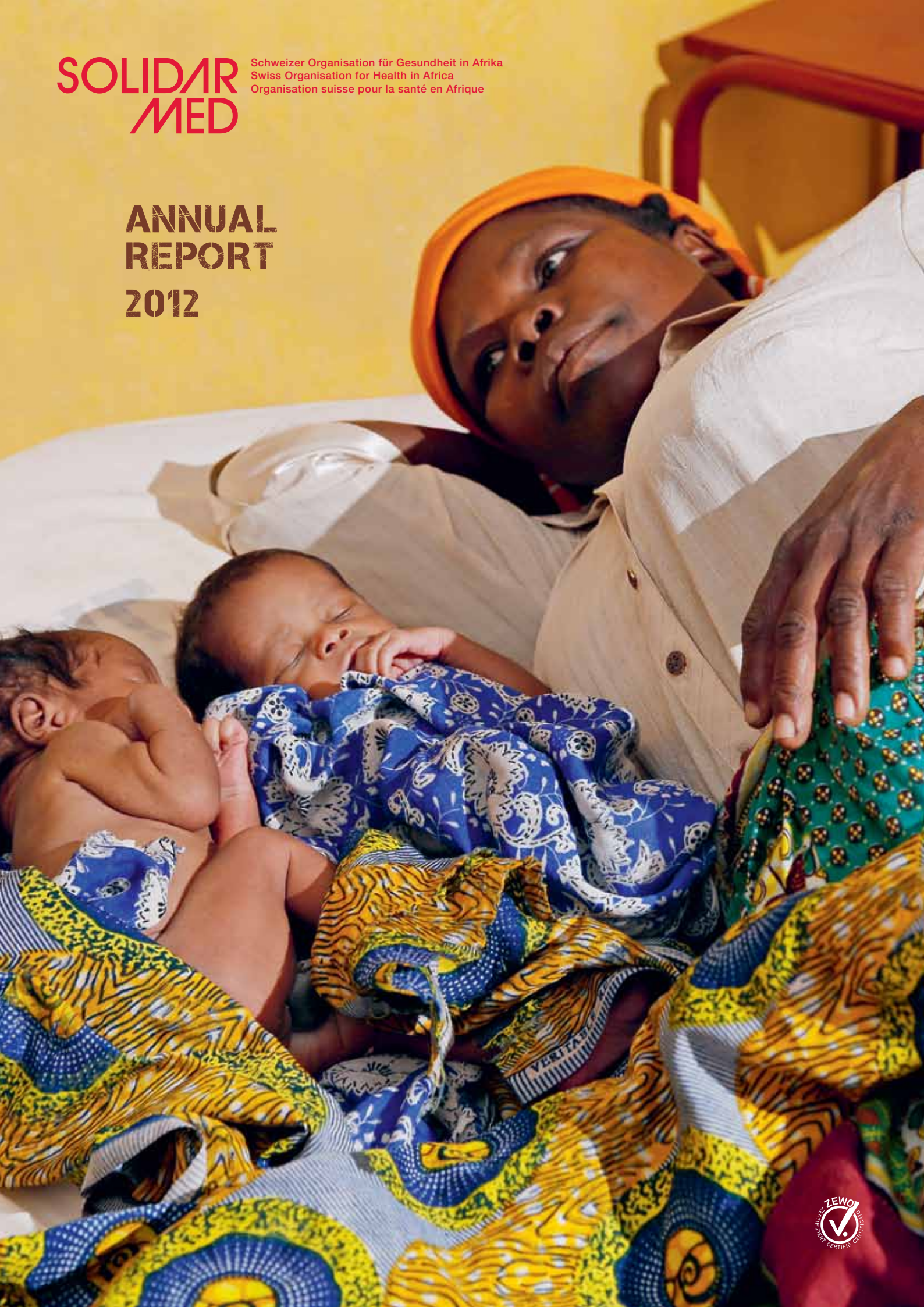


**SOLIDAR
MED**

Schweizer Organisation für Gesundheit in Afrika
Swiss Organisation for Health in Africa
Organisation suisse pour la santé en Afrique

**ANNUAL
REPORT
2012**



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Obergrundstrasse 97, 6005 Luzern, Switzerland
Phone +41 41 310 66 60, Fax +41 41 310 66 62, contact@solidarmed.ch, www.solidarmed.ch

Editorial team: **Benjamin Gross, Joel Meir, Silvia Bucher**
Concept and design: **Silvia Bucher**
Control authority (Auditors): **Aregger Schleiss Bucheli, AG für Wirtschaftsberatung, Kriens**
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For Health in Africa.

SolidarMed Annual Report 2012

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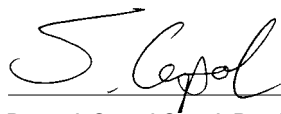
All annual reports, additional publications, background information on the projects and details of our current activities can be found on our website.

> www.facebook.com/SolidarMed

Get exciting glimpses into the day to day activities of our projects, as well as news and updates on our Facebook page. "Like" SolidarMed and stay on top of current events.

PRESIDENT'S REPORT: THE COURSE IS SET

With every passing year, health care for millions of people in southern Africa is improving. In 2012, SolidarMed once again made a valuable contribution to this continuing, positive development. Thanks to the newly revised strategy, SolidarMed is ready to tackle future challenges.



Dr med. Svend Capol, President

A strategy is per definition “long term” and “takes the available means and resources into account”. These terms are fundamental to how SolidarMed operates, which is why the Board and Headquarters invested many hours in 2012 developing a strategy to define SolidarMed’s activities for the years 2013–2016. SolidarMed will continue to pursue the course adopted six years ago, improving upon past achievements and making the most of promising opportunities.

Acknowledging achievements

Certainty in planning is a luxury – one which SolidarMed is unlikely ever to have enough of. In fact, uncertainty is the constant in our day to day business, and it is this persistent uncertainty to which we have to align our strategies. The key factors in this regard are financially feasible and sustainable projects. The recognition of SolidarMed as an SDC programme organisation is a significant step forward. From 2013 onwards, the Swiss Confederation will invest in a set amount in SolidarMed every year. This money is allocated to our overall strategic programme rather than tied to a specific project, and can so be put to use where it will have the largest impact. Joining the league of programme organisations not only means more financial stability, but is also an acknowledgement of our achievements so far.

Encouraged by success

It is becoming clear that the Millennium Development Goals will not – as initially hoped for by the WHO – be achieved by 2015. Despite this, the global community is justified in recognising all that has been achieved thanks to international efforts: only half as many people suffer extreme poverty. Also halved is the number of people without access to clean water. Maternal and infant mortality has decreased significantly. Every second family in Africa now owns an insecticide-treated mosquito net. The number of people receiving HIV therapy has risen to 8 million, and at least half of all those infected survive. These achievements were unimaginable 20 years ago.

