



A hospital needs

water.

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From the Annual Report 2012 8





Knowledge flows further than water

Lugala hospital in Tanzania and the planet Mars have more in common than you might think: not only is water (most probably) found in both places – but in Switzerland, we feel that these places are so far away and so unfamiliar that nothing can be achieved from here. Admittedly, our abundant water supply will never flow to Lugala or Mars, but our knowledge of effective water use can. That is why SolidarMed takes measures to secure a reliable water system for Lugala hospital. A hospital may never run out of water (from page 3)!

Knowledge is also integral to the training of health staff. Zambia makes use of a dual education system for the training of doctors. Thanks to a specialised curriculum at Chainama College, clinical officers with practical experience develop into competent, non-physician clinicians. In the interview (page 6–7), our goodwill ambassador Nik Hartmann impressively describes how valuable these professionals are to the population.

Only once all numbers of the past year are brought together, do I realise what we were able to achieve for over 1.5 million people in Africa thanks to your support. There is still no reason to slacken our efforts. Many thanks for your continuing support.

Dr med. Svend Capol, President of SolidarMed

Graph Caption Key

- + Hospital
- SolidarMed office
- Important locality
- Capital city (political)



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Herzlichen Dank!

SolidarMed ist ZEWÖ-zertifiziert und steht für einen effizienten und gewissenhaften Einsatz Ihrer Spende. Spenden an ZEWÖ-zertifizierte Organisationen können in den meisten Kantonen der Schweiz von den Steuern abgezogen werden. Weitere Informationen finden Sie auf unserer Website: www.solidarmed.ch unter «Spenden» oder direkt beim Steueramt Ihrer Gemeinde.



Dilapidated pipeline system in Lugala

A hospital needs water – at all times.

It is Sunday morning. In the operating theatre, a long night turns into day. A couple of hours ago already – after the third operation – the water tap ran dry. Once again, a pipe has broken somewhere. Although SolidarMed fixed the most urgent deficiencies, the completely outdated water system frequently causes dangerous situations and urgently needs to be replaced.

Water was already scarce the previous evening. Used surgical drapes and clothes are piling up in the operating theatre. By using the water sparingly, the room has at least been scrubbed and the floor cleaned of traces of prior operations. The next patient, a young woman, is lying on the operating table with an acute stomach infection. The doctor and his assistants wash their hands with a carafe of water and give the surgical instruments a makeshift clean. The water in the reserve barrel is now almost used up.

Up to 80 percent of the water trickles away unused

The unreliable water supply is a considerable problem for Lugala hospital. Through important selected improvements, most of the hospital and staff houses now have access to enough water. But in certain places within the decades-old, patchwork system of underground pipes, up to 80 percent of the water is lost. Nobody knows for sure how and where the individual pipes run to. As there are no shafts, access to the pipes is not possible when they leak or are clogged or silted up, which happens regularly. The pipes have varying inclines, and as time goes by, start to sag in the middle, which causes sand to gather there. →

Around 6 000 patients are treated in the departments of Lugala hospital each year.

Among other things, clean water is necessary to guarantee hygiene.

