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Wanting knowledge in the villages



Dr. med. Svend Capol, President of SolidarMed

Once upon a time, an imp extracted a promise from a queen for her firstborn child. The only way to keep her baby was to guess the imp's name. Had she known his name beforehand, he would never have been able to exert power over her. Luckily, the queen's servant discovers the name of the imp and shares this valuable knowledge with her. She is able to save her baby and the fairy tale of "Rumpelstiltskin" has a happy ending.

A want of knowledge is the reality in remote villages in northern Moçambique. And sadly, there is often no happy ending. For want of knowledge, children die from childbirth complications, malaria, diarrhoea and respiratory infections. Few have experienced how good basic medical knowledge can avert a tragic fate. And because there are no health workers and the people in the villages simply don't know any better, they seek advice from those who offer answers. Traditional healers, common in all of southern Africa, certainly know some important answers. But for complicated or medically acute cases, their knowledge is not enough.

SolidarMed's efforts to bring knowledge into the villages are vital. It is crucial that this knowledge is conveyed by a credible messenger and that it reaches all inhabitants. This creates collective knowledge in a village which in turn has a direct impact on the health of the people. With access to knowledge, people can protect themselves and their children. They know possible ways of providing simple first aid but are also able to recognise when it is time to seek help at the next health facility.

Dear readers, this was my last point of view. After 16 years on the Board and 14 years as President, I am taking leave of my post at the Annual General Meeting on the 20th of May. Like you, I will now become an interested reader and will continue to support SolidarMed.

My heartfelt thanks for your support!

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SolidarMed is the Swiss organisation for health in Africa and improves health care for 1.5 million people. SolidarMed strengthens and expands existing medical services sustainably and meaningfully. The projects pay particular attention to the health of mothers, pregnant women, newborns and children.





When herbs no longer help.

Moçambique Families in remote villages in Moçambique live in poverty and know little about health. SolidarMed ensures that sick children receive treatment without delay.

One could say that it was a red slip of paper that saved Said's life. When he was only a few weeks old, he contracted malaria. This is all too common in northern Moçambique. The people are poor, over half can neither read nor write. Only few people know just how dangerous malaria is. When Said's parents start their journey to hospital, their baby is already too weak to open his eyes. Staff at the hospital reception recognise the gravity of the situation and hand Said's parents a red slip of paper. In the overcrowded waiting

room, this slip of paper alerts doctors that this baby is a particularly critical case and needs immediate emergency treatment. Blood transfusions and intravenous malaria medication bring salvation for little Said. Initially, it had seemed likely that Said would be one of the 15'000 infants in Moçambique who die from malaria every year.

Photo

2-year-old Bruma Firmino lies in the intensive care unit of Chiúre hospital. She was born HIV positive. Although she is in treatment, she contracts respiratory infections quicker than other children and relies on medical help from the hospital.



Moçambique:
Inhabitants 27'978'000
Doctors per 1000 inhabitants 0.06
Life expectancy 57 years

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TOPIC



Photo above

ha Tseka.

In northern Moçambique, most people lead very simple lives. They build their houses out of locally available material Photo above (middle) Similarly, many people in remote villages in Lesotho trust in the bones and stones of the traditional healers. This picture shows the pharmacy of a healer from Tha-

Deeply rooted belief in evil spirits

The district of Chiúre is one of the poorest in the country. The fields barely provide enough to feed the population. Doctors are rare. Traditional healers, on the other hand, are as common as the belief in evil spirits. One of them had taken possession of little Said, of this his grandmother was certain. She persuaded the young parents to bring their baby to a traditional healer. The treatment involved burning herbs, but afterwards Said's health deteriorated rapidly. Only now did his parents start their journey to hospi-



An exhausted Said in the arms of his mother. He was lucky. In the background sits his grandmother



tal. Then the red slip of paper brought salvation. Cases like Said's are a daily occurrence in Chiúre district hospital. Every day, around 100 desperate mothers bring their feverish children to the emergency room. In over half of these cases, on top of malaria the doctors diagnose additional life-threatening conditions like dehydration, diarrhoea or anaemia. Said had all th-

Sensitising the rural population

After 7 days of treatment in hospital, Said and his parents return home to their village - and back to his grandmother. She is still convinced that an evil spirit was responsible for the illness of her grandson. The community health worker of the village visits them. The atmosphere is relaxed, there is laughter and joking. Yet his message – also to the grandmother – is clear: "Fever can be dangerous. Do not hesitate to ask the doctors in the district hospital for advice. They are there to help you."

