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Amane Adjira is a 28-year old refugee woman pregnant with her fifth child.
She is attending the health centre of Doholo in Chad for prenatal care.
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“The Stanley Thomas Johnson Foundation supports projects in the fields of culture, education, humanitarian aid and medical research. We aim to improve people’s quality of life and promote mutual cultural understanding.”

1 Management Activities

1.1 Organisation 1 January to 31 December 2022

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1.2 President's Report

"A tree only moves when there is wind."

Afghan proverb

Was 2022 a special year? In his editorial for this annual report, Martin Leschhorn describes the year 2022, with its disasters and global crises, as a key year. The processes of change and problem solving we must tackle across the world will determine our future. Global health, which is shaped among other things by international conflicts and the resulting migrations, is also at risk. Health management in the context of armed conflicts and migration is our focus topic in this annual report.

Since 2019, our foundation has been supporting two projects by the Swiss Tropical and Public Health Institute in refugee camps in Chad and Ethiopia. These are not about providing emergency aid, but rather long-term research projects that develop and test the use of digital technologies in medical care. The NIIDS project aims to enable faster and more accurate diagnoses of infectious diseases and improved primary care in fragile contexts. The SysRef project aims to improve health care through digital tools and algorithms.

Implementing complex projects in crisis regions also means accepting hurdles and risks. The head of the NIIDS research project, Prof. Dr. med. Daniel H. Paris, reports delays due to internal armed conflicts in Ethiopia. Nevertheless, the project is recording its first positive results. Patients with infectious diseases such as malaria in the refugee camp in Afar can now be diagnosed and treated more quickly. Salomon Djekorgee Dainyoo discussed the benefits of the digital tools developed in the SysRef project with nurses, patients and a midwife in the Doholo refugee camp in Chad. Fortunately, the prenatal and postnatal care of pregnant women has been noticeably improved. The excessive use of antibiotics, which can lead to treatment resistance, has also been reduced.

Under dramatic circumstances, the young Afghan artists Baqer Ahmadi and Shahida Shaygan left Kabul in August 2021 after the Taliban took over the country. Due to their planned exhibition at the Kunstmuseum Thun, The other Kabul. Remains of the Garden, they were able to enter Switzerland. In an interview with Beate Engel, they talk about how difficult it is to continue working on their art in a completely new environment. Curator Susann Wintsch was asked why, in these times of war, her international group exhibition was based on the garden of all things, a symbol of peace and harmony. Her answer is thought-provoking: "We think that the idea of the garden, its beauty, the peaceful atmosphere and the hope for a future are even more important now."

For their dedication and commitment I extend my heartfelt thanks to the trustees and everyone working in the management office and the commissions.

Dr. Mirjam Eglin

2 Funding Activity: Focus on Health Management in the Context of Humanitarian Aid

2.1 International Health Cooperation and Global Health

Health and crisis

The global community lurches from crisis to crisis: be it the climate catastrophe or the dwindling of biodiversity; be it the Russian war of aggression against Ukraine, which threatens to unhinge the European and global post-war order; the economic crises worldwide or the energy crisis; or, last but not least, the global health crisis, which hopefully will slowly come to an end with the catastrophic days this winter in China. The year 2022 was a year that could go down as a key year in the history of the 21st century, a year in which various global developments accumulated, emanating processes of change that will determine the medium-term future of the global community.

This background of political crises is important when I deal with global health and international health cooperation in the following. Both of these related issues have always been shaped by a variety of social, economic and cultural forces. And there is reason to believe that various processes of change brought about by the current crises are affecting global health as well as international health cooperation.

At the beginning of this article, I would like to introduce the concept of global health and international health cooperation. I will outline how they have changed and what triggered this process, in order to consider from this perspective how they might develop in the coming years.

International health cooperation: rights and principles

International health cooperation and global health are two different but interrelated thematic fields. With international health cooperation we describe the part of international cooperation that aims to improve the health of a disadvantaged population group. There are various approaches to achieve this, including traditional measures of support such as the establishment and expansion of health care structures including local health centres, district hospitals or the

training of health personnel. It also includes preventive measures such as strengthening sexual and reproductive health and rights, vaccination campaigns, the distribution of bed nets to combat malaria or measures to prevent the emergence of breeding grounds for insects that transmit tropical diseases.

Although there are many different concrete measures with which the health of populations is improved in international health cooperation, there are unanimous principles and attitudes that inform action: The rights of the people who are to benefit from improved health care are central. This also means that the health programmes of international organisations must be developed in a needs-oriented, inclusive manner in consultation with the local communities. They must also be non-discriminatory, i.e. certain population groups must not be excluded on the basis of their gender, cultural identity, sexual orientation or physical or mental disability. Furthermore, health programmes should not be developed and operated outside existing health systems. Whenever possible, they must be well coordinated with national health strategies.

Neither state, international nor civic stakeholders in international cooperation would dispute these principles. In practice, however, we see time and again how principles guiding action are violated. Following various abuse scandals and reports of racist behaviour in international organisations and large non-governmental organisations, the debate on power structures in international cooperation has deepened in recent years. Against this background, it becomes clear why the decolonisation debate is also making waves in international health cooperation. It clearly shows that the structural foundations as well as the concrete practice of the sector are nourished by colonial roots. The populations addressed by the health programmes are reduced to the role of aid recipients, they are victimised instead of being empowered as responsible subjects. The management positions are still occupied by personnel from



At the Doholo health centre, the midwife Benadji Florence examines 28 year old refugee Amane Adjira who is attending the prenatal consultation because she is pregnant with her fifth child.
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the Global North and imported goods are used instead of relying on and thereby strengthening local resources.

Adhering to the principles described is central to strengthening local health systems. It is becoming increasingly important to plan beyond the health sector. The improvement of a population's health is not only determined by the design of the health system, but also by the existing infrastructure, the management of rapidly advancing urbanisation, the nutritional situation, the capability of the education system, the local ecological situation and, last but not least, the rule of law and governance. In international health cooperation, we therefore no longer speak only of strengthening the health system, but also of the need to fundamentally strengthen the broader systems that are prerequisite for good health. In this way, the practice of international health cooperation is integrated into the logic of the UN's sustainable development agenda.

Global health: mutual dependencies and politics of interest

These introductory remarks on international health cooperation show that the practice is situated within a complex and, above all, political field. This brings us to global health as a concept. It describes the area of international or national policy that aims to steer health development worldwide. Global health has gained considerably in importance

over the last 25 years. The background to this development is that the globalisation of the economy since the end of the Cold War has massively increased the interdependencies between health systems. Transnational trade in, for example, health-damaging products such as tobacco, processed foods and soft drinks has a direct impact on the global spread of non-communicable diseases. Increased travel leads to faster spread of infectious diseases, which already happened on a small scale several times in the last two decades, before the Covid-19 outbreak. Health workers around the world are also migrating from weaker to stronger health systems – leaving behind those in the Global South who are suffering from a much higher burden of disease. Inequality between world regions and within countries has increased worldwide in the course of globalisation. This has a direct impact on the social and economic factors that influence health, the so-called determinants of health, which determine whether someone is born healthy, grows up in a healthy environment, can work in a job that does not make people ill, and can age and die with dignity.

The merely selective examples mentioned here make it clear why the need to define health policy much more globally has increased massively in recent years. Since around 2007, various national foreign health policies and strategies for global health have emerged that aim to represent national health interests in international bodies in a coordinated manner. After a brief slump, new strategies have emerged since the Coronavirus pandemic, such as that of the Dutch government. The Dutch government has set itself three strategic priorities: strengthening the global health architecture and national health systems (1); improving international pandemic response capacity and minimising cross-border health risks (2); and addressing the consequences of climate change on public health (3). At the end of 2022, the EU Commission also adopted its Global Health Strategy, which aims in the same direction. In addition to the directly visible health consequences of globalisation and the increased importance of global health, there is another, often forgotten factor why more and more governments in the Global North are seeking a strategic approach to health issues in an international context. The health industry as a whole is one of the fastest

growing sectors in the global economy. Take Switzerland as an example, with the pharmaceutical industry, but also with the food industry, which increasingly defines itself as part of the health industry (consumer health): Getting involved in negotiations on WHO health regulations, getting involved in international WTO negotiations against a possible weakening of the patent system, presenting itself as a state acting in solidarity to strengthen pharmaceutical product development partnerships in order to counter the threat of damage to Switzerland's reputation from the patent system – all this shows that global health is always also about national interest policy.

However, in order to be able to overcome the crises mentioned in the introduction, policy needs to become less oriented towards national, economic self-interest and more towards cooperation based on principles of human rights and international law – especially after Russia's breach of such law. And it must be a cooperation that takes into account the structural and historical inequalities between the world's populations.

The deterioration of the climate is already having a massive impact on the health of less privileged populations in the Global South, and it could trigger further outbreaks of disease that affect everyone worldwide. Health issues thus remain at the forefront of international politics.

Civic organisations involved in international health cooperation are facing major challenges due to the crisis in the world. Governments and other donors are constantly changing the focus of their financial commitment. Whereas until mid-2022 the focus was on combating the pandemic and its consequences, financial resources are now being diverted away from the health sector at very short notice in order to release the funds that have become necessary to deal with the war against Ukraine.

In the end, health for all worldwide can only be strengthened and secured in the long term if the stakeholders of international health cooperation implement their work in a principled and consistent manner. Work that is based on human rights, that strengthens health systems and that builds good quality primary health care together with local communities.

Martin Leschhorn Strebel

Martin Leschhorn Streben is a historian and managing director of Medicus Muni Switzerland, a network of 50 Swiss organisations and research institutions active in international health cooperation.

2.2 Humanitarian Aid and Technology

Digital technologies are increasingly used in the health sector of humanitarian aid. Martin Raab explains the applications, the concrete benefits and also the novel challenges of this emerging field.

Even though the last few decades have brought an impressive improvement in people's living conditions, especially in countries of the South and formerly economically disadvantaged countries, emergencies still arise again and again due to armed conflicts, natural disasters or outbreaks of infectious diseases associated with high mortality. In order to save human lives and alleviate suffering, organisations, countries and social organisations are constantly looking for improved methods and materials to be able to react efficiently and quickly to a humanitarian emergency.

