td>
<td>100</td>
</tr>
<tr>
<td><strong>Fixed assets</strong></td>
<td>2,802</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>12,768,100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Short-term liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liabilities from sales and services</td>
<td>132,937</td>
<td>159,264</td>
</tr>
<tr>
<td>Short-term liabilities</td>
<td>4,800</td>
<td>9,600</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>231,262</td>
<td>205,611</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>368,998</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Long-term liabilities</strong></td>
<td>30,000</td>
<td>0.2</td>
</tr>
<tr>
<td><strong>Funds reserved for projects</strong></td>
<td>2,968,420</td>
<td>23.3</td>
</tr>
</tbody>
</table>

**SDC mandates/project contributions**  
9,395 | 638,587

**LED projects**  
497,401 | 131,481

**World Diabetes Foundation projects**  
22,486 | 76,108

**SolidarMed projects**  
2,439,138 | 1,533,713

---

36
### Balance sheet | Income statement

#### Organisation capital

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>%</td>
</tr>
<tr>
<td>Share capital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid-in capital and reserves</td>
<td>881,633</td>
<td></td>
</tr>
<tr>
<td>Fixed capital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currency fluctuation fund</td>
<td>89,645</td>
<td></td>
</tr>
<tr>
<td>Fund 3 (restricted funds): Aids&amp;Kind</td>
<td>3,408,149</td>
<td></td>
</tr>
<tr>
<td>Free capital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund 1 - unrestricted funds</td>
<td>4,049,436</td>
<td></td>
</tr>
<tr>
<td>Fund 2 - unrestricted funds</td>
<td>969,016</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,397,879</strong></td>
<td><strong>73.6%</strong></td>
</tr>
</tbody>
</table>

#### Total liabilities

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>100</th>
<th>2021</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>%</td>
<td>CHF</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>12,765,298</td>
<td></td>
<td>12,260,742</td>
<td></td>
</tr>
</tbody>
</table>

#### Income statement 1.1. – 31.12.22

### Income

#### Non-designated income

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations, membership fees</td>
<td>2,667,545</td>
<td>1,615,876</td>
</tr>
<tr>
<td>Bequests</td>
<td>79,100</td>
<td>22,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,746,645</strong></td>
<td><strong>1,637,876</strong></td>
</tr>
</tbody>
</table>

#### Purpose specific income

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>SolidarMed projects</td>
<td>5,563,580</td>
<td>5,788,826</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,563,580</strong></td>
<td><strong>5,788,826</strong></td>
</tr>
</tbody>
</table>

#### Public sector contributions/organisations

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDC programme contribution</td>
<td>3,310,500</td>
<td>3,310,500</td>
</tr>
<tr>
<td>SDC mandates/project contributions</td>
<td>941,614</td>
<td>1,293,602</td>
</tr>
<tr>
<td>LED Zambia</td>
<td>1,291,420</td>
<td>593,069</td>
</tr>
<tr>
<td>World Diabetes Foundation</td>
<td>114,072</td>
<td>87,925</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,657,606</strong></td>
<td><strong>5,285,096</strong></td>
</tr>
</tbody>
</table>

#### Other income

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8,394</td>
<td>2,030</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,394</strong></td>
<td><strong>2,030</strong></td>
</tr>
</tbody>
</table>

### Total income

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>%</td>
</tr>
<tr>
<td>Total income</td>
<td>13,976,226</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
### Income statement

**Expenses**

#### South programme

<table>
<thead>
<tr>
<th>Description</th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel expenses – project management - Switzerland</td>
<td>-759,249</td>
<td>-788,538</td>
</tr>
<tr>
<td>Project visits</td>
<td>-38,269</td>
<td>-11,231</td>
</tr>
<tr>
<td>Share of office costs (including IT), depreciation</td>
<td>-88,479</td>
<td>-94,749</td>
</tr>
<tr>
<td>SolidarMed projects</td>
<td>-7,212,875</td>
<td>-7,530,964</td>
</tr>
<tr>
<td>SDC mandates/project contribution</td>
<td>-1,187,359</td>
<td>-886,269</td>
</tr>
<tr>
<td>LED projects Zambia</td>
<td>-811,842</td>
<td>-967,197</td>
</tr>
<tr>
<td>World Diabetes Foundation projects</td>
<td>-156,723</td>
<td>-11,044</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>-10,254,796</strong></td>
<td><strong>-10,289,991</strong></td>
</tr>
</tbody>
</table>