Our efforts continue

But look a bit closer and it becomes evident that not all people in Africa benefit from these developments equally. There are big differences between and even within individual countries. Particularly the population of remote and rural areas still feels too little of the effects of these international efforts. Much has been achieved, yet still 150 000 women died during childbirth in Africa last year, 600 000 children died of malaria, 1 million of diarrhoea and 1.2 million from HIV/Aids. For these reasons, the efforts of SolidarMed will continue.



Photo: Maurice Haas

In the revised strategy, the Board has defined the direction SolidarMed will take over the coming years. We will continue to improve health care for people in particularly remote areas. Thanks to many years of experience, SolidarMed has the flexibility to react to unexpected obstacles and can so ensure that our goals are reached.

With our newly revised strategy for the coming years, SolidarMed has set the course for ensuring that previously neglected families in particularly remote areas receive better health care.

Swiss solidarity

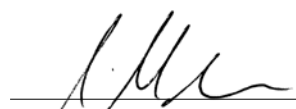
In the last couple of years, the business community has increasingly tried to brand typically Swiss merits like precision, reliability, fairness, political stability, neutrality, multiculturalism, accuracy and cleanliness using the term “Swissness”. Humanitarian efforts have been closely linked to the Swiss brand since the Geneva Convention and Henry

Dunant, founder of the Red Cross movement. In our project work abroad, SolidarMed embodies a part of Swiss foreign and development policy and contributes to putting Swissness into action.

“In conclusion, it means a lot to me to be able to thank our many institutional donors for our on-going and positive collaboration. My personal thanks of course also to every individual donor for the trust you place in us with every donation. It is only thanks to your support that SolidarMed can develop a clear strategic vision and work towards its implementation.”

EFFECTIVE AND RELIABLE FOR THE PARTNERS IN THE SOUTH

In 2012, with 27 projects in 10 rural districts, SolidarMed continued to be a reliable partner for local clinics, local health authorities and local organisations. In this way, SolidarMed improved medical care for 1.5 million people living in particularly remote areas.



Joel Meir, managing director

Well-trained health workers

There is an alarming lack of qualified medical staff in all five countries in which SolidarMed operates. Particularly in rural areas, the need for qualified nurses and doctors is immense. In Ulunga district in Tanzania for example, there is currently a shortage of 55 percent of the medical professionals required. This has profound effects on the quality and availability of medical services for the people in this region. Accordingly, in the reporting year, SolidarMed expanded its efforts with regard to the training of medical staff. Thanks to SolidarMed, a total of 104 nurses and midwives completed their training in 2012. According to the WHO, these health professionals will offer good medical care to approximately 104 000 people.

This was achieved by supporting six rural nursing schools. SolidarMed extended buildings with urgently needed student accommodation or classrooms. These structural measures increased capacity and many important aspects of training so became possible in the first place. To improve teaching quality, SolidarMed provided learning materials, teaching aids, training and further education for teaching staff and supported specific training courses. In addition, SolidarMed supported school administrators in planning and strategic tasks. In Zambia, SolidarMed supports Chainama College, an institution that trains Medical Licentiates (asso-

ciate clinicians) which shoulder a lot of responsibility in rural health centres.

“Thanks to SolidarMed, a total of 104 nurses and midwives completed their training in 2012. According to the WHO, these health professionals will offer good medical care to approximately 104 000 people.”

SolidarMed also placed a high value on the empowerment of existing medical staff at partner clinics and health centres by offering targeted professional development. Thus in 2012, 804 medical professionals participated in further training, not only improving the quality of care but also the motivation of the medical staff. The seven staff houses completed by SolidarMed in 2012 are a compelling argument for qualified staff to remain in rural areas. This improves the human resource situation in the long term.

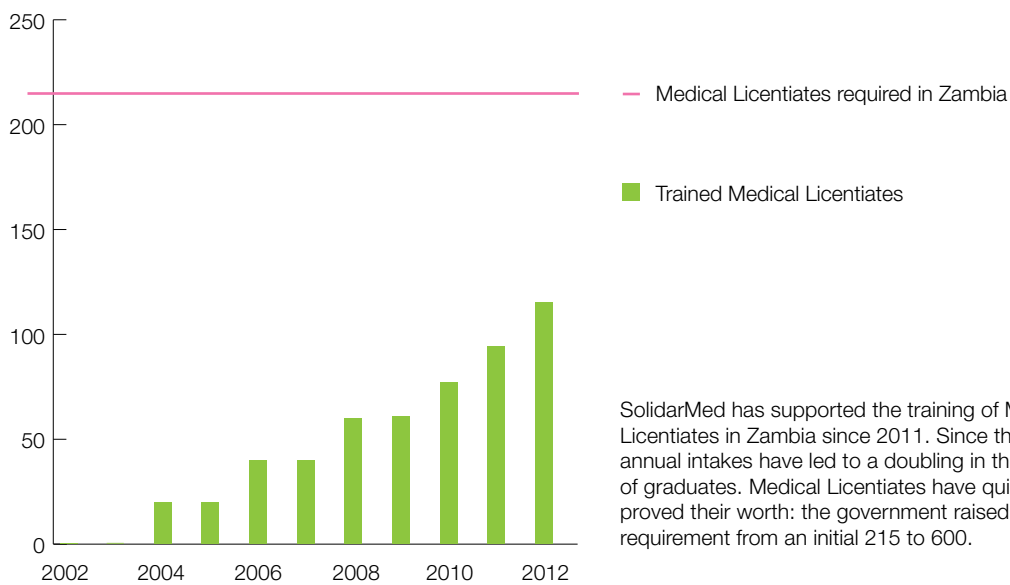
Collaboration and knowledge transfer with existing hospitals

Primary health care is the most important service a health system provides and so is also a key objective for SolidarMed. Efforts in this area were accordingly intense over the past year. SolidarMed supported 18 clinics and 100 health centres. This means that 1.5 million people benefitted from improved



Photo: Nik Hartmann

These two Medical Licentiates have completed their internship at Mpanshya hospital by taking the practical exam. During the past three months, both were trained in Gynaecology by the SolidarMed doctor Dr med. Michael Bahrtdt. SolidarMed supports the state-run training programme for Medical Licentiates, a response to the severe shortage of doctors in Zambia.



SolidarMed has supported the training of Medical Licentiates in Zambia since 2011. Since then, annual intakes have led to a doubling in the number of graduates. Medical Licentiates have quickly proved their worth: the government raised Zambia's requirement from an initial 215 to 600.