Photo: Maurice Haas



Lugala-hospital

→

The water arrives at some point

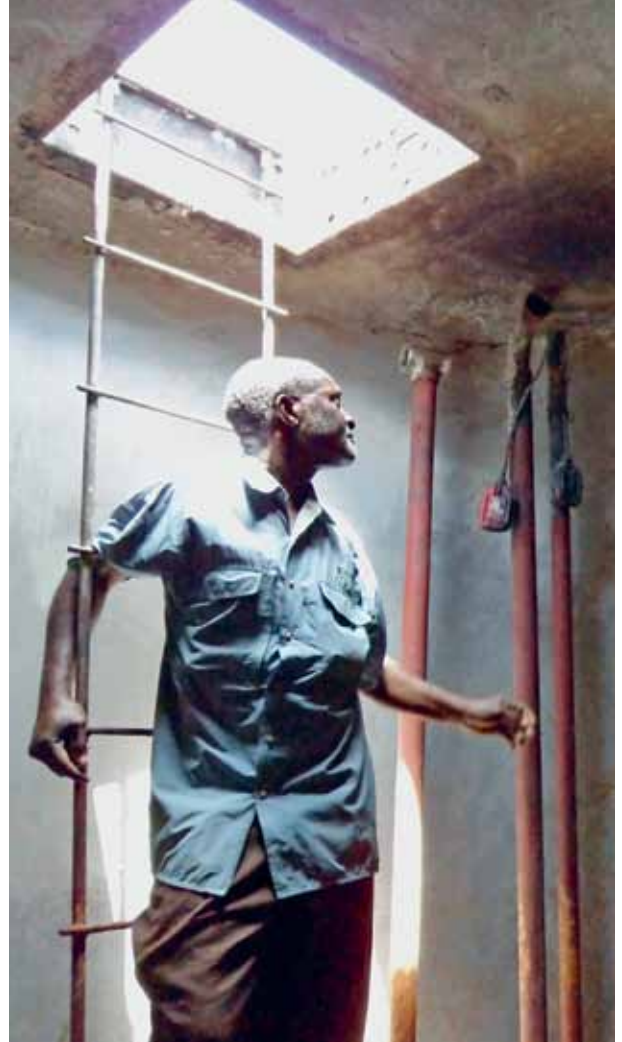
The staff houses surrounding Lugala hospital are connected to the same water network. If the faucets remain dry in the morning, the residents place containers under the taps. They then open the faucet all the way, hoping that the barrel will fill up with water by evening: water needed for drinking, cooking or for washing themselves. At some point, while they are working at the hospital, the water finally starts to flow but there is no one at home to turn off the tap in time. As a result, the barrel overflows and precious water is lost.

No operation without clean water

And so on this Sunday morning, there is no clean water to guarantee a sterile environment in the operating theatre, but without this procedure, the patient's chances are even worse. The medical personnel decide to open the abdomen. The ominous colour of pus shimmers through the bulging membranes which completely fill the abdominal cavity. Luckily, the electricity is working at the moment and the suction equipment works flawlessly: 500 ml, 1 000 ml – the suction bottle needs changing – 1 200 ml of pure pus. Most of the internal organs, especially the intestines, are extremely infected. Rinsing fluid is needed now. The last 4 litres of infusion solution are the only suitable option. Two of these are needed for an infusion for the woman; the remaining two litres are used to rinse out the abdominal cavity.

Two litres is not much. But in Lugala hospital, the medical personnel use the resources that are currently available. In this case, it was enough for the woman to survive. After the procedure, the operating theatre has to close until the leak in the water pipelines is fixed and there is enough water for a basic cleaning. We can only hope that until then, no further emergency occurs.

Further information on
SolidarMed in Tanzania
can be found at:
www.solidarmed.ch



A worker during the last inspection of the new water tank which was built the previous year. Today, the solar system pumps the water up into the water tank. Now Lugala urgently needs a reliable pipeline system so that the water ultimately arrives where it is needed.

Photo: Joost Noordholland

Lugala hospital

The only hospital in the very remote western part of Ulanga district in Tanzania is located in Lugala. The hospital staff is responsible for primary medical care on both sides of the Kilombero river and is very well accepted by the population. People travel a long way to receive help at Lugala hospital. Their journey takes them along difficult paths that wind through the bush and rivers often have to be crossed on a dugout canoe. Around 30 000 people are treated in Lugala hospital every year, more than 22 000 of these are outpatients and almost 6 000 are admitted as inpatients.



Staff at Lugala hospital produce high quality infusion liquid themselves, which means that the hospital does not need to rely on deliveries. Water plays a vital role in this process.