#### North programme

<table>
<thead>
<tr>
<th>Description</th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel expenses</td>
<td>-205,567</td>
<td>-182,400</td>
</tr>
<tr>
<td>Public relations</td>
<td>-4,405</td>
<td>-5,495</td>
</tr>
<tr>
<td>Share of office costs (including IT), depreciation</td>
<td>-14,906</td>
<td>-14,223</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>-224,878</strong></td>
<td><strong>-202,117</strong></td>
</tr>
</tbody>
</table>

#### Fundraising and general advertising expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel expenses</td>
<td>-714,095</td>
<td>-667,989</td>
</tr>
<tr>
<td>Fundraising</td>
<td>-778,661</td>
<td>-692,962</td>
</tr>
<tr>
<td>General material costs (including office costs/IT/depreciation)</td>
<td>-421,388</td>
<td>-402,910</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>-1,914,144</strong></td>
<td><strong>-1,763,861</strong></td>
</tr>
</tbody>
</table>

#### Administrative expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel expenses</td>
<td>-283,948</td>
<td>-253,757</td>
</tr>
<tr>
<td>Association work</td>
<td>-30,719</td>
<td>-21,969</td>
</tr>
<tr>
<td>Office and administration expenses</td>
<td>-62,885</td>
<td>-51,571</td>
</tr>
<tr>
<td>Travel and representation expenses</td>
<td>-8,401</td>
<td>-5,794</td>
</tr>
<tr>
<td>Memberships</td>
<td>-7,212</td>
<td>-6,680</td>
</tr>
<tr>
<td>Share of office costs (including IT), depreciation</td>
<td>-21,157</td>
<td>-21,485</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td><strong>-414,322</strong></td>
<td><strong>-361,256</strong></td>
</tr>
</tbody>
</table>

**Total operating expenses**                                                **-12,808,140** | **-12,617,226**
### Income statement

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating result</strong></td>
<td>1,168,086</td>
<td>96,603</td>
</tr>
<tr>
<td><strong>Financial income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from interest and securities</td>
<td>59,816</td>
<td>370,346</td>
</tr>
<tr>
<td>Expenses for interest and securities</td>
<td>-720,867</td>
<td>-53,641</td>
</tr>
<tr>
<td><strong>Extraordinary income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraordinary income</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Result before changes to project funds</strong></td>
<td>507,033</td>
<td>413,308</td>
</tr>
<tr>
<td><strong>Changes to restricted project funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocation to restricted project funds</td>
<td>-2,124,738</td>
<td>-1,726,519</td>
</tr>
<tr>
<td>Withdrawal from restricted project funds</td>
<td>1,536,207</td>
<td>1,384,386</td>
</tr>
<tr>
<td><strong>Annual result</strong></td>
<td>-81,498</td>
<td>71,176</td>
</tr>
<tr>
<td>(before changes to organisation capital)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal from organisation capital</td>
<td>428,733</td>
<td>412,298</td>
</tr>
<tr>
<td>Allocation to paid-up and acquired capital</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Allocation to Fund 1 – unrestricted funds</td>
<td>-1,012,235</td>
<td>-183,474</td>
</tr>
<tr>
<td>Allocation to/from currency fluctuation fund</td>
<td>665,000</td>
<td>-300,000</td>
</tr>
<tr>
<td><strong>Total allocations/appropriations</strong></td>
<td>81,498</td>
<td>-71,176</td>
</tr>
<tr>
<td><strong>Result after allocation</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>to organisation capital</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank you for your support!

As Japanese writer Ryunosuke Satoro wrote: "Individually, we are one drop. Together, we are an ocean." This proverb illustrates how important the support of over 10,000 individuals and numerous institutions is to our work. It is thanks to this support that we can improve the lives of people in rural Africa. Thank you! Unfortunately we don’t have enough space to mention all our donors and supporters by name, which is why we only list institutions with an annual donation of CHF 1,000 or more. But our thanks nonetheless go out to everyone we could not mention or who did not wish to be named. Because every donation makes a difference.

Public sector Swiss Agency for Development and Cooperation SDC; Liechtenstein Development Service LED; Canton of Aargau; Canton of Basel-Stadt; Canton of Graubünden; Canton of Glarus; Canton of Obwalden; Canton of Schaffhausen; Canton of Thurgau; Canton of Zurich; Municipality of Frauenfeld; Municipality of Illnau-Effretikon; Municipality of Rapperswil-Jona; City of Zurich; Municipality of Baar; Municipality of Bettingen; Municipality of Biberist; Municipality of Binningen; Municipality of Maur; Municipality of Muri bei Bern; Municipality of Schaan; Municipality of Vaduz.