> primary health care. Many things were achieved in collaboration with the partner hospitals: SolidarMed extended the infrastructure of healthcare facilities, procured equipment, gave financial support and enabled ambulance services, to name but a few. Eight partner hospitals had the knowledge and skills of a SolidarMed doctor at their disposal in 2012. In advisory roles, these medics provided further training for their local colleagues, strengthened supervisory structures and monitored the medical quality of treatments.

Primary health care is the most important service a health system provides and so is also a key objective for SolidarMed. Efforts in this area were accordingly intense over the past year. SolidarMed supported 18 clinics and 100 health centres.

Health promotion in the villages

Health starts in families, in communities and in the villages. As a result, SolidarMed promotes health initiatives through raising awareness and transferring knowledge in all our project countries. In total, SolidarMed supported 713 community health workers with training and further education and promoted their work. This corresponds to about half of the total number of 1 200 community health workers active in the SolidarMed project areas.

SolidarMed creates the necessary capacities to enable the population to stand up for their rights, to recognise problems and ideally even find solutions. Only then can the people in disadvantaged regions actively participate in shaping their society. To this end, SolidarMed supported the setup of 104 health committees in the villages of our project areas in the past year. Amongst other measures, it was thanks to

the collaboration with these committees that a total of 11 200 mosquito nets were distributed to pregnant women and families with children in 2012.

HIV/Aids: putting prevention first

In 2012, SolidarMed helped local partners adjust the HIV prevention programmes to changing framework conditions. Three UNAIDS focal points were given special consideration: behavioural change, biomedical intervention and the treatment of HIV/Aids.

Together with local organisations such as Bata-nai (in Zimbabwe) or Wiwanana (in Moçambique), people received the necessary advice and information to correctly assess the effects of the disease on their lives.

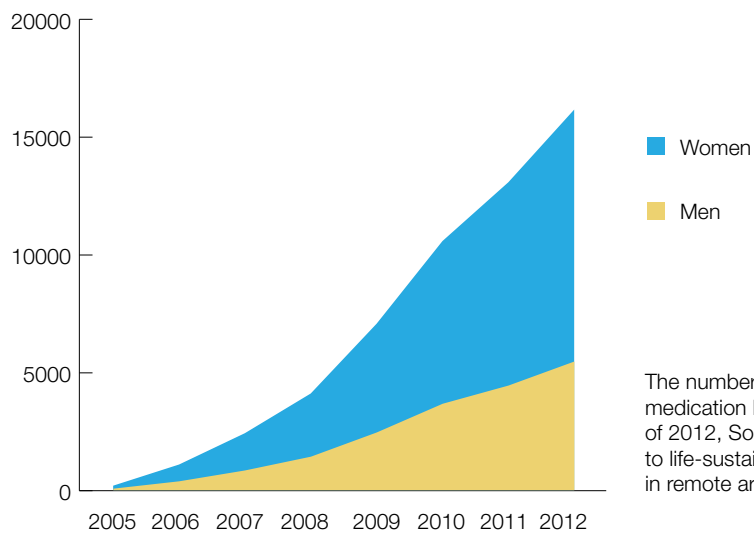
As part of biomedical interventions, SolidarMed supported the distribution of 108 000 condoms, enabled 253 300 HIV tests and undertook efforts to prevent the transmission of the HI-Virus from mother to child. 3 800 pregnant women carrying the virus received medical care before, during and after childbirth. 2 500 infants were examined using a special test for children, which, in case of a positive result, enabled their treatment.

The treatment of HIV-positive patients is and will remain the third important field of work: 3 000 patients started life-sustaining therapy in 2012. By the end of 2012, more than 16 000 patients received antiretroviral medication thanks to SolidarMed, enabling them to continue playing an active role in society and allowing them to continue providing for themselves and their families. Thanks to the decentralisation of HIV therapy into remote health centres, SolidarMed built an extensive, patient-focused and interconnected system for the treatment of HIV/Aids patients in rural areas. As a result, 46



Photo: Sabine Heinrich

In the catchment area of the clinics Paray and Seboche, SolidarMed improves primary health care in Lesotho. Village health workers play a vital role as they bridge the gap between the health system and remote communities. They share their knowledge about pregnancy, safe childbirth, vaccinations, nutrition as well as HIV/Aids and tuberculosis with the population and can recognise whether someone is in need of medical assistance in good time.



The number of patients that receiving HIV/Aids medication has risen sharply since 2005. By the end of 2012, SolidarMed succeeded in facilitating access to life-sustaining therapy for 16 148 HIV-positive people in remote areas.

> percent of those affected no longer need to travel long distances to the nearest hospital to receive their medication.

Quality and relevance

“Maternal and neonatal health” was a key thematic working area for SolidarMed over the past year; the SolidarMed multi-country maternal and child health programme was further developed. Similarly, the international discussion concerning the “verticalisation of health programmes” was also of major importance to the further development of the SolidarMed programmes: only if the entire health system is strengthened can weak health systems

shoulder disease-specific programmes in the long-term. SolidarMed feels vindicated in our current programmatic approach. This nevertheless remains a balancing act that only succeeds in cooperation with dedicated local partners.

People in Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe are still a long way away from healthcare as we know it in Switzerland. But despite this, the successes listed here are a real improvement in the medical care for countless families, which also gain more knowledge on easy methods of effective disease protection. SolidarMed’s work allows our local partners to heal patients – or to make sure that they do not get sick in the first place.

> See page 12 for details of the SolidarMed projects in 2012



Photo: Dominik Labhardt

Dr med. Jara Llenas has worked for SolidarMed in Ancuabe district in Moçambique since May 2012. The photo shows her and a health centre “Medico” during an ultrasound examination. Jara Llenas offers existing staff further training, advice and support, as well as clinical and medical expertise.

“In Ancuabe, 50 nurses and two doctors treat around 120 000 patients a year. The number of medical consultations is rising every year, underlining the growing trust of the population in modern medicine. This is very important for their health and makes me very happy. At the same time, it also means that the small number of medical staff is being put under more and more pressure, with negative impacts on treatment quality. It is our job to find ways to validate the growing trust people put into the health system. For this to succeed, SolidarMed supports, amongst other things, the use of equipment to increase diagnostic speed and accuracy. Patients benefit from this and at the same time, this motivates staff and maintains their enthusiasm for helping the sick.”

Dr med. Jara Llenas, HIV Project Manager, Ancuabe

SOLIDARMED PROJECTS 2012

With these 27 projects, SolidarMed improved the health of the population in Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe in 2012. All projects contribute to securing existing medical services and expanding these effectively. The projects also strengthen the villages, partner hospitals and organisations, helping them to help themselves.