As he listens to the words of the community health worker, Said's father nods in agreement. "The doctors in the hospital saved our son," he says with conviction and looks at his mother-in-law. "If Said falls ill again, I will go to hospital with him immediately". Both look at little Said. He sleeps peacefully in his mother's arms. Finally, the grandmother nods too. She is not yet completely convinced that no evil spirit was involved. But in one matter she does agree. The next time, she too will go to the district hospital in Chiúre rather than risk the life of her grandson.

An expert opinion

"The earlier the better"

In Chiúre, the enormous distance to the health services is not just a physical fact. Often, medical services are also barely present in the minds of the people.

> SolidarMed: Dr Ehmer, you lived in Chiúre yourself. What do you remember?

Jochen Ehmer: Under such poor living conditions, a sick child can deteriorate very rapidly. Even simple infections can become life-threatening.

How dangerous is the big distance to the hospital?

Symptoms like high fever, anaemia or diarrhoea are dangerous, but this is often recognised too late. In addition, the clinic is a long way away. This combination enormously reduces a child's chances of recovery.

What is the main problem?

Over 57 percent of the children admitted to the children's ward of the district hospital are diagnosed with malaria. It causes many of the deaths in the hospital. Not because malaria is untreatable, but because people come to hospital too late. However, most of the children still die at home in the villages. In Chiúre alone, around 3'800 children die from preventable diseases every year.

How does SolidarMed react?

Preventable diseases are often easy to treat - if the children reach the hospital on time. In a place like Chiúre, the new hospital, health worker training and a number of small changes could massively improve the quality of treatment. Yet it is crucial that parents know when their child needs treatment and that they react quickly. Of course, the relatively simple medical services in Chiúre need to be upgraded. This is where we come in.

SolidarMed cares for children

is one of the poorest in northern Moçambique

Around 42'000 children under the age of five live in Chiúre district, which

To reduce the number of infants dying from malaria in this rural district. SolidarMed supports the district hospital and the health authorities in Chiúre. The project includes:

- · Sensitisation through weekly radio shows
- · Improving the early detection of sick children in the villages
- Improving the diagnostic capacities in the health centres
- · Further training for medical staff to ensure that severely ill children are correctly treated and cared for
- · Home visits by nurses for children who've been discharged from hospital to prevent a recurrence of the disease

40'000 children benefit from this project. In the past year alone, over 12'000 children were admitted for treatment. The project receives significant support from Swiss Solidarity.

Find out more about health in the villages:

solidarmed.ch/en > topics > community health



Jochen Ehmer MD **Executive Director of SolidarMed**

who still suspects that an evil spirit caused Said's illness.

SolidarMed aktuell89 / 05.2017 NEWS FROM THE PROJECTS

GET INVOLVED



Midwifery with plastic bags instead of gloves

Moçambique Two boxes of sterile gloves. In the middle of March, this was all that was left in the medical stores in Chiúre. These two boxes will have to last for many months and for the entire district with 250'000 people. This is just one small example of a massive crisis which is worsening daily. Courageous midwives began performing deliveries with plastic bags or cloths covering their hands to avoid infections. "An infection at birth is always dangerous for a newborn baby, but right now, it would be fatal. We currently don't have any antibiotics", said the SolidarMed doctor Hanneke Boersema. "In Switzerland, this would be a medical scandal – here, the staff often have no choice."

The ever-diminishing supplies don't only hamper obstetric care. There is also no fuel to run the ambulances and children are not receiving basic vaccinations, because the vaccines are not being delivered. Describing the situation in the hospital, our doctor commented: "Currently, the government is only paying for emergency medication". In this region, one in five infants dies before the age of 5. Without prevention measures, this situation will become much worse in the medium term. "If the supplies aren't restocked soon, we will see over more children dying in the hospital in the next weeks", warns the doctor.