The challenge of diversity and innovation

It is therefore important that new technologies are also systematically identified, tested and made available for humanitarian purposes. The areas of impact are extensive and cover very different topics such as nutrition, water, sanitation and hygiene, health and education. Accordingly, the possibilities for using existing and innovative technologies are almost unlimited. But it is precisely the wide range of sectors and the great variety of available devices, equipment, digital systems, software, medicines and consumables that is a challenge in itself. Methods and logistical knowledge are needed both to make the right choice and to ensure efficient application "in the field".

Applications, priorities, trends

The rapid spread of digital systems is also increasingly being used for many forms of humanitarian intervention. A few selected examples will illustrate this: Geographical information systems are already established technologies to track the spread of diseases, to better control outbreaks of epidemics or to support the distribution logistics of essential materials and medicines. There are a variety of possible applications in the use of mobile computers (e.g. tablets) to collect relevant data on the ground (vaccination coverage, nutritional situation, deaths, registration of displaced persons, etc.). The use of electronic voucher systems has also become important in order to effectively

provide people in need with the necessities of life while at the same time maintaining self-determination. Computers are also used in many ways for educational purposes or for social networking. Device-based innovations are increasingly being used in medical diagnostics, for example ("point-of-care devices"). And 3D printers are being used to supply disabled people with prostheses.

Technological transfer requires planning

Humanitarian organisations seldom operate as self-contained units, but are dependent on cooperation with organisations and social systems in the countries concerned. Therefore, a well-planned technology transfer should also be part of the operational planning. However, the potential for wasting resources is considerable and has not been addressed enough so far. Equipment, devices and digital systems are almost exclusively manufactured in industrialised countries and – with increasing complexity – also require access to professional maintenance, repair and the periodic supply of consumables. The transfer of technologies and their long-term economic and safe use will only work if training measures, the establishment of maintenance units and the processes for procuring consumables are also ensured. Therefore, the planned use of technology "in the South" should also be accompanied by a mantra: Appropriate choice of technology! Training! Repair and disposal logistics!

The art of assessment: selecting technologies

The choice of available technologies has increased immeasurably and the innovations that will be introduced in the next few years will not slow down this development. This raises the question of how to select "the best" of the devices, systems and materials available on the market, also for the humanitarian sector. Especially in the field of medicine, methods have been established to approach this selection in a systematic and goal-oriented way. Under the term "Health Technology Assessment", decision-makers have been provided with a scientifically based and practically applicable procedure. HTA is multidisciplinary and in addition to the purely technical selection criteria requires functional and performance specifications, the inclusion of economic, social, ethical and organisational aspects. Methodological aids are available for systematic



Hissene Ousmane, who is responsible for triage, is recording the data of Abdoulaye Abdine, a sick 3 year old boy. He enters the patient's weight and temperature and the result of the Malaria rapid test. © Djekorgee Dainyoo Salomon / Fairpicture, 2023

evaluation. Due to the multidisciplinary orientation of the evaluation process for the “best possible technology for a defined area of application”, the involvement of social scientists or economists is often necessary. The goal is to select the technology best adapted to a defined area of application/location, which can also be used sustainably in the long term at the target location, which is a clear prerequisite for successful technology transfer.

The transition from humanitarian aid to development

Humanitarian aid is an emergency assistance in the event that local support systems have collapsed or existing structures and resources are insufficient. The aim must therefore always be to move from emergency aid to reconstruction aid or achieving an expansion of capacities. In this context the technologies employed in humanitarian aid should be suited to transfer and integration into local structures. It should be noted, however, that new technologies and especially digital systems are complex and therefore require the training of experts for maintenance and long-term operation. In addition, there are specific challenges such as information security and data protection.

Martin Raab

Martin Raab is Senior Public Health Specialist and Project Manager of the Digital Health Unit at the Swiss Centre for International Health.

2.3 Working with the Swiss Tropical and Public Health Institute for the Health of Refugees and Displaced Persons

Since 2019, the STJF has been supporting two projects of the Swiss Tropical and Public Health Institute (Swiss TPH) as part of the funding programme “Research into Infectious Diseases and Evidence-based Psychosocial Assistance and Rehabilitation for Victims of War and Conflict”. With these projects, which combine medical research with direct implementation on the ground, the foundation contributes to protecting the health of refugees and displaced persons. However, as Thomas Gass describes, the monitoring of the two projects also presents the foundation with new challenges.

Never before have so many people been displaced from their homes due to violent conflicts and extreme weather events. Last year, the number of displaced persons worldwide exceeded 100 million for the first time. The war in Ukraine has triggered the biggest displacement crisis since the Second World War. But the war in Syria, the displacement of the Rohingya in Myanmar, fragile political developments in Central America and climate-related humanitarian crises such as the drought in Somalia have also contributed. According to the UN Refugee Agency (UNHCR), the majority of people fleeing their homes are internally displaced within their own countries.

Displaced persons are the most vulnerable

The pandemic and the global impact of Russia's war against Ukraine have exacerbated the situation of refugees and displaced persons. Informal jobs have been lost in many places, and the global food crisis has hit those who are already hungry hardest. In order to at least provide humanitarian assistance those affected by displacement, refugee agencies and relief organisations need to know and understand their needs. In view of the physical and psychological stress to which displaced people are exposed, the protection of their health is of particular importance. Studies show that refugees and displaced persons have had traumatic experiences due to war, violence, persecution and displacement, which can lead to psychological problems such as anxiety disorders, depression and post-traumatic stress disorder. Refugee women and girls are often particularly vulnerable to sexual violence as

Partnership with Swiss TPH

Since 2019, the Stanley Thomas Johnson Foundation has been conducting a funding programme for research into infectious diseases and evidence-based psychosocial assistance and rehabilitation for victims of war and conflict. As part of a strategic reorientation, the Foundation Board decided to combine resources from the two funding areas “Victims of Conflict and Violence” and “Medical Research” for this programme for the first time and to develop a joint programme. The STJS decided on an invitation-only procedure and evaluated possible Swiss partner organisations with the capacity and expertise to implement large-scale projects in the defined field. The Swiss Tropical and Public Health Institute in Basel (Swiss TPH), one of the world's leading research institutes in the field of global health, was awarded the contract. Swiss TPH presented the Foundation with two projects worth CHF 5.6 million over four years: a project for a digital system for better health management of refugees (Système Numérique pour une Meilleure Gestion de la Santé des Réfugiés – SysRef) and a project for a novel system for the diagnosis and surveillance of diseases (Novel Integrated Infectious Diseases Diagnosis and Surveillance System – NIIDS). Both projects will be completed in 2023.

The two projects complement each other ideally to make an important contribution to the overarching goal of the Foundation's funding programme. They develop and test innovative technologies for improved health care for people displaced due to armed conflict and violence.

they are often separated from their families and communities and live in unsafe and overcrowded shelters. Inadequate medical provision particularly affects refugees and displaced persons in camps or remote areas. This can lead to existing health problems going untreated or worsening. In addition, there is often the problem of malnutrition during flight, which can lead to a number of diseases such as anaemia, weakening of the immune system or growth restriction in children.

Honey instead of antibiotics

In recent years, Swiss TPH has specialised in using digital technologies to improve the quality of healthcare in refugee camps. In collaboration with Médecins Sans Frontières (MSF) and the International Committee of the Red Cross (ICRC), Swiss TPH has already successfully developed and implemented a digital system to support the clinical management of childhood diseases in Afghanistan, Nigeria, Niger and Mali. In the SysRef project, supported by the Stanley Thomas Johnson Foundation, Swiss TPH is further developing the technology for use in refugee camps and surrounding health centres in Chad. Such digital tools for clinical decision-making – known as Clinical Diagnosis Support Systems (CDSS) – contain algorithms that support health workers in their work. An app on a mobile device instructs medical staff in diagnosis and treatment according to the guidelines of the WHO and the national health authority. SysRef has developed a CDSS for Chad that for the first time includes the diagnosis and treatment of a wide range of diseases, for children and adults, including infectious diseases such as malaria, tuberculosis and HIV/AIDS, but also non-communicable diseases such as cardiovascular diseases or cancer, as well as mental illnesses. First results from the project show that thanks to the CDSS, for example, the prescription of antibiotics has been reduced. Multi-resistant germs caused by the overuse of antibiotics now cause more deaths than malaria and tuberculosis, especially in regions such as sub-Saharan Africa. The SysRef project shows that the CDSS gives health personnel confidence in the treatment of febrile illnesses. These are not bacterial in 80 percent of cases. In the course of the introduction of the CDSS, more tea with lemon and honey is therefore prescribed in the refugee camps in Chad.

An entire laboratory on a chip

While SysRef is an implementation-oriented project, the second Swiss TPH project funded by the STJS is primarily a research project in migration medicine. The vision of the NIIDS project is to establish a disease profile of refugee population groups, which will enable health authorities on refugee routes to better respond to the medical needs of migrants and also to reduce the spread of infectious diseases. To this end, the NIIDS project combines the development and validation of an innovative diagnostic platform with a comprehensive health study among Eritrean refugees in Ethiopia and Switzerland. The diagnostic platform is a database fed with information from diagnostic tests using multiplex technology. This makes it possible to diagnose several diseases simultaneously from a single blood, saliva and/or urine sample on a microchip. For this development project, the Swiss TPH has entered into partnerships with a number of industry partners with whom the Basel researchers are jointly developing and validating these diagnostic tests. In order to test the ambitious project in practice, the Swiss TPH is conducting a comprehensive health study among 1500 Eritrean refugees in an Ethiopian refugee camp and in Switzerland. By means of interviews and clinical and laboratory examinations of sick refugees, the NIIDS project is investigating not only infectious and non-communicable diseases, but also the mental health of the refugees, and in this way is creating a comprehensive epidemiological profile of the refugee group concerned.

In order to validate the new diagnostic platform, the samples taken from refugees are analysed in the local regional hospital, a central laboratory in the capital Addis Ababa as well as in the Swiss TPH laboratories in Basel and later compared with the result of the diagnostic platform. However, the civil war in Ethiopia and the Corona pandemic posed considerable problems for the NIIDS project. Thanks to Swiss TPH's long-standing partnership with the Ethiopian Ministry of Health and the experienced research staff on site, the Swiss TPH health study is nevertheless on a good trajectory.