SolidarMed projects in Zambia

- Training of non-physician clinicians (Medical Licentiates)
- Training of nursing staff in remote hospitals
- Development of a business model for staff accommodation



“When I was working as a Clinical Officer in the Mtendere hospital in Chirundu, there was only one doctor. If the doctor was not on duty, we couldn’t perform Caesarean sections and had to refer all women that experienced complications to the capital city Lusaka. This often resulted in problems and endangered the lives of mother and child. Today, I can provide help on site and am proud to be able to make a contribution to health in Zambia and Africa.”

Victor Bowa, Medical Licentiate in Chirundu

SolidarMed projects in Zimbabwe

- Safeguarding primary health care at Musiso Hospital
- Safeguarding primary health care at Silveira Hospital
- Support of nursing schools in Musiso and Silveira
- Staff houses for Musiso and Silveira Hospital
- Renovation of the OI-Clinic in Musiso
- SMART* III (in 2 districts)



“Traditionally, we give infants water to drink to heal them from diseases. After the birth of my youngest son at the hospital, I learnt that my child will remain healthy if I exclusively breastfeed him for the first six months. During this time, I always kept the baby by my side to prevent my family from giving him water that is often dirty. Since my husband has been included in the consultations, he has become more understanding towards me.”

Josephine Guni, Mother of four children from Silveira

SolidarMed project

- Support of the hospital
- Support of the Christian Health Association of Lesotho (CHAL)
- SMART* III (in 2 districts)
- Support of primary health care



“During this training, we weigh the children and compare the results according to the standards. Now we are able to recognize a child in the village who needs medical assistance.”

Maletsota Letsota, village health worker



SolidarMed projects in Tanzania

- Dareda Hospital Development Plan (incl. SMART*)
- Lugala Hospital Development Plan (incl. SMART*)
- Support for Lugala Nursing School
- Support for Ifakara GNDUC Nursing School
- Strengthening of primary health care in Mbulu (PHCM)
- Strengthening of primary health care in Ulanga (PHCU)
- Support of Aids orphans St. Josephs in Itete



“Since community health workers started to work in our village, much has improved especially with regard to hygiene. People now know that it is not only spoiled food but also dirty water that makes you ill. During the last rainy season, only one person suffered from severe diarrhoea. In previous years, more than twenty people were regularly sick.”

Mr. Delenda, Chief of Gunyoda village

SolidarMed projects in Moçambique

- Wiwanana**
- SMART* II (in Anacuabe district)
- SMART* III (in Chiure district)
- Malaria protection for infants and pregnant women
- Self-help groups for HIV/Aids patients
- MAMA – health for mothers and newborns
- Bicycle ambulances



“For us mothers in Moçambique, every birth carries great risks. Here in Chiure-Velho, I felt that I was in safe hands during the birth of my twins. Thanks to the support of SolidarMed, a competent midwife cared for us.”

Filomena Ali, mother of 5 sons from Chiure-Velho

Projects in Lesotho

...s of Seboche and Paray
...an Health Association of
...ts)
...alth care (PHC)



...we learn how to
...rectly and to docu-
...dingly. In this way,
...ise early whether a
...malnourished and
...nce.”

...alth worker from Butha Buthe

* SMART: Regional programme for HIV/Aids prevention, treatment and care in hospitals, rural health centres and villages.

** Wiwanana: local, Moçambican partner organisation for health promotion in the villages.

WE ARE SOLIDARMED

Behind the work of SolidarMed stands a group of dedicated people that commit professionally or as volunteers to improving healthcare in southern Africa.

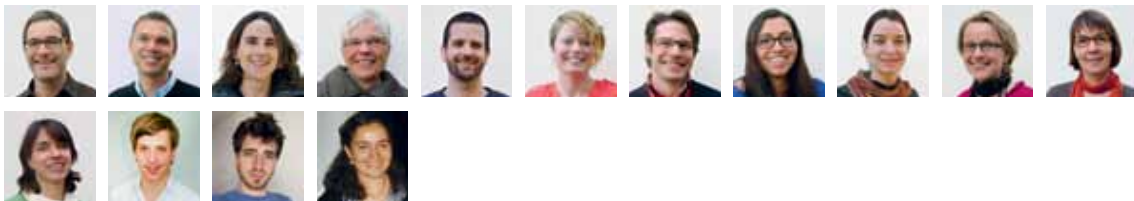
Board members



Dr med. Svend Capol, President (elected 2001–2013, President since 2003)

Dr med. Pepo Frick, Vice-president (1994–2013); Dr med. Urs Allenspach (1994–2013); Maria Thiess, Biologist (2009–2013); Dr med. Peter Schubarth (2008–2014); Kathi Jungen, Librarian (1994–2013); Rita Borer, PR-Specialist (2005–2014); Christopher Zuellig, Economist (2007–2013)

Head Office



Joel Meir (Executive Director); Jochen Ehmer, medical doctor (Head of International Programmes); Silvia Bucher (Design and Communication); Lisbeth Bühlmann (Donor Administration); Benjamin Gross (Public Relations); Anna Häggblom (Programme Tanzania and Zambia); Dr Michael Hobbins (Programme Moçambique); Sandra Lerch (Administration); Patricia Löw (Fundraising); Elisabeth Meier-Birchmeier (Finances); Lisbeth Pembele (Fundraising); Dr med. Karolin Pfeiffer (Programme Zimbabwe and Lesotho); Philipp Epp and David Meier (Civilian service); Raphaela Scholz (Translations)

Zimbabwe



Christiane Fritz (Country Coordinator); Witness Chigaba; Dr med. Clemens Fehr; Samuel Madondo; Cuthbert Magande; Jimmy Nyatmusamba; Kumbirai Pise; Dr med. Rutger Anten; Dr med. Christian Seelhofer; Dr med. Markus Sinsel; Tandiwe Sithol

Zambia

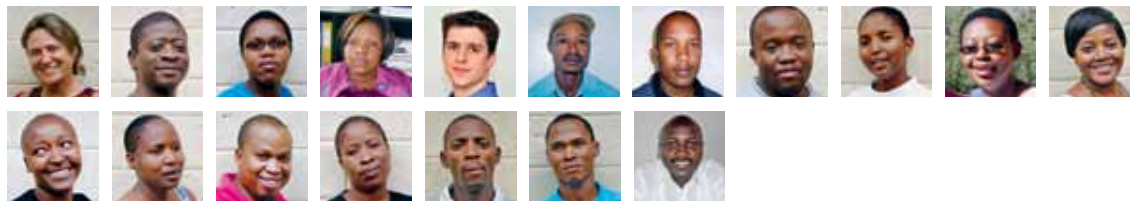


Martina Weber (Country Coordinator); Dr med. Michael Bahrtdt; Dr med. Uwe Graf; Dr Klaus Thieme

Voluntary and gratuitous commitment

The members of the Board contributed a total of 1 718 hours of unpaid voluntary work. This is equivalent to CHF 178 000.– and impressively demonstrates the commitment of the Board to SolidarMed. A big thank you goes to all those who volunteered as members of expert commissions, who participated in fundraising campaigns and activities, in parishes or in local events.