Bypassing the official accounts, a number of ministries in Moçambique amassed 1.5 billion dollars in illegal debts. The bill is now being paid by the citizens, who even before this crisis were amongst the poorest people in the world. The remote north of the country has always received only minimal funding for medical services. But now, the state cannot afford even this.

Director of the SDC in Ifakara

Tanzania In March, the quiet town of Ifakara was suddenly a hub of activity. Manuel Sager, the director of the Swiss Agency for Development and Cooperation (SDC), officially opened the newly renovated outpatient clinic of St. Francis Hospital. This hospital serves a catchment area of 1 million people and is supported by the Swiss government. St. Francis Hospital is steeped in history. It developed out of a pharmacy which was founded by the Franciscan Order of Baldegger Sisters in the 1920s. Solidar-Med supports the Edgar Maranta Nursing School in Ifakara so that the hospital can count on trained staff.

More planning security

Zimbabwe Until recently, most of the bookkeeping in the hospitals of Silveira and Musiso was done by hand. Thanks to support from SolidarMed, both hospitals have computerised their accounting systems. The accounting software "Pastel" allows the staff to efficiently administer invoices and payments and to control the stocks of medication and consumables. This way, the hospital can avoid shortages of medical material. The two hospitals offer hundreds of thousands of people in the poorest regions of Zimbabwe access to basic health care.





Nik Hartmann visited the maternity ward of the hospital in Chiúre. He met six babies born over the past two days, safely delivered thanks to the expertise of the midwife.



A team supported by SolidarMed visits children at home after they've been discharged from hospital. This ensures that the children do not fall ill again and can fully recover.



At the Rio Lúrio, where the road ends and the hills begin, lies the village of Savanone. The villagers invited the SolidarMed goodwill ambassador to spend a night in their village. Nik experienced first-hand how simple village life is and how the people can still protect themselves from diseases.



On the road with...

For the second time, Nik Hartman visited the village of Chiúre in Moçambique.

A lot has happened in the meantime. The most noticeable change is the new hospital. It was built by the local health authority and replaces the old, simple health centre. Solidar-Med supports the medical operations of the new hospital.

In 2009, our goodwill ambassador visited Cabo Delgado, setting foot on African soil for the first time. His second trip through Chiúre district took him back to many familiar places. He encountered a number of things which work better today than they did back then. Yet on the way to a particularly remote region, every passing kilometre made him aware of just how much still needs to be done until even people in the most remote villages have access to appropriate health care.



The Cuban medical doctor Dr Camillo accompanied Nik Hartmann through the children's ward of the hospital in Chiúre. 80 percent of the young patients are suffering from malaria.

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Moçambique Midwifery with plastic bags instead of gloves

Tanzania
Director of the SDC in Ifakara

Zimbabwe
More planning security

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Nik Hartmann

2 minutes in Moçambique

Join Nik Hartmann on his journey to Moçambique. Let him show you SolidarMed's project in a recently released 360° film. Use your own eyes to look around the remote village of Savanone and peer over the shoulder of the midwife from the health centre of Namongelia.

More information solidarmed.ch

Changes to the Board

After 14 years, **Dr med. Svend Capol** is stepping down as president. With him, the two board members **Kathi Jungen** and **Dr med. Pepo Frick** are also relinquishing their positions after 24 years of voluntary service. All three were substantially involved in the development and professionalization of SolidarMed. Key strategic decisions were made during their tenure, like the launch of the HIV programme that currently ensures the survival of over 25'000 people. In this time, SolidarMed was also able to establish important partnerships with the SDC and Liechtenstein Development Service LED.

Last year, the Annual General Meeting ensured their succession by electing three new board members. The new president will be chosen on the 21st of May. At the time of going to print, Svend Capol's successor was not yet known. After the 23rd of May, you will find this information on our website www.solidarmed.ch.

Dear Svend, dear Kathi, dear Pepo – SolidarMed is profoundly grateful for your dedication and your valuable service!



74'858 HIV tests carried out

research partnerships with universities

267 organisations and health groups in the villages strengthened

1'419
health workers trained

15 staff houses built

New Annual Report published

These numbers were taken from the newly published Annual Report 2016. The report gives you a transparent insight into the impact of the projects and use of the donations.

To order the latest Annual Report

Email contact@solidarmed.ch or download as PDF from solidarmed.ch/en > Publications