Photo: Maurice Haas

How SolidarMed helps

Over the last years, SolidarMed has fixed the most urgent deficiencies of the water supply with the following measures:

- Drilling a new borehole with a water tank and solar pump, repairing cracks on the inner wall of the old concrete tank
- Renovating the surface water pool of the shallow well, replacing the pump and pipelines of the old shallow well, a cover for the deep-well pump
- Raising awareness amongst the population regarding the use of water

Now, Lugala hospital essentially has enough water at its disposal – until one of the old pipes gets silted up or breaks apart. That is why SolidarMed improves the situation by:

- Renewing the dilapidated pipeline system, taking into account that the running of the hospital and staff houses requires more water
- Drilling two further boreholes – one for the hospital and the other for the staff houses, building a water tank for the staff houses
- Improving the pump system. By sensibly combining solar and diesel pumps, water is guaranteed all day.
- Several additional improvements

“I want to give silent catastrophes a voice.”

Nik Hartmann, goodwill ambassador for SolidarMed

Every two years, radio and TV presenter Nik Hartmann travels to a project area as a SolidarMed goodwill ambassador. He visited St. Luke's hospital in Mpanshya and the college for non-physician clinicians (Medical Licentiates) last November. In his role as a goodwill ambassador, Nik Hartmann wants to share the impressive experiences of his journey with as many people as possible in Switzerland, and so show why the commitment to people in Africa is worth it.

SolidarMed: Zambia is known for its wildlife and the Victoria Falls. What did you see?

Nik Hartmann: We did not miss the opportunity to drive to a national park on a day off. Unfortunately, most of the elephants, giraffes and lions were hiding when we came to visit them. Much closer to my heart though, is the health system in Zambia, which needs improving. That is why we not only visited hospitals and nursing schools, but also families living in very basic conditions. For these people, diseases quickly become life threatening.

Is there something that you can't forget, even half a year later?

I could fill up this whole page with memories. We were in Mpanshya hospital for one day only and I experienced many things that I will never forget: the one year old boy with malaria that arrived at the hospital too late, for example. We saw with how much dedication the Medical Licentiate cared for the little one, yet he was not able to help him anymore. Or the triplets that had been born only a day before. It is a small miracle that all of them are in good health.

Would you get treated at Mpanshya hospital?

I had my blood tested for malaria and had full confidence. In a more serious situation, I am grateful for our Swiss standards. A district hospital in Africa cannot be compared to the Canton hospital in Zug, even though both have the same task. In Mpanshya we are talking about 140 metal beds, an old X-ray machine and a basic lab. And then more



Nik Hartmann in the Mpanshya-hospital in Zambia
Photo: Benjamin Gross

than half of the staff required to adequately treat the patients with this old equipment is actually missing.

Adequate does not mean good.

Many Zambian doctors try their luck abroad or in the capital city. It comes as no surprise when you consider the living standards of doctors in rural hospitals like Mpanshya. There's nothing there, apart from the hospital, to make life easier.

The government responds to this with non-physician clinicians.

We visited students that would soon be graduating from their training. All of them were experienced clinical officers before starting their studies, many were even responsible for entire health centres. When they return after almost three years of training, they no longer need to watch a woman bleeding to death due to complications during childbirth. As trained Medical Licentiates, they can perform a caesarean section themselves, so saving the lives of mother and child. Even without studying at a University, they master the most important medical procedures. Most of them will go on to manage the health centres in which they previously worked and in this way remain at the disposal of the population in remote areas.

You see yourself as a multiplier in your role as a goodwill ambassador. How will you now share your experiences here in Switzerland?

Silent catastrophes like a shortage of doctors, inadequate hospital management or infectious diseases rarely receive media attention. In interviews and in personal discussions, I can talk about what made an impression on me. This November, together with SolidarMed, I will be showing photos in a slide show. In this way, I can share my journey to Zambia with all those who are interested.



Nik Hartmann documented his journey with impressive photos. With these photos, he wants to draw attention in Switzerland and Liechtenstein to the silent suffering of people in Zambia.

Photos: Nik Hartmann



The presenter Nik Hartmann being tested for malaria by a Medical Licentiate.