Foundations Catherine und Harry Morath-Stiftung; Christa Foundation; Christian Bachscher Stiftung; COFRA Foundation; Crain-Zivy-Stiftung; Däster-Schild Foundation; David Bruderer Foundation; Dr. Ernst-Günther Bröder Foundation; ESPERANZA kooperative Hilfe gegen Armut; Fight 4 Sight Foundation; Fondation Yoni; Fondation Gertrude Hirzel; Symphasis Non-profit Foundation; Keller Foundation for Orphaned Children; Swiss Solidarity; Hilti Foundation; J & K Wonderland Foundation; Georg Fischer Jubilee Foundation; Lotte und Adolf Hotz-Sprenger Stiftung; Margrit Werzinger Foundation; Mary’s Mercy Foundation; Medicor Foundation; Mondisan Foundation; New Dentistry Foundation; Pronoia Foundation; Rheinkind Foundation; Rosa and Bernhard Merz Foundation; Rowldey Foundation; St. Anna Foundation; Accentus Foundation; Binelli & Ehram Foundation Zurich; Charles North Foundation; Fürstl. Kommerzienrat Guido Feger Foundation; Stiftung Mutter Bernarda Menzingen; Stiftung Sanitas Davos; Von Duhn Foundation.

Companies and associations Beco Immobiliens AG; Dorf-Drogerie Hafen; ERMED AG; Elbro AG; Frauenverein Brockenstube Vaduz; Frickbau AG; Hand in Hand Anstalt; Inge-nieurbüro Sprenger & Steiner; Kriens hilft Menschen in Not; MAS Treuhand AG Zentralschweiz; Neue Bank AG; ORYX International Services GmbH; Polipraxis Gruppe; PRS Capital Solutions AG; Samariterverein, Wengen; Schwärzler Rechtsanwälte; Spitz Solutions GmbH; Systec Schweiz GmbH; VP Bank; Weltgruppe Möhlin; Zweifel Holding AG.

Catholic parishes Burgdorf; Freienbach; Gesamtkirchgemeinde Bern und Umgebung; Heilig Geist, Zurich; Horgen; Horw; Kriens; Lucerne; Olten; Opfikon- Glattbrugg; Schlieren; Sempach; Steinhausen; Thalwil-Rüschlikon; Winterthur; Wohlen AG; Zug; Katholisch Stadt Zürich; Landeskirche des Kantons Thurgau; Pfarramt St. Antonius, Wallisellen; Pfarramt St. Martin, Zürich; Swiss Capuchin Order, Lucerne.

Protestant parishes Kilotiberg ZH; Kirche Kanton Zug; Küsnacht, ZH; Lörrach; Rapperswil, SG; Reinach; Schwarzenegg; Seuzach-Thurtal.

International donors Bracelet of Hope; Brockmeyer Foundation; Else Kröner-Fresenius Foundation; ESTHER Alliance for Global Health Partnerships; Fondation Marie de la Providence; Polarlys Stiftung; ViiV Healthcare Positive Action Programme; World Diabetes Foundation; Foreign Affairs, Trade and Development Canada (CFLI); Brigham and Women’s Hospital; Grand Challenges Canada.
Partnerships for Health

**National partnerships**
- Pharmacists without borders, Switzerland (Céline Monnier, Director)
- Basler Förderverein für medizinische Zusammenarbeit
- CINFO
- Enfants du Monde
- ETH Lausanne (EPFL)
- Helvetas
- Medicus Mundi Schweiz
- Swiss Tropical and Public Health Institute (Swiss TPH)
- University of Basel, Department of Infectious Diseases and Biomedicine
- University of Bern, Institute of Social and Preventive Medicine
- Basel University Hospital
- University of Lucerne, Health Sciences & Health Policy
- University of Zurich
- Swiss Malaria Group
- Swiss NGO Network
- Swiss Platform for Disaster Risk Reduction and Climate Change AdaptationSwiss
- Red Cross
- Tech4Impact NGO Impact Council