At the Doholo health centre, the midwife Benadji Florence examines 28 year old refugee Amane Adjira who is attending the prenatal consultation because she is pregnant with her fifth child. © Djekorgee Dainyoo Salomon / Fairpicture, 2023



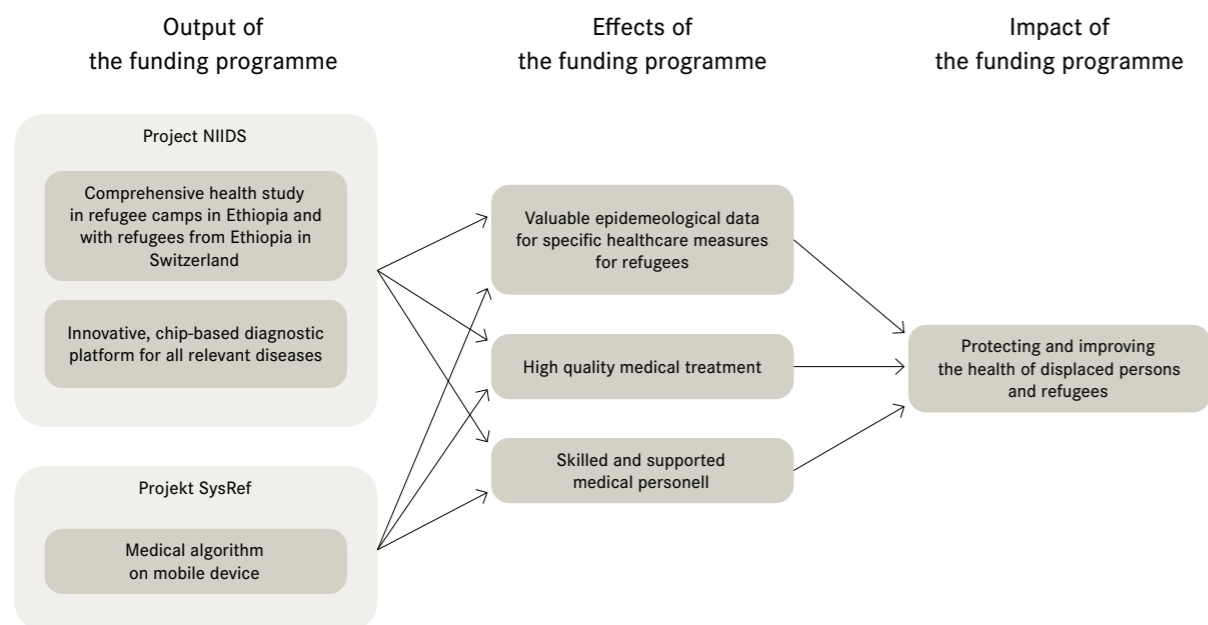
Amadou Hadjira is a 25 year old refugee with 3 children. She is bringing her youngest child, who is ill, to the hospital.
© Djekorgee Dainyoo Salomon / Fairpicture, 2023

Evaluation of the funding programme shows both risks and opportunities

Compared to previous funding in the areas of “Medical Research” and “Victims of Conflict and Violence”, the support of these two Swiss TPH projects entails both new opportunities and risks for the STJF. The large financial scale and the complexity of the two projects presented the Foundation with new challenges. For this reason, the foundation commissioned an external evaluation of the funding programme in 2022. The evaluation documented and assessed the progress of the two projects and, in discussions with those involved, explored, among other things, the question of what special demands such a funding programme places on the foundation.

With regard to the opportunities of the funding programme, the evaluation came to the conclusion that the two projects can achieve a substantial and sustainable impact in a highly relevant field. In their complementarity, SysRef and

NIIDS make an important contribution to the overall goal of the STJF’s funding programme, which is to protect and improve the health of people affected by violent conflict. The graph below shows, by means of an impact model, how the two projects contribute to improving the health of refugees in the medium and long term. Thanks to such investments in the combined use of digital tools for improved disease management and new diagnostic technologies, people in fragile contexts benefit from improved health care. The evaluation found that the STJF’s decision to combine the funding areas of “medical research” and “persons affected by conflict and violence” makes an important contribution. The foundation’s support can help to close an innovation, intervention and funding gap in the area of global migration health, which is ultimately a contribution to the global development goal of Health for All.



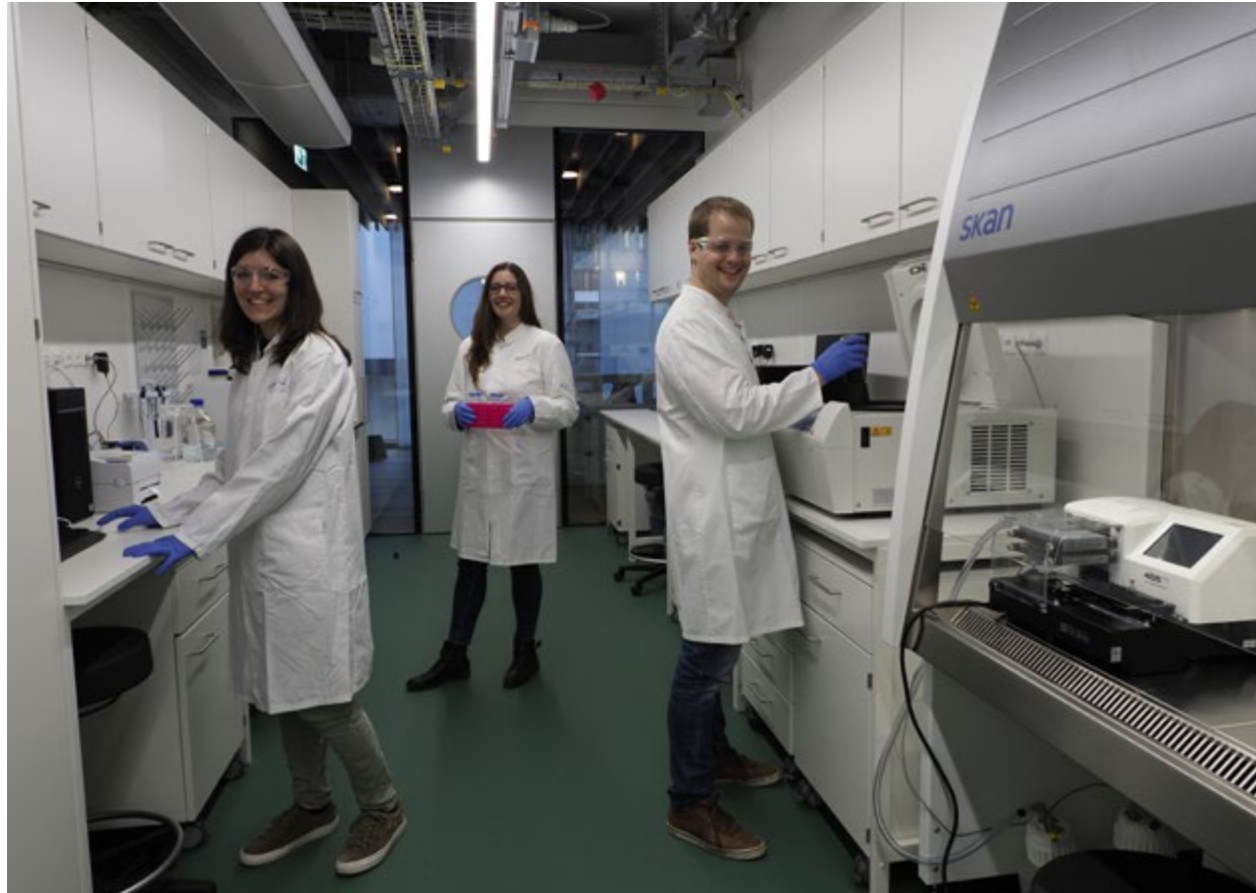
The evaluation also pointed out risks and challenges. The NIIDS project in particular suffered greatly from the consequences of the pandemic. Technological innovations such as those pursued in the NIIDS project require intensive international cooperation between the participating partners. Due to the worldwide supply bottlenecks and mobility restrictions, the development of diagnostic microchips came to a standstill. The industrial partners were also busy developing diagnostic tests for COVID-19 in the crisis mode of the pandemic. At the same time, the violent conflict in Ethiopia escalated and the NIIDS project lost access to refugees and therefore had to relocate the study site. In view of the complexity of the project and the rolling implementation planning, the foundation reached the limits of its capacity in dialogue with Swiss TPH and the project monitoring. In anticipation of a complex project monitoring process, the foundation had set up an expert Sounding Board, which met twice a year for an exchange with the Swiss TPH. The foundation will carry the positive experiences with this exchange platform into the next programme phase.

However, it is not only the monitoring of complex projects such as NIIDS and SysRef that poses a challenge. With the relatively high investment in a technological innovation, the Stanley Thomas Johnson Foundation also took an increased financial risk.

Studies show that technological innovations in the health sector only find their way into clinical practice in 14 percent of cases, and that it takes an average of 17 years for medical innovation to be applied in practice. Because innovations for the health of people in fragile countries are not commercially interesting, charitable foundations such as the Bill & Melinda Gates Foundation or the Wellcome Trust support projects for the health of vulnerable people on a large scale. Now that the number of people displaced by violence and conflict exceeds 100 million, the Stanley Thomas Johnson Foundation is also making an important contribution.

Thomas Gass

Thomas Gass (54) is an independent consultant for cooperation and development. For many years he worked for Swiss development organisations, most recently until 2019 for the Swiss Red Cross. Previously he worked on health programmes in Eastern and Central Africa. He received his PhD in 2014 at the London School of Hygiene and Tropical Medicine with a study on antiretroviral HIV therapy in Zimbabwe. Today Thomas Gass advises NGOs on the development, planning, monitoring and evaluation of programs and projects.



The NIIDS team in the new laboratory of the Swiss TPH building "Belo Horizonte", 2021.

2.4 A Revolution in Health Care?

A conversation with Dr. Daniel Paris about the research project NIIDS
Beate Engel und Guido Münzel

The STJS has entered into a project partnership with the Swiss Tropical and Public Health Institute in Basel for the period 2019 – 2022, bringing together the funding areas of "Medical Research" and "Victims of Conflict and Violence". Among other things, the project "Novel infectious diseases diagnosis and surveillance system" (NIIDS) was supported with CHF 2.8 million. It consists of a health study with migrants and the development of a new technological diagnostic tool for infectious diseases. The project leader, Dr Daniel Paris, talks about the big goals and the challenges and obstacles that have accompanied the project so far.

The medical needs of migrants are often complex and difficult to identify. The research project NIIDS supported by our foundation aims to record them systematically. What is your approach?