Lesotho



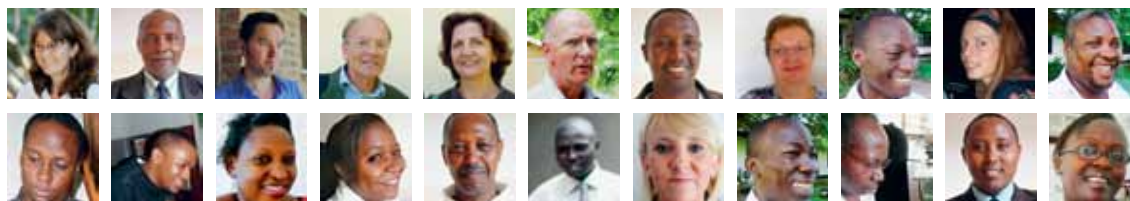
Sabine Heinrich, medical doctor (Country Coordinator); Adedeji Adeniyi; Mashaete Kamele; Mahali Kopo; Dr med. Niklaus Labhardt; Bokang Lechaka; Thabo Lejone; Khotso Lepheana; Lerato Lepholisa; Mamoroana Lesenya; Ntali Mafisa; Mamphokololi Mokhorro; Ntibo Monaheng; Edwin Motaboli; Masetsibi Motlomelo; Moletsane Masaile; Motlalepula Sello; Isaac Ringera

Moçambique



Dr med. Erling Larsson (Country Coordinator); Jose Carlos Samuel; Serafim da Costa Nauaito; Anselmo Cipriano; Amade Dede; Abide Dias; Albertina Domingos; Faurita Estevaeo Bolacha; Amelia Fernando Matepue; Agira Jaquite; Carlos Jeque; Dr med. Aleksandra Piprek; Dr med. Jara Llenas; Dr med. Anita Makins; Pedro Momade; Filipe Mucuseti; Martinho Ncotole; Tomas Paulino Brito; Dr med. Sabrina Pestilli; Ina Prager; Falume Salimo; Belmiro Temporario; Dr Marina Torre; Dr med. Phillip Wikman; Rosalina Xavier

Tanzania



Elisabeth Rotzetter (Country Coordinator); Josef Awe; Fortunat Büsch; Dr med. Jürg Eidenbenz; Barbara Eidenbenz da Silva; Dr med. Peter Hellmold; Stanlaus Herman; Ineke Petter; Edward Kasumuni; Simone Küng; Sumka Lazaro; Joseph Lihamahama; Emmanuel Moshi; Gisela Makwisa; Mary Mageni; Dionsi Masangw Manimo; Osman Mbembela; Dr. med. Kirstin Mittermayer; Thomas Mlaganile; Br. Melchiades Uगतangza; Ibrahim Salanjan; Mary Yagalla

SolidarMed goodwill ambassadors



Stephan Lichtsteiner (football player Swiss national team); Nik Hartmann (Radio and TV presenter); Nadine Strittmatter (model and actress)

ANNUAL FINANCIAL STATEMENT 2012

In the past year, SolidarMed once again succeeded in covering all project costs and implementing all planned projects. Compared to the previous year, project expenditures actually rose by 11 percent, which means that more could be done for the people in the project areas.



Elisabeth Meier-Birchmeier,
Finances and accounting

The increase in project expenditures to CHF 8 268 000 was made possible by our loyal donors as well as our institutional partners. Stable partnerships here in the North make a major contribution to SolidarMed being a reliable institution, firmly committed to the partners in the South. The contributions of the Liechtenstein Development Service (LED) and the Swiss Agency for Development and Cooperation (SDC) deserve particular mention, together providing 48.4 percent of our funds.

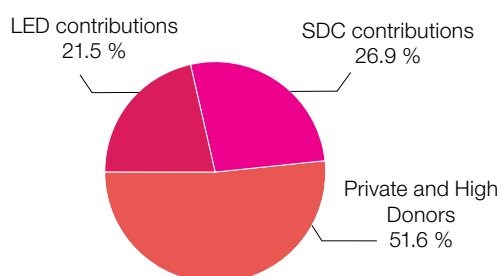
The contributions made by private donors decreased slightly in comparison to last year as large individual donations failed to materialise.

Out of every CHF 100 received, CHF 86.80 flowed directly into SolidarMed projects. The administration costs remained low at only 3.9 percent in the reporting year. Non-profit organisations compared by ZEWO spend an average of 4.9 percent on administration: this corroborates SolidarMed's low expenditure on fundraising.

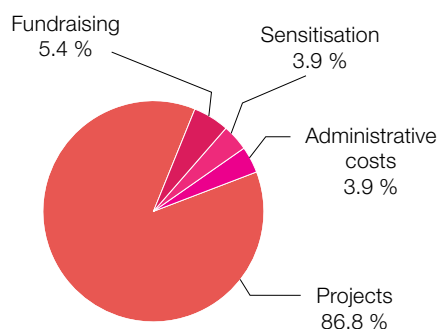
SolidarMed's overall annual result was positive, with a year-end surplus of CHF 6 502.79. This amount will be transferred to the capital funds. The organisational capital is thus slightly increased and the required reserves are maintained.



Source of funds in 2012



Use of funds in 2012



AUDIT AND PERFORMANCE REPORT

Report of the statutory auditors to the Annual General Meeting of the SolidarMed association, Lucerne

As per our contract as auditors, we examined the annual financial statement (balance sheet, income statement, statement of cash flow, analysis of changes in capital, funds reserved for projects and provisions) of the SolidarMed association for the financial year that ended December 31st 2012. In accordance with Swiss GAAP FER 21, the auditors are not obliged to examine the information presented in the performance report.

Responsibilities of the Board

The Board is responsible for the preparation of the annual financial statement in conformity with Swiss GAAP FER 21, compliant with requirements of the law and the association's statutes. This responsibility includes the establishment, implementation and maintenance of an internal control system relevant to the preparation of the annual financial statement, which is free of material misstatement, whether due to fraud or error. In addition, the Board is responsible for the selection and application of appropriate accounting policies and for making reasonable accounting estimates.