Photo: Nino Schurter

Nik Hartmann presents photos of his journey to Zambia in three slideshows:
13th November 2013, TAK in Schaan FL, 8 pm
19th November 2013, Paulusheim in Lucerne, 8 pm
27th November 2013, Alte Oel in Thun, 8 pm
 Further information will shortly appear at www.solidarmed.ch

SolidarMed in Zambia

Only 40 percent of the positions for health staff in Zambia are filled. There is a shortage of approximately 10 000 nurses and according to statistics, there is only one doctor for every 10 000 people. Most Zambians don't ever see a doctor, as these mainly work in the bigger cities.

Training four times as many non-physician clinicians

In response to the acute shortage of doctors in Zambia, SolidarMed supports the state-run programme to train non-physician clinicians, so called Medical Licentiates* (ML) at Chainama College. This is a training programme aimed at experienced clinical officers. SolidarMed supports theoretical training at the college and three specialists placed in the hospitals ensure the practical training of the students.

Urgently wanted: nursing staff

SolidarMed's many years of experience show: nursing staff trained at rural hospitals will remain there the longest. For this reason, SolidarMed offers the training of Mpanshya nursing school at two additional rural training hospitals. SolidarMed ensures the necessary training capacity and maintains teaching quality. SolidarMed is currently working on a study on an appropriate, sustainable model of accommodation for medical personnel.

* SolidarMed supports the state-run programme to train non-physician clinicians since 2011. The training focuses on primary and emergency care, especially for pregnant women and children. The project is specifically designed for Zambian needs and is financed by the Liechtenstein development service (LED).

More health for 1.5 million people.

SolidarMed supported 18 rural hospitals and 100 health centres in southern Africa last year. This means that in an emergency, 1.5 million people receive better medical care.

Valuable personnel

Thanks to SolidarMed, a total of 104 nurses and midwives completed their training in 2012. 804 local medical professionals participated in further training. With seven new staff houses offering good accommodation, SolidarMed succeeded in retaining qualified staff in rural hospitals. Eight partner hospitals benefited from a SolidarMed doctor – who acted as advisor, supported hospital development, shared knowledge and monitored the medical quality of treatments.

Health promotion starts in the villages

SolidarMed supported 713 community health workers with training and further education to enable them to treat patients in villages even more competently.

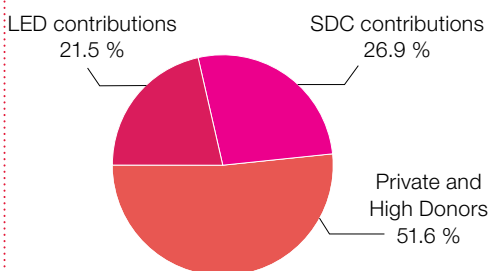
SolidarMed also supported the setup of 104 health committees in the villages, enabling the population to take responsibility for their own health. These committees helped SolidarMed distribute 11 200 mosquito nets to pregnant women and families with children.

HIV/Aids: putting prevention first

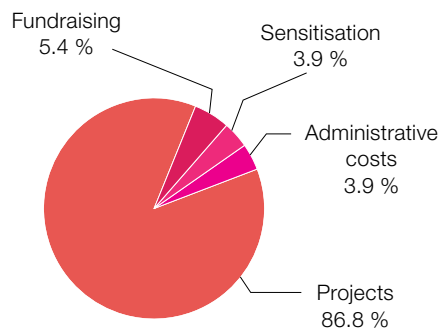
In collaboration with local organisations, in 2012 SolidarMed raised the awareness of the population in project areas, distributed 108 000 condoms and enabled 258 300 HIV tests. With the close supervision of 3 800 HIV-positive pregnant women and 2 500 infants, efforts were undertaken to prevent the transmission of the HI-Virus from mother to child. 3 000 people with Aids began receiving life-saving medication in 2012. In total, thanks to SolidarMed, by the end of the year more than 16 000 patients are on antiretroviral therapy. Despite HIV, they can now continue providing for their families. By now, 46 percent of those affected receive their medication at a nearby health centre.

These successes ease the suffering for countless families and save lives. This is only possible thanks to the commitment of our donors. **On behalf of the affected families, our heartfelt thanks for your generous support.**

Source of funds in 2012



Use of funds in 2012



You can find the complete Annual Report 2012 on our website: www.solidarmed.ch