The aim is to identify the health needs and requirements of refugees as well as those of the health care personnel. We want to achieve improvements in health care in dialogue with policy decision-makers. As a first step, we have started a health study with digitally useable surveys in a camp with Eritrean refugees and health care providers in Ethiopia and also in Switzerland.

Due to the civil war in Ethiopia the situation remains very tense. How did this affect your project?

At first our project was delayed by the Corona pandemic. And then we had to find another camp in a less contested region in Afar because of the internal armed conflicts in Tigray. The administrative work involved was considerable. In addition to the approximately 60 000 Eritrean refugees who normally stay in Afar, there were then about 70 000 internally displaced people who settled around the camp, which led to additional supply problems. The existing economic crisis and resulting malnutrition worsened due to the armed conflicts. A peace treaty was signed only recently.

Let's imagine ourselves in the position of the people living in the refugee camp or in the Afar-Region. What are the most pressing health problems on the ground?

The results of our study will provide information on what the most common diseases are and what associated treatment/care options are required. Infectious diseases and non-communicable diseases such as hypertension and diabetes will of course be covered, but special interest will also be given to malnutrition, diarrhoeal diseases, pneumonia and mental health problems. Since many tools for diagnosing these diseases are lacking, knowledge about the most important problems and their treatment is very limited.

Mental illnesses are even more common than expected, including anxiety disorders, post-traumatic stress symptoms, depression, suicidality and drug addiction. There are also major deficiencies in sexual and reproductive medicine. Especially for the many young people in the camps, there is a lack of information on contraception, family planning and how to cope with sexual abuse. There is almost no staff to attend to the births and the pre- and postnatal care of mothers and their babies. New-borns have a very low chance of survival, which is alarming.

Raising awareness

How do you deal with psychological problems in crisis areas, where there are no therapeutic services?

So far there is no awareness of the problem and no system for the medical support of mental illness. We have initiated focus groups, where victims of sexual violence for example can exchange their experiences. The meetings function like a kind of group therapy. By discussing problems with each other, the participants open up, which helps them to improve their resilience and support each other. This also applies for the care personnel.

Have you been able to build relationships with regional and national policy decision-makers in the Ethiopian health system?

We have established a good connection with the national Ministry of Health. This was mainly through our partners on the ground, who can operate within the Ministry. The acute crisis has also strengthened this relationship and we have

been able to initiate a cooperation between the Ministry and the internal health service responsible for the refugee camps. This is an important success, and the presence of our teams was crucial. The fact that we also included internally displaced Ethiopian people in our study during the course of the project has greatly increased the general acceptance of the project. The sick participants now get better access to the regional hospital through the study and are more entitled to treatment due to the increasing competence in diagnostics, which is very much appreciated.

Often in developing countries the focus is on concrete (emergency) aid. What is the significance of research projects in this context?

We do not have a humanitarian mandate. But the robust and systematic data we generate is an important basis for negotiations with those responsible in the refugee camps and at national level. Our figures cannot be explained away. They clearly demonstrate, for example, that more prenatal screenings should be done in primary care and that more staff must be available for obstetrics. We have also noticed that the turnover of nursing staff in the camps is very high. The teams stay for 2 – 3 months at most as the salaries, working conditions and infrastructure are much worse compared to the hospitals. Such evidence-based information raises awareness of problems, which can be the basis for sustainable improvements. Our data collection is not only important for government agencies, but also for aid organisations such as the World Health Organisation, the UN Refugee Agency HCR or Médecins Sans Frontières.

Patients with Malaria can now be treated quickly

The health data of the refugee population we have studied in Ethiopia is digitalized anonymously. How are the technological diagnostic tools used and what purpose do they serve?

Patients with febrile illnesses are interviewed at the local health centres with the help of computerised questionnaires, clinically examined and simultaneously administered 15 rapid diagnostic tests (mostly antigen and antibody tests) for diseases such as syphilis, HIV, malaria, dengue, influenza, COVID-19 etc. In addition, blood is taken

for supplementary tests. But in the camp, the diagnosed diseases cannot be treated and the patients are therefore taken to the hospital. In the hospital, there are limited therapies and medicines, but there is often a lack of precise diagnostics for fever patients. With our study, we have made this possible and, for example, a patient with malaria can now be treated quickly. The interviews have also been conducted with migrants from the same region in Switzerland in order to be able to draw comparisons. The plan is to interview a total of approximately 1800 subjects by the end of the study, including members of the Ethiopian host community and internally displaced persons. Due to the recent conflict, only about 10 – 15% of the planned subjects have been recruited into the study. The comparative studies in Switzerland, on the other hand, have already been completed, and on the ground in Ethiopia about 3 – 4 subjects are seen per day for examinations and interviews.

How were you able to establish contact with your target groups?

In Switzerland, it was extremely difficult to reach the refugee groups because the communities are quite closed-off and it is much easier to access health services in Switzerland than in their countries of origin. After months, we were able to find access through personal contacts with important liaison figures and recruit about 100 participants in Basel and Zurich. Another important factor was to overcome the language barriers. By now, we have built up a well-functioning network of qualified Eritrean and Sudanese translators who are familiar with our questionnaires and can contribute to the collection of medical and migration histories. This is a great help for Swiss GPs and an important result of the project. So far, we have also conducted several training sessions for GPs here at the Swiss Tropical Institute.

Can you say anything about the situation of migrants in the destination country compared to the people in the countries of origin?

In Switzerland, we focused on “non-febrile” people, i.e. people not afflicted with fever illnesses. Health care in Switzerland is much better than in the country of origin. Most migrants who arrive here are initially overwhelmed by the “health care services” and are confronted with a

number of obstacles in terms of language, culture and integration. The psychological problems are very often at the forefront and are mostly related to isolation and uprooting, the loss of family members and other traumas during the migration journey, as well as coping with difficult practical circumstances. Many asylum seekers also tend to have chronic, insidious diseases with few acute symptoms, such as tuberculosis or brucellosis, worm diseases or hepatitis B and its consequences, such as liver fibrosis, or special forms of malaria, which remain undetected at first and may only break out at a late stage.

Results and Visions

You are developing a diagnostic tool that can reliably identify several diseases from just a drop of blood, urine or saliva with the help of a microchip. What are the benefits compared to existing rapid tests that are already in use for example for Malaria, HIV or COVID-19?

The aim is to develop a simple test on a single small glass plate, which is sprinkled with serum and with the help of which the antibodies of about 30 febrile diseases can be detected in the blood. This first phase of the study can be viewed as a “screening process” where the 10 – 12 most common diseases are filtered out. Once the most common diseases and the best test reagents have been identified, simple rapid tests can then be developed in a further step. For example, a saliva test would be ideal for some diseases because it does not require invasive samples. The staff should be able to learn how to use the rapid tests within 30 minutes and the application should be simple; e.g. scanning a QR code with a mobile phone that is connected to the internet.

The results of the new microchips will support a variety of further developments that can be targeted for better and easier diagnostics in poorer countries or for poverty-related diseases. The diagnosis should take a maximum of 2 hours and can also be carried out outside hospitals. Our vision is to develop such tests for the global market.

This could mean a revolution in health care!

That’s the great hope. It is really very unfortunate that a pandemic and a war intervened. But you can’t just give up on such an important undertaking – in the meantime we

have been able to undertake further developments in the laboratory, which will hopefully soon be implemented in the field. With the start of the study last month, a time horizon has also now come into focus. But unfortunately, when working in crisis areas, setbacks and unexpected difficulties are always to be expected – it really does take a lot of patience ...! The greatest art is to produce an easy-to-use end product that works in a refugee camp or in other most basic conditions. It must be cheap at the point of use and accurate, but also cost-efficient to produce. This requires consortia where both academic and industry partners work together. The Tropical Institute is ideally equipped to coordinate this.

What concrete initial results have emerged so far from your pioneering project?

The funding has helped us a lot so far, despite the delays. We were able to establish a new research group at the Tropical Institute and build up a biobank with biological material and analysis data. In addition, we have found good partners with whom we are continuing to develop diagnostics (e.g. the CSEM, FHNW, ETHZ, the University of Irvine in the USA and new industry partners). The project was also the initial spark for a course in migration medicine at the Swiss TPH. It has strongly supported and stimulated closer relations and exchange with medical colleagues in Switzerland on migration issues and triggered two related large studies. We have also been able to publish a new medical book in the form of a practical guide for doctors in Europe on migration medicine. It contains, for example, advice on common diseases depending on the country of origin and information on the diagnosis and treatment of nutritional disorders or trauma experiences. The guide is also intended to help doctors assess the risks of various infectious diseases in the countries of origin and transit. (1)

The Tropical Institute is a large institution and our foundation’s contribution of 2.8 million is comparatively small in the context of international research. What is the benefit to you of a foundation funding such a project on a one-off basis?

In the countries where we work, the costs incurred are usually very low due to the poverty situation, which means that we can achieve a lot even with limited funds. In contrast

to state funding, private foundations can take more risks, allow a high degree of flexibility and build up relevant innovation capital. This was very important for us in this project and I am very grateful to the Stanley Thomas Johnson Foundation for the trust they have placed in us.

The foundation made it possible for us to learn a lot together with our partners in Ethiopia and to generate high-quality data and evidence in dialogue with key decision-makers. This process is lengthy due to the fluctuating problems on the ground, but it is already making a difference. The local population as well as marginalised people are given a voice to bring about improvements in medical care. In doing so, we follow the principles of personal responsibility, analogous to the saying “We don't want to give people a fish, but provide them with a fishing rod”.



Prof. Dr. med. Daniel H. Paris (MD, PhD, DTM&H) directs the Department of Medicine at the Swiss Tropical and Public Health Institute. As a Swiss doctor and clinical researcher he has many years of experience in the coordination of multidisciplinary research projects in countries with low to medium incomes. His particular interest lies in the development, establishment and validation of diagnostic tools in clinical contexts.

¹ Publication:
Migrations- und Flüchtlingsmedizin – ein Praxisleitfaden für Notfallzentren und bei hausärztlicher Primärversorgung. Exadaktylos A, Keidar O, Srivastava D and Paris DH. 1st edition 2023. Hogrefe Verlag.
ISBN: 9783456859866
<https://www.hogrefe.com/de/shop/migrations-und-fluechtlingsmedizin-95887.html>



An interview with a tablet in the refugee camp in Asaita, Ethiopia © Daniel Paris, 2022



Huts to house families in the refugee camp Doholo in Chad © Djekorgee Dainyoo Salomon / Fairpicture, 2023

2.5 “Before, I had to queue all day for treatment”

A Reportage on the SysRef Project

The SysRef project of the Swiss Tropical Health Institute, supported by the Stanley Thomas Johnson Foundation with CHF 2 800 000, aims to improve health management for refugees. Several refugee health centres in Logone Oriental Province in Chad can now use digital tools for clinical decision-making. Kemeba Pamgue Bienvenue visited a refugee camp in Doholo and interviewed staff and patients about the impact of the new tools.