Responsibilities of the auditors

It is our responsibility to express an opinion on the annual financial statement on the basis of our audit. We carried out our audit in accordance with Swiss audit standards. Following these standards, our audit must be designed and executed to provide reasonable assurance of whether the annual financial statement is free of material misstatement.

An audit involves the performance of audit procedures to obtain audit evidence concerning the asset valuation and other disclosures in the annual financial statement. The selection of audit procedures is up to the judgement of the auditor. This includes an assessment of the risks of material misstatement in the annual financial statement as a result of fraud or error. In the risk assessment, the auditor reviews the internal control system where relevant to the preparation of the annual financial statement, in order to design appropriate audit procedures. However, this is not for the purpose of expressing an opinion on the existence or effectiveness of the internal control system. The audit also includes an evaluation of the appropriateness of the accounting policies in use, whether the accounting estimates are plausible as well as an assessment of the overall presentation of the annual financial statement. We are of the opinion that the audit evidence we have obtained is sufficient and appropriate for providing a basis for our audit opinion.

Audit opinion

In our opinion, the annual financial statement for the year ended December 31st 2012 gives a true and accurate picture of the assets and liabilities, financial position and income and expenses in accordance with Swiss GAAP FER 21 and comply with Swiss law and the statutes of the association.

We recommend that the annual financial statement presented here is approved.


In addition, we can confirm that the ZEWÖ Foundation provisions, which require review as defined in the implementation provisions noted in article 12 of the regulations concerning the use of the ZEWÖ Seal of Approval, have been met.

Kriens, March 30th 2013

AREGGER SCHLEISS BUCHELI
AG FÜR WIRTSCHAFTSBERATUNG



Felix Aregger
Lead Auditor



Werner Bucheli
Auditor

Swiss GAAP FER 21 guidelines

Since 2004, SolidarMed accounts have been prepared according to the guidelines of "Swiss GAAP FER 21" for charitable and social non-profit organisations. These require a performance report which gives "appropriate information on the performance and economic efficiency of the charitable, social non-profit organisation". It must include information on the purpose of the organisation, its leadership (Board) and their terms of office as well as details of the persons responsible for the management of

the organisation. The 2012 SolidarMed Annual Report fulfills these requirements. The purpose of the organisation is described on the back cover. On page 14 you can find details on the leadership (Board), their terms of office as well as information about staff at headquarters. An overview of the services provided in the project countries is found on pages 6 to 13. Details on the funds used can be found in the consolidated accounts on pages 19 and 20.

BALANCE SHEET AS OF 31.12.2012

Assets	2012	CHF	%	2011	CHF	%
Current assets						
Cash	6'276'820.28		70.0%	7'446'920.14		73.3%
Securities	2'208'130.88		24.6%	2'318'284.27		22.8%
Accounts receivable	60'392.43		0.7%	45'232.17		0.4%
Project advances	367'796.94		4.1%	293'064.92		2.9%
Prepaid expenses	26'364.24		0.3%	16'582.95		0.2%
	8'939'504.77		99.7%	10'120'084.45		99.6%
Fixed assets						
Plant and equipment	24'000.00		0.3%	28'300.00		0.3%
Property Zimbabwe	1.00		0.0%	1.00		0.0%
Financial investments	0.00		0.0%	10'000.00		0.1%
	24'001.00		0.3%	38'301.00		0.4%
Total assets	8'963'505.77		100%	10'158'385.45		100%
Liabilities						
Short-term liabilities						
Other liabilities	128'168.57		1.4%	252'623.03		2.5%
Accrued expenses	203'996.58		2.3%	152'158.00		1.5%
	332'165.15		3.7%	404'781.03		4.0%
Long-term liabilities						
Provisions	212'427.45		2.4%	361'089.95		3.6%
	212'427.45		2.4%	361'089.95		3.6%
Funds reserved for projects						
SDC projects	26'126.99		0.3%	371'991.28		3.7%
LED projects	1'544'152.96		17.2%	1'636'169.10		16.1%
SolidarMed projects	992'226.63		11.1%	1'631'873.29		16.1%
	2'562'506.58		28.6%	3'640'033.67		35.8%
Organisational capital						
Paid-in capital and reserves	858'843.55		9.6%	854'048.69		8.4%
Fund 1: unrestricted funds	1'490'000.00		16.6%	1'260'000.00		12.4%
Fund 2: unrestricted funds	3'501'060.25		39.1%	3'633'637.25		35.8%
Annual profit	6'502.79		0.1%	4'794.86		0.0%
	5'856'406.59		65.3%	5'752'480.80		56.6%
Total liabilities	8'963'505.77		100%	10'158'385.45		100%

INCOME STATEMENT 01.01. - 31.12.2012

Income	2012	CHF	%	2011	CHF	%
Donations, membership fees	1'037'766.40		11.0%	1'118'895.98		12.7%
Purpose specific income						
SolidarMed projects	3'888'803.42		40.7%	3'406'905.08		38.8%
	3'888'803.42		40.7%	3'406'905.08		38.8%
Public sector contributions						
SDC program contribution	1'200'000.00		12.6%	1'200'000.00		13.7%
SDC mandate Wiwanana Moçambique	816'001.30		8.5%	716'627.29		8.2%
DEZA Projektbeitrag Staff Houses Zimbabwe	50'270.40		0.5%	114'729.60		1.3%
SDC project contribution SMART Zimbabwe	452'722.61		4.7%	489'067.15		5.6%
SDC project contribution OI Musiso, Zimbabwe	55'550.00		0.6%			
SDC mandate St. Francis Tanzania	0.00		0.0%	141'268.40		0.0%
LED Health System Support Moçambique	0.00		0.0%	100'256.95		1.1%
LED SMART Chiúre Moçambique	290'650.24		3.0%	288'430.90		3.3%
LED SMART Ancuabe Moçambique	547'607.51		5.7%	339'225.88		3.9%
LED Mother and Child Moçambique	406'253.33		4.3%	387'293.69		0.0%
LED C-Section Moçambique	26'086.46		0.0%			
LED Chainama College Zambia	782'891.10		8.2%	474'271.07		5.4%
	4'628'032.95		48.4%	4'251'170.93		48.4%
Other income	3'346.22		0.0%	2'251.53		0.0%
Total income	9'557'948.99		100%	8'779'223.52		100%
Expenditures						
Project expenses						
Personnel expenses project management Switzerland	-615'482.48		6.5%	-611'360.23		7.1%
Project visits	-33'882.46		0.4%	-31'583.94		0.4%
SolidarMed projects	-4'656'957.31		48.9%	-4'176'056.70		48.8%
SDC mandate Wiwanana Moçambique	-720'886.24		7.6%	-628'041.89		7.3%
SDC project contribution Staff Houses Zimbabwe	-45'700.86		0.5%	-82'505.13		1.0%
SDC project contribution SMART Zimbabwe	-325'807.41		3.4%	-418'418.62		4.9%
SDC project contribution OI Musiso, Zimbabwe	-50'500.00		0.5%	0.00		0.0%
SDC mandate St. Francis Tanzania	0.00		0.0%	-126'418.40		0.0%
LED Health System Support Moçambique	0.00		0.0%	-87'944.69		1.0%
LED SMART Chiúre Moçambique	-254'956.35		2.7%	-253'009.56		3.0%
LED SMART Ancuabe Moçambique	-497'663.73		5.2%	-297'566.56		3.5%
LED Mother and Child Moçambique	-356'362.58		3.7%	-339'731.31		0.0%
LED C-Section Moçambique	-22'882.86		0.2%	0.00		0.0%
LED Chainama College Zambia	-686'746.58		7.2%	-416'027.25		4.9%
	-8'267'828.86		86.8%	-7'468'664.28		87.3%
Public relations, awareness						
Personnel expenses	-170'815.61		1.8%	-146'485.51		1.7%
Membership expenses	-18'967.99		0.2%	-19'174.80		0.2%
Publications	-93'231.81		1.0%	-85'905.97		1.0%
Public relations	-87'646.41		0.9%	-38'629.48		0.5%
	-370'661.82		3.9%	-290'195.76		3.4%