**International partnerships**
- Catholic Diocese of Mbulu – Dareda
  - Hospital in Babati District, Tanzania
- Chainama College of Health Sciences, Zambia
- Chilonga College of Nursing & Midwifery, Zambia
- Chinhoyi University of Technology, Chinhoyi, Zimbabwe
- CHOICE Trust, Tzaneen, South Africa
- Clinton Health Access Initiative, Harare, Zimbabwe
- Council of the Blind, Harare, Zimbabwe
- CIAMM (Medici con l’Africa) Italy
- Don Amolo Memorial Kids Ark (DAMKA), Kenya
- Erasmus University Rotterdam (EUR), Netherlands
- Franciscan Sisters of Charity, Tanzania-Fundação Ariel Glaser, Mozambique
- Fundação Wiwanana, Mozambique
- Gospel Link Zambia
- Great Zimbabwe University (GZU), Masvingo, Zimbabwe
- Health Professionals Council of Zambia-Heidelberg University, Institute of Global Health, Germany
- IeDEA-SA Network
- Ifakara Health Institute, Tanzania
- Instituto de Formação em Saúde de Pemba, Mozambique
- Jika Uluntu, East London, South Africa-John Foundation, Hyderabad, India
- Lewy Mwanawasa University, Zambia
- Lugala Lutheran Hospital in Malinyi District – Evangelical Lutheran Church of Tanzania
- UniLúrio; University of northern Mozambique, Mozambique
- Midland State University, Gweru, Zimbabwe
- Ministry of Health Lesotho
- Ministry of Health Mozambique
- Ministry of Health Tanzania
- President’s Office Regional Administration and Local Government (PORALG), Tanzania
- Ministry of Health Zambia
- Ministry of Health and Child Care, Zimbabwe
- National AIDS Council (NAC), Zimbabwe
- National University of Lesotho (NUL)
- National University of Science and Technology (NUST), Bulawayo, Zimbabwe
- Newlands Clinic Harare, Zimbabwe
- Nursing and Midwifery Council of Zambia
- School of Dentistry, Zimbabwe
- Seboche Mission Hospital, Lesotho
- Sophiatown Community Psychological Services (SCPS), Johannesburg, South Africa
- St Luke’s College of Nursing & Midwifery, Zambia
- St Paul’s College of Nursing & Midwifery, Zambia
- Tanzania Training Centre for Internation-

**Corporate partnerships**
- Brunner Druck und Medien AG
- fairpicture.org
- Freundliche Grüsse AG
- Genossenschaft ProBon
- IT Solution, Zimbabwe
- Leuchter IT Solutions
- Revendo GmbH
Publication details

Publisher
SolidarMed
Obergrundstrasse 97, CH-6005 Lucerne
Phone +41 41 310 66 60, contact@solidarmed.ch, solidarmed.ch

Editorial team: Pierina Maibach, Bettina Wyler, Christian Heuss
Concept: René Sager, Pierina Maibach
Design concept and layout: René Sager
English translation: Gemma Brown
Auditor: BDO AG, Landenbergstrasse 34, 6002 Luzern
Printer: Brunner AG, Druck und Medien, Kriens
Printed on 100% recycled paper
Photos: Olivier Brandenberg ob, Ricardo Franco rf, Christian Heuss ch, Maurice Haas mh, Mery Hyöki my, John Foundation jf,
Roshni Lhodia/SolidarMed/fairpicture rl, Martin Ramsauer mr, Laura Ruckstuhl lr, René Sager rs, SolidarMed intern sm

Association membership
Annual membership fee for individuals: CHF 50; Families and institutions: CHF 80.
Your membership fee includes the annual print subscription (4 issues) to the ‘SolidarMed Focus’ magazine and the annual report.

Donations and annual membership fee
Postal account 60-1433-9 account holder: SolidarMed, CH-6005 Lucerne
IBAN: CH09 0900 0000 6000 1433 9; BIC: POFICHBEXXX
Donate online at solidarmed.ch/donatenow (Twint, Postcard, VISA or Mastercard)
Please make a note if this is an annual membership fee.

SolidarMed
SolidarMed is a politically independent and non-denominational association which is supported by members and donors. The annual general meeting is the highest association body and meets once a year. It elects the members of the Board and determines the articles of association.
The Board of Directors, as the highest management body, is responsible for the strategy and approves the annual budget. The administrative office is in charge, along with the country offices, for the planning and implementation of the programmes.

Legal notice
Name: SolidarMed – Swiss Organisation for Health in Africa
Legal form: Association
In keeping with the core philosophy and values stated in the mission statement, SolidarMed promotes basic primary healthcare in Southern countries and sensitises the public to topics concerned with international health and solidarity.

SolidarMed programmes are supported by the Swiss Agency for Development and Cooperation SDC at the Federal Department of Foreign Affairs FDFA.
Laetitia Tanka, who is responsible for SolidarMed’s youth projects in Lesotho, explains to ambassador Nino Schurter why the youth centres are so important to adolescent health. *mh*

SolidarMed ambassador Nino Schurter received a warm welcome everywhere he went when he visited projects in Lesotho. *mh*

The conflict in northern Mozambique has forced many families to flee. This child has a new home with his family in one of the resettlement camps where SolidarMed provides medical care. *rf*
“It’s really impressive to see the difference SolidarMed is making here in Lesotho.”

Nino Schurter, SolidarMed ambassador, Olympic mountain bike champion and 10-time world champion