Increasing violence between rebel groups and government forces in the Central African Republic has forced tens of thousands of Central Africans to seek refuge in neighbouring Chad. The refugees have settled in more than 40 villages and four camps near the city of Goré. According to the United Nations High Commissioner for Refugees, there are about 43 000 Central African refugees and 45 000 returnees from Chad living in the pressured region. To improve the conditions of medical care for the refugees, three health centres have been equipped with a digital system for clinical diagnosis.

The practical application of the digital tool

It is 9 o'clock in the morning in Doholo refugee camp, and the sun is shining brightly on this cold winter day. In the wide courtyard of the health centre, women and children are waiting to be called. A few metres away, Ousmane Hissen is sitting with a tablet in his hand, entering the basic information about the patients: Age, weight, height, temperature. Then they receive a number for the consultation room. The digital system for better health management of refugees has been in use since 2019. The system works very precisely by providing updated information and clinical know-how to the care staff in the form of an app on tablets. It supports clinical and treatment decision-making and also improves epidemiological control in refugee camps. The digitally collected information, together with a physical examination, is used to make a final diagnosis.

The tool is being used in the three refugee camps Doholo, Beureuh and Dosseye. This new process has literally revolutionised the way health care is delivered. “The clinical decision support tools enable better care for refugees. All we

have to do is record the patient’s complaints, perform the physical examination, enter the information into the tablet and we have an efficient diagnosis with prescriptions and an appropriate dosage, which allows for correct treatment”, explains Moussa Daouda, head of the health centre in Doholo.

The advantages of the digital system for refugees

The new tool contains digitised national flow charts adapted to the epidemiological profile of the province and the humanitarian context. From the point of entering the information, the tablet guides doctors to an accurate diagnosis, which helps, for example, to distinguish between malaria and respiratory infections. Tourou Kidi, head of Dosseye’s health centre, explains: “Since the introduction of these tools, we can treat very precisely. If we detect malaria, we use combination therapies based on artemisinin. If, on the other hand, we diagnose a bacterial infection, we treat it with antibiotics. In the case of a viral infection, the tablet recommends natural remedies such as honey, lemon and the like.” Thanks to the digital tool, nurses can avoid over-prescribing medicines such as antibiotics. The system also helps to reduce the number of follow-up consultations.

Prenatal examinations as well as the registration of mental illnesses and vaccinations are carried out electronically. The tool becomes a reference, containing all information about a patient’s dossier. Another important factor brought about by the implementation of the programme is the time saved.

Salamatou Goni, a 24-year-old refugee woman who has been living in Doholo since 2014, confirms this: “Before, I had to queue all day for treatment because of the many people waiting. But since the introduction of this tool, the counselling is very fast, everything is done in less than an hour.” In contrast to the traditional process, where all data is organised and filed on paper, the tool allows one-click re-access to a patient’s information, which is stored directly on the software’s server, making the practitioners’ work easier. “With the tablet, we save an enormous amount of time. Before, we had to calculate the dosages for a long time. Today, only the patient’s complaints have to be examined, and there is no more stress afterwards. The tablet



Hissene Ousmane, who is responsible for triage, welcomes Salamatou Goni and her sick son.
© Djekorgee Dainyoo Salomon / Fairpicture, 2023

makes the diagnosis, we simply prescribe the medication,” adds Tourou Kidi.

Health workers were trained in the use of this clinical decision-making tool before it was used with the refugees. There was also a broad campaign to convince refugees to use it for their health care.

The tablet works for up to three days without power and can be recharged on site using solar panels. The data is transferred weekly to the main server via the internet. “Technically, there are no problems with these tools,” emphasises the head of the Dosseye health centre, “the SysRef project team has provided us with solar power, which we can use to constantly charge the tablets. This tablet is a blessing,” he says with a smile.

Portrait: In conversation with Bénadji Florence, midwife at the Doholo health centre

“Saving lives is something that is really close to my heart,” begins a long conversation with Bénadji Florence, a midwife at the health centre in Doholo, a refugee camp 9 km from Goré in southern Chad.

Born in Cameroon, 42-year-old Bénadji Florence completed her training in Chad. In 2010, she received her diploma as a midwife at the Centre de formation des agents de santé communautaire (CFDM) in Moundou. In a pink gown, with a tablet in her arms and a beaming face, Bénadji Florence welcomes us into the consultation room of the maternity ward, a job she has been doing for nine years in this town and its surroundings. In 2019, the midwife began to provide medical care for refugee women, from the beginning of pregnancy to birth, with digital care tools that she received from the SysRef project. The nursing staff and multipliers in the community were trained to use these tools. Bénadji Florence is very satisfied: “The training was a success. We are happy to start a new arc towards working with digital tools. It was difficult at the beginning, but once you get the hang of it, everything seems to go easily, which is exciting”.

At the health centre for refugees, Bénadji has made it her mission to help refugee women. “When I treat a pregnant

woman and she comes back months later with a smile, that feeling of having helped her makes me happy". Florence's work has become much easier with the training and introduction of the system: "In the maternity ward, we need the tool for prenatal and postnatal counselling. The device stores the possible risk factors from previous examinations as well. So we can proceed with the right treatment." The first task is to convince pregnant women to get treatment with the support of the digital tool. "Before we start recording data, we ask the patient for her opinion and explain the benefits of the system, to which she usually agrees."

In the opinion of the midwife, the tool should be made better known and used in all health centres in Chad to facilitate care; she can no longer imagine working without the tool if it is moved elsewhere. Hence her clear opinion of the SysRef project: "Whoever comes to give you knowledge and then improves your work system and that of refugee care deserves thanks. We very much wish that the authorities see this valuable initiative and make it work in all health centres in Chad. If I change my place of work, I would like to continue working with this tool."

Kemeba Pamgue Bienvenu

Kemeba Pamgue Bienvenu is a journalist and web editor. He can look back on an eight-year career in radio and television and has worked for online media outlets such as Tchadinfos, Centrale Magazine and Le N'Djam Post.



Hissene Ousmane has recorded Salamatou Goni's son's data and leads them to the consultation.
© Djekorgee Dainyoo Salomon / Fairpicture, 2023



Benadji Florence, a midwife at the Doholo Health Centre, interviews Amane Adjara, a 28 year old refugee who is pregnant with her fifth child. The midwife enter the pregnant woman's personal data on the tablet. © Djekorgee Dainyoo Salomon / Fairpicture, 2023

3 Photo Series from the Doholo Health Centre in Chad

The Stanley Thomas Johnson Foundation decided to employ a local photographer to accompany the reportage on the SysRef Project in Chad, in collaboration with the Swiss Tropical and Public Health Institute and Fairpicture. Djekorgee Dainyoo Salomon lives in the region. In 2021 he joined Fairpicture and undertook photography and video commissions for Swissaid in the regions Mandoul and Guèra. Dainyoo Salomon reports on ceremonies of all kinds and provides training courses in the basics of photography.



Solkem Germaine is a 29 year old refugee with two children. Her daughter Ahoni Sandrine is very ill, she brought her in for examination.
© Djekorgee Dainyoo Salomon / Fairpicture, 2023



Entrance to the Health Centre in Beureuh. It is supported by UNHCR as well as SysRef.
© Djekorgee Dainyoo Salomon / Fairpicture, 2023



Nurse Moussa Danouda has just completed the treatment of a three year old boy, Salamatou Goti's son. After the diagnosis is made and the prescription given, they go to pick up the medicine. © Djekorgee Dainyoo Salomon / Fairpicture, 2023



Amadou Hadjara is a 25 year old refugee and mother of 3 children. Her sick baby was examined and medicines prescribed. Hachim Bouba is a nurse at the health centre and is standing in for the pharmacist. © Djekorgee Dainyoo Salomon / Fairpicture, 2023



Zenaba Oumar leaves the treatment room together with her children and goes to the pharmacy to pick up a prescription.
© Djekorgee Dainyoo Salomon / Fairpicture, 2023

4 News from the Support Sectors

4.1 Culture

June Johnson Newcomer Prize

Since 2013, the Stanley Thomas Johnson Foundation has awarded the June Johnson Dance Prize every 2 years in partnership with the Federal Office of Culture. The prize is dedicated to the memory of June Johnson, the wife of Stanley Thomas Johnson. Since 2021, the prize of CHF 25 000 has been awarded annually and is now no longer restricted to dance but open to all performing arts. The aim of the June Johnson Newcomer Prize is to promote outstanding achievements by dance and theatre professionals at the beginning of their careers. The financial support contributes to the realisation of planned projects. In addition, public recognition contributes to raising the profile of the prize-winners and facilitates their professional networking. The laureates benefit from the fact that the Newcomer Prize is awarded in the context of the Swiss Performing Arts Awards.

Laureates 2022

In October 2022 the June Johnson Newcomer Prize was awarded to the collective InQdrt from the Canton of Aargau, who combine contemporary dance with the athletic discipline of parkour.

Aus der Laudatio:

Running, jumping, climbing over rough ground and smooth, leaping over walls or balancing on railings: that is the discipline of parkour. As choreographer of the Aargau collective InQdrt Isabelle Spescha combines this art of movement with contemporary dance. Together with her team of five male dancers she has created a dynamic language of movement which offers a direct and playful approach to dance, be it in public space or on stage with their current piece "Wannanders". Accompanied by the hypnotic sounds of a live DJ, the performance created exciting imaginary spaces of activity and silence. With power and technical skill, but also with a sense of humour and sensitivity, obstacles are overcome – alone, in pairs or as a group. Its captivating.

Beate Engel



Award ceremony for the group InQdrt at Théâtre Carouge in Geneva. © Adrian Moser



Spontaneous performance of the group InQdrt with Federal Councillor Berset after the award ceremony at the Théâtre Carouge in Geneva. © Adrian Moser

4.1 Culture – Partner Projects: Theatre and Dance

Partner projects are selected among institutions and groups with high potential from across all cultural sectors, and contribute to the artistic and/or operational development of the beneficiaries in areas such as production, booking, management, accounting, public relations or infrastructure.