continued overleaf

INCOME STATEMENT 01.01. - 31.12.2012

Expenses continued	2012	CHF	%	2011	CHF	%
Fundraising						
Personnel expenses	-274'451.96		2.9%	-172'723.68		2.0%
Fundraising	-237'918.95		2.5%	-246'757.19		2.9%
	-512'370.91		5.4%	-419'480.87		4.9%
Administrative expenses						
Personnel expenses	-238'882.53		2.5%	-228'759.55		2.7%
Travel and representation expenses	-7'672.76		0.1%	-5'498.07		0.1%
Financial expenses	-5'049.02		0.1%	-35'228.83		0.4%
Rental expenses	-38'500.90		0.4%	-29'730.20		0.3%
Office and operating expenses	-25'165.56		0.3%	-30'027.76		0.4%
Memberships	-8'042.50		0.1%	-8'768.15		0.1%
Third-party services	-1'091.00		0.0%	0.00		0.0%
Investments and maintenance	-34'676.60		0.4%	-29'873.76		0.3%
Asset depreciation	-10'639.95		0.1%	-13'318.30		0.2%
	-369'720.82		3.9%	-381'204.62		4.5%
Total Income / Expenses	-9'520'582.41		100%	-8'559'545.53		100%
Intermediate result	37'366.58			219'677.99		
Financial income						
Interest and securities, realised gains	55'645.64			200'730.70		
Securities, non-realised gains	143'490.57			-115'613.83		
	199'136.21			85'116.87		
Real estate income						
Income	0.00			18'000.00		
Expenses	0.00			-18'000.00		
	0.00			0.00		
Other income						
Extraordinary income	0.00			0.00		
Extraordinary expenses	-230'000.00			-300'000.00		
	-230'000.00			-300'000.00		
Result	6'502.79			4'794.86		
Statement of changes in restricted project funding						
Funds allocated to projects	7'486'690.13			8'368'705.22		
Funds used by projects	-8'564'215.80			-8'914'880.45		
	-1'077'525.67			-546'175.23		
Changes in restricted funds	-1'071'022.88			-541'380.37		
Allocations	-1'071'022.88			-541'380.37		
Allocations to organisational capital	-6'502.79			-4'794.86		
Allocation to project funds	1'077'525.67			546'175.23		

CASH FLOW STATEMENT 01.01. - 31.12.2012

	2012 CHF	2011 CHF
1. Cash flow from operating activities		
Result	6'503	4'795
Depreciation	10'640	17'365
Annual earnings before depreciation	17'143	22'160
Changes in provisions	-148'663	-14'461
Increase (-) / decrease securities	110'153	-104'264
Increase (-) / decrease accounts receivable	-89'892	20'353
Increase (-) / decrease prepaid expenses	-9'781	-1'121
Increase / decrease (-) accounts payable	-124'454	150'688
Increase / decrease (-) accrued expenses	51'839	-5'646
Cash flow from operating expenses	-193'656	67'708
2. Cash flow from investment activity		
Increase (-) / decrease financial investments	10'000	0
Increase (-) / decrease tangible assets	-6'340	-11'718
Increase (-) / decrease real estate	0	0
Cash flow from investment activity	3'661	-11'718
3. Cash flow from financing activities		
Increase / decrease (-) earmarked funds	-1'077'527	-546'175
Increase / decrease (-) unrestricted funds	97'423	300'000
Cashflow from financing activities	-980'104	-246'175
Cashflow	-1'170'100	-190'185
Control		
Cash balance as at 01.01.2012 / 01.01.2011	7'446'920	7'637'105
Cash balance as at 31.12.2012 / 31.12.2011	6'276'820	7'446'920
Change in cash and cash equivalents	-1'170'100	-190'185

ANALYSIS OF CHANGES IN CAPITAL, FUNDS RESERVED FOR PROJECT AND PROVISIONS 2012

	Opening balance 01.01.2012	Allocations	Internal fund transfers	Withdrawals	Closing balance 31.12.2012
Organisational capital					
Paid-in capital and reserves	858'844	0	0	0	858'844
Fund 1: unrestricted funds	1'260'000	230'000	0	0	1'490'000
Fund 2: unrestricted funds	3'633'637	0	0	-132'577	3'501'060
Result 2012	0	6'503	0	0	6'503
	5'752'481	236'503	0	-132'577	5'856'407
Funds reserved for projects					
SDC, LED projects					
- SDC	371'991	1'032'619	0	-1'378'483	26'127
- LED	1'636'169	1'969'646	0	-2'061'662	1'544'153
	2'008'160	3'002'265	0	-3'440'145	1'570'280
SolidarMed projects					
- Lesotho	329'285	1'028'871	0	-1'068'423	289'732
- Moçambique	70'729	685'852	0	-635'646	120'935
- Tanzania	727'244	1'674'154	0	-2'240'102	161'297
- Zambia	6'282	425'033	0	-357'417	73'898
- Zimbabwe	448'333	575'455	0	-727'423	296'365
- Other countries	50'000	95'061	0	-95'061	50'000
	1'631'873	4'484'425	0	-5'124'071	992'227
Funds reserved for projects	3'640'033	7'486'690	0	-8'564'216	2'562'507
Changes in provisions					
- Personnel deployed	119'874	0	0	0	119'874
- Reintegration contributions	227'262	52'125	0	-200'787	78'600
- Real estate	13'954	0	0	0	13'954
	361'090	52'125	0	-200'787	212'428

ANNEX TO THE ANNUAL FINANCIAL STATEMENT 2012

Accounting Principles: The accounts are prepared in accordance with Swiss GAAP FER accounting recommendations and give a true and accurate picture of the assets and liabilities, financial position and profit and loss.

Insurance Values: Assets are insured to the value of CHF 155 000.—.

Remuneration of the Executive Board: The Board of SolidarMed is active on a voluntary and unpaid basis. The President's fee of CHF 800.— was donated by the President to SolidarMed. The Board was reimbursed a total of CHF 161.90 in approved expenses.

Accounting and Valuation Principles:

- Cash stated at nominal value
- Securities at the exchange rate on balance sheet reporting day
- Accounts receivable stated at nominal value
- Accounts payable to projects at nominal value minus necessary value adjustments
- Accounts receivable from projects (Project advances): stated in foreign currency at exchange rate on balance sheet reporting day
- Assets at purchase price minus necessary amortisation
- Financial investments stated at nominal value

THANK YOU FOR YOUR VALUABLE SUPPORT!

On behalf of SolidarMed and the people in the project areas, my heartfelt thanks for the generous donations made in 2012. Thanks to your commitment, families in neglected regions receive the medical care they so urgently need. Thank you!



Lisbeth Pembele,
Foundraising

Without the generous commitment of the many private individuals and institutions, SolidarMed's work would not be possible – our heartfelt thanks for your loyal support. Space restrictions mean that unfortunately, we cannot mention all donors by name and have only listed institutional donors which contributed upwards of 1000 Swiss francs.

Public sector donors: Swiss Agency for Development and Cooperation (SDC); Liechtenstein Development Service (LED); Bureau for Foreign Affairs of the Principality Liechtenstein; Canton Aarau; Canton Basel City; Canton Lucerne; Canton Thurgovia; Canton Zurich; City of Bern; City of Frauenfeld; City of Luzern; City of Rapperswil-Jona; City of Zurich finance department; Municipality Küsnacht; Municipality Maur; Municipality Oberrieden; Municipality Pfeffingen

Foundations and Trusts: Abantu Stiftung; Addax and Oryx Foundation; Cariwell Foundation; Carl und Elise Elsener-Gut Stiftung; COFRA Foundation; Erna Mündle-Stiftung; Familien-Vontobel-Stiftung; Ferster-Stiftung; Fondation Yoni; Gebauer Stiftung; Gemeinnützige Stiftung Symphasis; Georg und Emily von Opel-Stiftung; Gertrud von Haller Stiftung für Drittwelthilfe; Glückskette; Hilti Foundation; Jubiläumsstiftung Georg Fischer; Karl Mayer Stiftung; Leopold Bachmann Stiftung; Margrit Werzinger-Stiftung; Maria Stiftung; Medicor Foundation; Parrotia-Stiftung; Paul Hess Stiftung; Promotor Stiftung; RHW-Stiftung; Rowdelyd Stiftung; Seelsorge- und Kirchenmusikstiftung Je-

suitenkirche Luzern; Stefanie und Wolfgang Baumann Stiftung; Stiftung Charles North; Stiftung der Gemeinschaft der Liebfrauenschwesteren; Stiftung Fürstl. Kommerzienrat Guido Feger; Stiftung Sanitas Davos; Valüna Stiftung; Von Duhn Stiftung

Companies: ABB Vie AG, Baar; Central Sport, Wengen; ERMED AG, Schleithem; Franz Hasler AG, Gamprin-Bendern; Hartmann Architecture and Design, Vaduz; Kantonale Ärztesgesellschaft Schaffhausen, Frauenfeld; Mepha Pharma AG, Aesch BL; Neue Bank AG, Vaduz; Oryx International, Hünenberg; Rosser Treuhand, Worblaufen; Sanitär Heizung, Hirzel; Stahel und König AG, Hinwil; Systec Schweiz, Hünenberg; VP Bank, Vaduz

Roman Catholic congregations and national churches: Buchrain; Burgdorf; Cham-Hünenberg; Emmen; Congregation Biel and Surroundings; Church community Biel and surroundings; Congregation Bern and Surroundings; Lostorf; Luzern; Münchenstein; Oberkirch; Schlieren; Seeland Lyss; Sempach; St. Marin Zürich; Weggis; Wohlen AG; Heilig-Geist, Zürich

Catholic parishes: The Holy Trinity, Bern; Horw; Kaiseraugst; Littau-Lucerne; Mellingen; St. Joseph, Niederurnen; Ruswil; St. Leodegar, Luzern; St. Maria, Luzern; St. Martin, Seuzach; St. Pius, Meggen; Thalwil; Waltenschwil; Erlöser, Zürich; St. Anton, Zürich

Lutheran/Protestant Reformed congregations: Grosshöchstetten, Küsnacht ZH, Langnau in Emmental, Pratteln-Augst, Reformed Church Canton Zug, Reformed Parish Wengen

Others: Genossenschaft ProBon; Migros Genossenschafts-Bund; Ökumenische Arbeitsgruppe für Entwicklungshilfe Stäfa/Uerikon; Ostschweizerischer Gesellschaft Lichtensteig; Rotary Club Unterägeri; Schweizerische Kapuzinerprovinz Luzern; Sekundarschule Pratteln; Verein Welt Gruppe Möhlin

For Health in Africa.

SolidarMed is the Swiss organisation for health in Africa and improves health care for 1.5 million people in Lesotho, Moçambique, Tanzania, Zambia and Zimbabwe. SolidarMed strengthens and expands existing medical services sustainably and meaningfully.

SolidarMed concentrates on five thematic focal areas:

- Protecting mothers, children and newborns
 - Combating infectious diseases like malaria, HIV/Aids or tuberculosis
 - Improving the quality of hospitals and health centres
 - Training and further education of health staff
 - Sensitising village communities to improve their health
-

The health of mothers, pregnant women, newborns and children is a central concern and receives particular attention in the projects. In cooperation with local partner organisations, hospitals and villages, SolidarMed promotes help for self-help.

In Switzerland, SolidarMed advocates for the health concerns of people in Africa. As a non-profit organisation with the ZEWO certificate, SolidarMed works efficiently, conscientiously and transparently.