“Heitere Fahne” 2021 – 2023

The operation of the inclusive cultural venue Heitere Fahne in Wabern is to be secured and developed in the long term through professionally monitored organisational development.

The 2022 general meeting of SwissFoundations took place in collaboration with the Stanley Thomas Johnson Foundation on 2 June 2022 at the Heitere Fahne. The enterprise introduced itself to the representatives of Swiss foundations and a panel discussion moderated by Beate Engel explored the topic of cultural participation. Taking inspiration from the inclusive approach of the Heitere Fahne, the panel showed what activities are currently being developed by both public and private organisations to promote cultural participation.



Representatives of various Swiss foundations visiting the Heitere Fahne. © SwissFoundations, Juni 2022



Panel discussion with, from left to right, Ursula Streit (Rudolf und Ursula Streit Stiftung), Beate Engel (Moderator, Programme Manager Culture for the Stanley Thomas Johnson Foundation), Rahel Bucher (Management team Heitere Fahne), Ursula Frauchiger (Trustee of the Stanley Thomas Johnson Foundation). © SwissFoundations, Juni 2022

4.1 Culture – Partner Projects: Music

Association guerillaclassics 2019–2022

The association guerillaclassics combines classical music with other genres and seeks unusual contexts and performance venues for its concerts. The three-year partnership with the Stanley Thomas Johnson Foundation has helped to professionalise the organisation in the long term and strengthen it in the areas of dramaturgy and production. The support of the STJF has enabled the association to successfully implement numerous projects, to expand the national and international network and to publicise the work of guerillaclassics more widely. The focus on the topic of cultural participation will become even more relevant in the future. The annual event of the Stanley Thomas Johnson Foundation on 2 June 2022 in the courtyard of the Bernese cultural centre PROGR was accompanied by guerillaclassics with the musical performance “Sky Piece of Jesus Christ” in collaboration with the Ensemble Bayona.



Performance by the ensemble Bayona in collaboration with guerillaclassics at the annual event of the Stanley Thomas Johnson Foundation in the courtyard of the PROGR cultural centre in Bern.



Performance by the ensemble Bayona in collaboration with guerillaclassics at the annual event of the Stanley Thomas Johnson Foundation in the courtyard of the PROGR cultural centre in Bern.

4.1 Culture – Partner Projects: Visual Arts

“The Other Kabul” 2019–2022

Following a three-year development phase with the support of STJF, the international group exhibition The Other Kabul. Remains of the Garden was shown at the Kunstmuseum Thun from 3 September – 4 December 2022. The exhibition brought together works by around 20 Afghan and non-Afghan artists. Their works, some of which were created especially for the exhibition, revolved around the garden as a microcosm and presented visions of a different Kabul. The garden is usually perceived as a place of harmony between people, animals and plants. But the famous Bagh-e Babur garden in Kabul is today once again marked by political power struggles and drastic social repressions in the country. In addition to the beauty and power of art and culture, the exhibition also made visible the prevailing social crises and wounds. For curator Susann Wintsch, The Other Kabul is a place of the future that could be anywhere in the world. The response to the exhibition was very positive. See the interview on the following pages 42 – 46.



Iftikhar Dadi & Elizabeth Dadi, Tulip (Afghanistan), Lotus (India), Jasmin (Pakistan), from the series Efflorescence, 2019. Neon, light bulbs, aluminium, various materials, 122 × 122 × 15.8 cm, courtesy of the artists and Jhaveri Contemporary. © Jhaveri Contemporary



Almagul Menlibayeva, The Bus Stop in Konehchnava, 2015, from the series Nomadized Suprematism. Photograph, size variable. © Almagul Menlibayeva

4.1 Culture – Partner Projects:

Hope for a Different Future.

A conversation on the exhibition *The Other Kabul*

Beate Engel in conversation with curator Susann Wintsch and the artists Baqer Ahmadi and Shahida Shaygan about the exhibition *The Other Kabul*. Remains of the Garden, which was developed over several years as a partnership project of the Stanley Thomas Johnson Foundation and shown at the Kunstmuseum Thun between September and December 2022.

Susann, you showed the first art exhibition in Switzerland that engages with Afghan contemporary art. How did this extraordinary project come to be?

SW: The idea for the exhibition emerged in June 2019 in Berlin in a conversation with the artist Jeanno Gaussi, who is from Afghanistan and showed a key work in our exhibition. Thanks to the multi-year partnership with the Johnson Foundation, we were able to first produce a feasibility study and gradually develop the project on a considerable scale. At first we wanted to show the exhibition at the 2021 Venice Biennale as a Collateral Event. Then the space we had reserved suddenly became unavailable and shortly afterwards the entire Biennale was postponed due to the pandemic. With hindsight I'm glad that failed – even with more time, we would never have been able to realise an exhibition in Venice with so many artists and newly created works, both for logistical and financial reasons.

How did the fall of Kabul to the Taliban in August 2021 influence the project?

The influence was large. Many of the artists left Afghanistan in the first few days of the violent Taliban offensive and fled to Switzerland or other countries. I had been establishing close contacts via video call for over a year at this point. The participants were already developing their artwork for the show. Suddenly it became possible to meet many of the artists in person. In the beginning, getting funding for the project was difficult, but after the Taliban conquered the country the exhibition received a lot of attention and the funding was secured. The putsch brought the country back into public view.

The Difference between Life and Art

Why did you bring together artists from Afghanistan and other countries in the exhibition?

That already crystallized in the very earliest conversations with Jeanno Gaussi. We didn't want to present a territorial exhibition or an overview of art from Afghanistan. That would have entailed an ethnographic approach, explicitly seeking out non-western art. I am not an expert in Afghan art. But I can bring artists from Afghanistan into dialogue with the international scene.

Your specific starting point for the exhibition was the famous historic garden Bagh-e Babur in the centre of Kabul. The buildings, the grounds and plants in the garden were destroyed by the war in Afghanistan after 1992. From the year 2000 onwards the garden was rebuilt by the Aga Khan Foundation as well as the German and US-American diplomatic missions. These days, however, not much remains there of the harmony and relatively open and carefree community of the past two decades. At the moment, Bagh-e Babur can only be visited by men and loud laughter is prohibited. And yet you stuck to your theme.

Yes, because there is a difference between lived reality and art. The symbolic idea of the garden is based on a continuous renewal of the cohabitation of human beings, animals and plants. I talked a lot with the participating artists and we think that the idea of the garden, its beauty, the peaceful atmosphere and the hope for the future are even more important now than before the Taliban conquest.

Baqer and Shahida, how did you react to the idea of the garden?

BA: The Bagh-e Babur garden has a rich history, it is named after a ruler who loved Kabul. In this garden I participated in my first group show! That was in the Queen Palace, where many cultural events such as concerts and exhibitions took place. So there was an immediately a personal connection for me.

SS: For me, too, this garden was like another world, with other people and another culture that I was able to experience there.



Baqer Ahmadi, *Appearance and disappearance*, 2021
2-channel video installation, exhibition view at Kunstmuseum Thun 2022. © David Aebi

Memories between Kabul und Zurich

Baqer, when you first heard the exhibition title “The Other Kabul”, what did you make of it?

BA: The title *The Other Kabul* was a new, interesting approach to me. At first I thought it was about the difference between the old and the new Kabul after the year 2002, with contemporary culture and the influences from Europe. Before then, there was a stricter separation between the various ethnic groups, the Pashtun – to which the Taliban belong – the Tajik and the Hazara, to whom Shahida and I belong. The Hazara community was repressed for a long time. But then there was suddenly more openness and more mixing, many people came from the countryside to Kabul due to education and job opportunities.

Shahida, your installation “The Doll Project”, which was included in the show at Kunstmuseum Thun, consists of waste materials and left-over fabric that you started gathering in the streets of your neighbourhood in the West of Kabul. What was everyday life like there?

SS: Our neighbourhood is a poor neighbourhood. But I felt quite free there, there were not many prohibitions. Women walked on the streets wearing the Hijab or with their heads uncovered, they were able to get an education and take various jobs. And I could make art.

How did the project change when you completed it in Switzerland?

During the flight from Kabul I packed all my 25 dolls and material to make more of them into a rucksack. Here it was difficult for me – it took a few months until I had my bearings and knew where I could get materials for my work. In Zurich of course there is very little rubbish on the street in contrast to Kabul. I couldn't keep my working materials in the refugee shelter, needles for example were forbidden. When I found a studio, the situation improved.

What inspired the appearance of your figures?

Some of them represent my siblings or friends from Kabul. Others popped into my head while I was working, when I remembered people I had seen here in Zurich in the bus or on the street. Whether the dolls turned out ugly or beautiful was decided only when I gave them their final shape.



Shahida Shaygan, "The Doll Project", 2021–22, 100 parts, mixed media, embroidery, exhibition view Kunstmuseum Thun 2022
© David Aebi

Fear of Death: An everyday experience

You were forced to leave Afghanistan under dramatic circumstances, after the Taliban took power. Due to your planned participation in the exhibition at Kunstmuseum Thun you were able to enter Switzerland. Your life changed completely. How are you coping with that? What are your plans?
 BA: I am wondering how I can keep working on my artistic themes here. It would be much easier to do that where I come from, because I'm familiar with the social context. The video installation that I presented at Kunstmuseum Thun is about fear, punishment and reward. Here in Switzerland these questions are perceived very differently. The fear of death, of an explosion, of violence, of theft was an everyday experience for me in Kabul. At home it was dangerous to leave the house after 6 pm, here I feel safe when I'm out at night.

SS: It's still unclear whether I will continue my doll project, I feel like I'm in a transitional space. We are learning German intensively and then the focus will be on education and training to earn our own money.

BA: I now have lots of opportunities for personal development for which I am very grateful and which I would never had access to in my home country. Now it's about reorganising my life, step by step. It isn't easy to find time for art now. But I will keep working independently in my studio. There, my feeling always leads me back to my cultural roots.

Beate Engel

Susann Wintsch studied art history and comparative literature and works as a curator and writer with a special interest in contemporary art from the Islamic world.

Baqer Ahmadi was born in 1995 in Ghazni in Afghanistan. He completed his BA in Fine Arts at the Beaconhouse National University in Lahore, Pakistan.

Shahida Shavgan was born in 1997 in Ghazni in Afghanistan. She completed a two-year Bachelor degree at the Beaconhouse National University in Lahore, Pakistan.

4.2 Education and School Projects

2nd Chance for a 1st Education

The participants of "2nd Chance for a 1st Education" confirm that undertaking vocational training has had a positive impact on their lives. But what results has the adult education project achieved beyond that, and is it economically worthwhile? The Bureau for Labour and Social Policy Studies (BASS) has evaluated its impact in a final report.

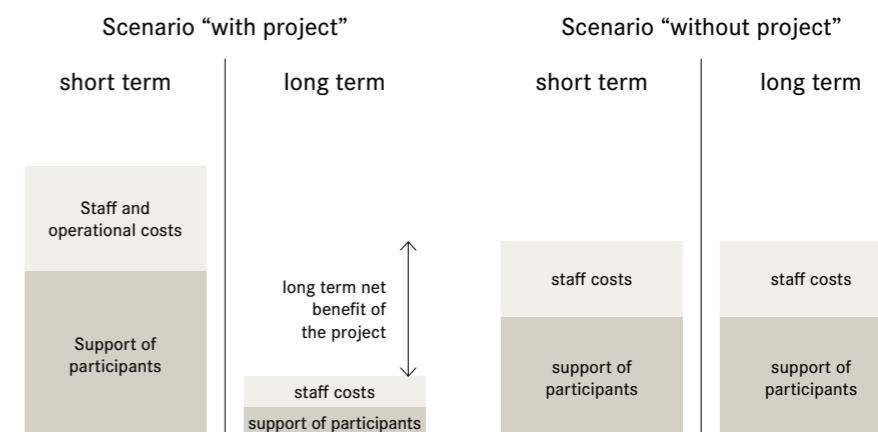
The project "2nd Chance for a 1st Education" reaches people for whom it would likely be impossible to catch up on their qualifications without this mentoring and financial support. The Stanley Thomas Johnson Foundation is thus doing pioneering work and, in collaboration with the public sector, is filling a gap in the system of financing options for adults in training. But can the project save the public sector money in the long term, if the participants are sustainably integrated into the labour market after graduation? The cost-benefit analysis carried out in the final report shows that the longer-term net benefit of the project is clearly positive. In the most likely baseline scenario, it amounts to around 203 000 Swiss francs by 2040. Even in the pessimistically calculated scenario, the net benefit is

still 16 000 Swiss francs, and in the optimistic scenario even around 573 000 Swiss francs. In any case, the project is a worthwhile investment in the future.

Businesses value older trainees

Beyond the financial benefit the final report also provides insights into the wider impact of the project. For example, Büro BASS interviewed businesses that trained project participants. Most of them reported that they find specific advantages in employing older training candidates. In particular, they considered their life- and work experience as beneficial to the business.

Read the full final report on our website:
<https://www.2chance1ausbildung.ch/journal/schlussbericht-zeigt-das-projekt-2-chance-auf-eine-1-ausbildung-lohnt-sich/>



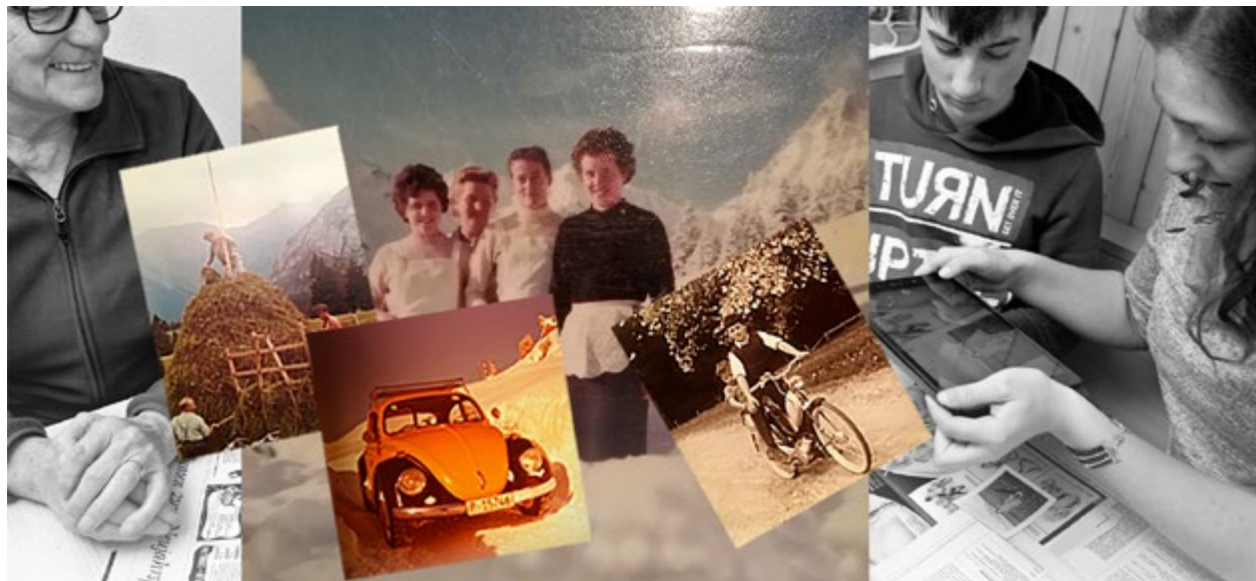
Schematic overview of the short- and long term spending and expected savings

Generational Game “Build a Time Machine!”

Secondary school pupils interview witnesses to the past from an older generation. They create short films based on their stories and photos, and publish them online. The project “Build a Time Machine!” has been implemented throughout German-speaking Switzerland since 2008, in part with retirement homes and other institutions as additional partners. The Stanley Thomas Johnson Foundation regularly supports these projects in Bern.

The short films inspired by the stories and private photos of contemporary witnesses have been published on www.zeitmaschine.tv and on regional project websites. The school project is implemented under the direction of historian Christian Lüthi.

Since 2013, the pupils have been working with their smartphones or school tablets and the project’s own app “Z-movie-maker”. They receive a wide range of support in line with Curriculum 21. “Building a Time Machine!” works as a quarterly project within the regular school timetable or as a project week. Cooperations with institutions for the elderly, archives and museums as additional partners have also been successfully tried and tested.



Pictures of historical witnesses from different projects, courtesy of “Building a Time Machine!”

Competition tête-à-tête – Cultural Project for Schools

Since 2015 the Stanley Thomas Johnson Foundation has been a funding partner of the competition tête-à-tête, which promotes innovative cultural education projects, in co-operation with the Cultural Department of the Canton of Bern. The participation projects run for several months and enable school classes from Bern to engage in intensive encounters with artistic creation and cultural history.

The competition is tendered every two years. In autumn 2022 artists were called to submit their new project ideas. The projects selected by the expert jury in this 7th round of the competition will be published in early summer 2023.

Successful projects are implemented repeatedly. Therefore the following cultural education projects were launched in schools in Bern in 2022:

#MODULOR

Art animates the school building! Anna Katharina Scheidegger sharpens pupils’ sense of space and involves them in the design and remodel of their environment / their school building. The entire school house Stämpach in Boll immerses itself in the project and is inspired by numerous workshops such as “Camera Obscura” and “Art! Why and how?”.

urbangardeningsounds

What and how do we eat? Where does our food come from and where does it go? Together with school pupils, Kathrin Yvonne Bigler, Christine Hasler and Myriam Casanova devise and build vegetable garden audio-stations in the neighbourhood. They explore the central questions above with two classes from the school Spitalacker in Bern and transform their insights into creative ideas.

We make our own movie

Making a film in Kindergarten? The children experiment with Jasmin Wiesli, Sarah Hugentober and their mascot, exploring techniques such as stop motion, green screen, props or photo studio. Films are created based on the ideas of the kids at Kindergarten Statthalter in Bümpliz. The project culminates in a large cinema experience for partner classes and families, co-organised by the kids with posters, a ticket booth etc.



More information about cultural education in schools by the Canton of Bern:
be.ch/kulturvermittlung → Kultur und Schule

4.3 Medical Research

In the years 2019 – 2022 the Stanley Thomas Jonson Foundation supported two projects (SysRef and NIIDS) by the Swiss Tropical and Public Health Institute (STPH) with CHF 2.8 million each. These two projects are the focus of this year’s annual report.

For the years 2023 – 2025 the Foundation has launched a call with the title “Improving the health of vulnerable people in and from fragile settings”. Over 100 million people worldwide are displaced, half of them within in their own countries. They come from so called “fragile contexts”, which means that their home is affected by conflict, violence or natural disasters. The funding programme wishes to make a contribution to improving the health of vulnerable people in fragile contexts, especially refugees and displaced persons.

It is intended to support projects that innovatively combine approaches from research and practical application. The projects should be effectively embedded in the social structures and networks of the people afflicted. The idea of the funding programme is to consider unconventional respectively interdisciplinary projects that don’t benefit from the usual instruments for research funding.

Alongside refugees and displaced persons the programme’s target group includes vulnerable population groups who remained in or returned to their home affected by violence, conflict or natural disaster. The programme is also targeted towards refugees in Switzerland.

In late 2022 the Stanley Thomas Johnson Foundation invited interested research institutions and organisations for international cooperation based in Switzerland to submit a relevant concept note by early 2023. In the first quarter of 2023 an interdisciplinary expert review panel deliberated which institutions will be invited to submit a detailed project proposal.



Solkem Germaine is a 29 year old refugee with two children. Her daughter is very ill, she brought her in for examination and is now getting medicine from the pharmacy. © Djekorgee Dainyoo Salomon / Fairpicture, 2023

4.4 Victims of Conflict and Violence

In the area “Victims of Conflict and Violence” the Foundation itself approaches organisations based in Switzerland or Britain whom it considers best fulfil the funding strategy and criteria defined by the Board of Trustees and are capable of planning and implementing such projects.

For the year 2022 organisations based in Switzerland who execute projects internationally and organisations in Britain who execute projects nationally were invited to apply. The following were accepted:

Organisations from Switzerland:

Medair, Lausanne

Project Title:

Lifesaving health and nutrition assistance to vulnerable and conflict-affected families in Yemen

To fill the immense gaps in the national health care system in the South of Yemen, Medair provides a comprehensive minimum care package. A total of five health care centres are supplied with basic health- and nutritional services.

Project duration: 01.03.2022 – 28.02.2025

Project contribution: CHF 300 000.–

www.medair.org

Médecins du Monde Suisse, Neuchâtel

Project Title: Nutritional aid for people affected by the conflict in the Nyemba health zone

The aim of this project is to strengthen the screening, treatment and prevention of malnutrition in children in the health zone of Nyemba (Democratic Republic of Congo) and to address the needs of displaced people affected by armed conflict. The activities include medical care for patients in supported health centres as well as participatory prevention activities.

Project duration: 01.05.2022 – 30.04.2023

Project contribution: CHF 308 411.–

www.medecinsdumonde.ch

Organisations from Britain:

Freedom from Torture, London

Project title:

Holistic music and art based therapy for survivors of torture in London and the South East

A support service based on art and music aims to support young survivors of torture to overcome trauma. Freedom from Torture also provides legal and social support.

Project duration: 01.04.2022 – 31.03.2025

Project contribution: CHF 73 118.–

www.freedomfromtorture.org

British Refugee Council, London

Project title:

Overcoming Trauma: Therapeutic Services for refugees and people seeking asylum

Therapeutic services for refugees and asylum seekers over the age of 18 in London and Birmingham.

Project duration: 01.04.2022 – 31.03.2025

Project contribution: CHF 300 000.–

www.refugeecouncil.org.uk

Islington Centre for Refugees and Migrants, London

Project title: Integration Project

The Islington Centre for Refugees and Migrants (ICRM) offers psychosocial and practical support to impoverished migrants. The provision is wide ranging, from yoga and English courses to legal assistance regarding issues with pay and housing. Last but not least the ICRM is a meeting place for social interaction, networking or a warm meal.

Project duration: 01.09.2022 – 31.08.2025

Project contribution: CHF 73 118.–

<https://islingtoncentre.co.uk/>



28 year old refugee Aïchatou Daïrou lifts her daughter onto the scales for examination.
© Djekorgee Dainyoo Salomon / Fairpicture, 2023

5 Application Statistics 2022

5.1 “2nd Chance for a 1st education” – Rounds 1 – 3

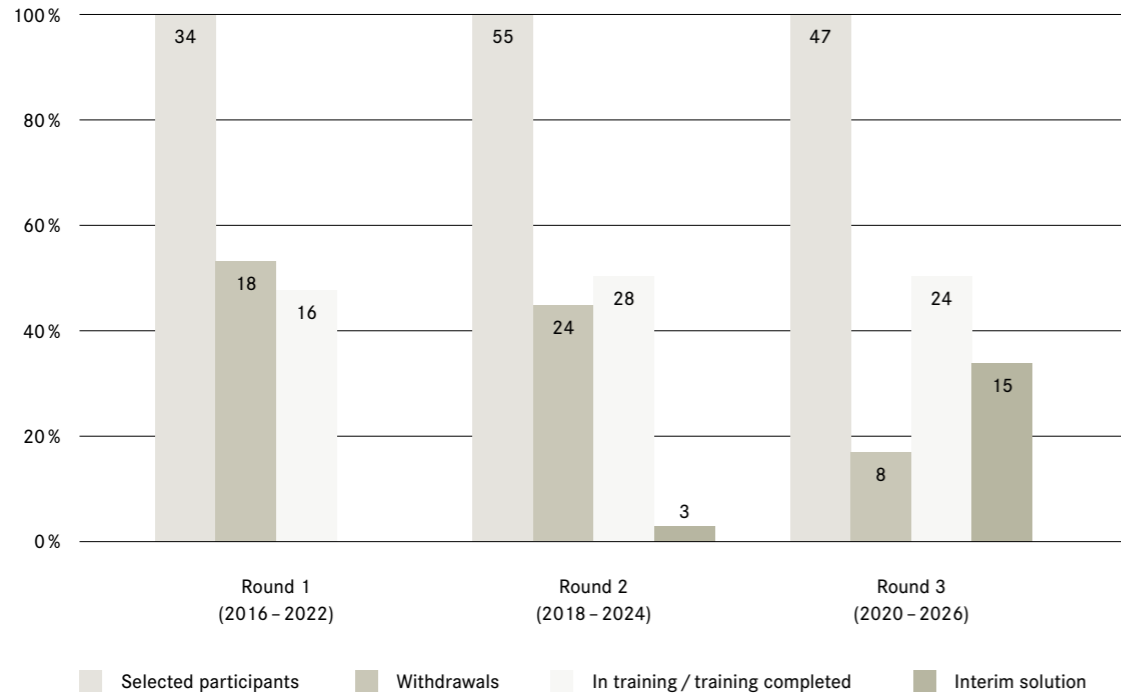
Status: 31.12.2022
136 project participants in total

So far, three rounds of the project have been launched:

- 2016 – 2022: Round 1 (pilot project)
- 2018 – 2024: Round 2 (follow-up project)
- 2020 – 2026: Round 3

Of the 136 selected participants 86 remain in the project. 34 participants have successfully completed their training, 34 are currently in training, 18 are in an interim solution and are searching for a training place for summer 2023.

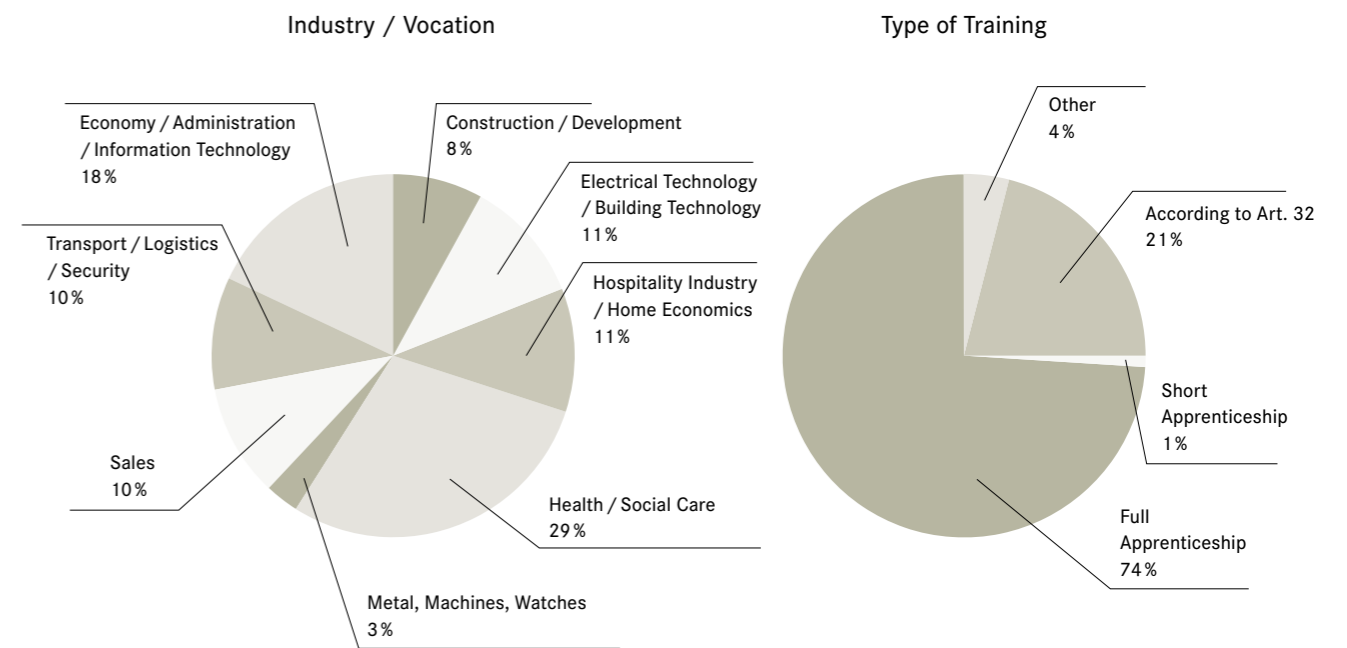
Overview all 3 Project Rounds



The following vocations were chosen in the project “2nd Chance for a 1st education”

4	Assistent:innen Gesundheit und Soziales EBA	1	Kosmetiker:in EFZ
1	Boden-Parkettleger:in EFZ	1	Küchenangestellte:r EBA
5	Detailhandelsassistent:innen EBA	1	Lebensmitteltechnologe:in EFZ
1	Detailhandelsfachfrau:mann EFZ	2	Logistiker:innen EBA
1	Elektroinstallateur:in EFZ	2	Logistiker:innen EFZ
1	Elektroniker:in EFZ	1	Lüftungsanlagebauer:in EFZ
1	Fachperson Apotheke EFZ	1	Mediamatiker:in EFZ
8	Fachpersonen Betreuung EFZ	1	Montage-Elektriker:in EFZ
3	Fachpersonen Betriebsunterhalt EFZ	1	Polymechaniker:in EFZ
5	Fachpersonen Gesundheit EFZ	1	Printmedienpraktiker:in EBA
3	Fachpersonen Hauswirtschaft EFZ	1	Restaurationsangestellte:r EBA
1	Heizungsinstallateur:in EFZ	1	Strassenbauer:in EFZ
1	Holzbearbeiter:in EBA	1	Strassentransportfachperson EFZ
1	Informatiker:in EFZ	1	Uhrmacher:in Produktion EFZ
7	Kaufmänner/Kauffrauen EFZ	1	Zeichner:in EFZ, Architektur
2	Kaufmänner/Kauffrauen EBA	3	Andere
2	Köche/Köchinnen EFZ		

Evaluation according to Industry / Vocation and Type of Training



5.2 Number of applications according to sectors

Sector	Sunsector	Approvals	Rejections	Total
Medical Research ¹⁾	Medical Research	0	0	0
Victims of Conflict and Violence ²⁾	Conflict and Violence	5	5	10
Education and School projects	Education grants	18	37	55
	School projects	10	22	32
Culture	Music	28	126	154
	Jazz	10	8	18
	Visual art	21	84	105
	Theatre	23	95	118
	Dance	24	55	79
Total		139	432	571

¹⁾ The foundation board has restructured its funding strategy for the support sectors Medical Research and Conflict and Violence from 2019 onwards. Means from both sectors will be used from 2019 – 2022 to support two projects by the Swiss Tropical Public Health Institute (STPH) with 2.8 Million Swiss Francs each for their duration. In the sector of Medical Research, the Stanley Thomas Johnson Foundation will not be evaluating any projects outside of this partnership.

²⁾ In the sector victims of conflict and violence the foundation itself approaches organisations based in Switzerland or the UK that it believes best meet the funding strategy and criteria defined by the foundation board and are in a position to plan and implement such projects.

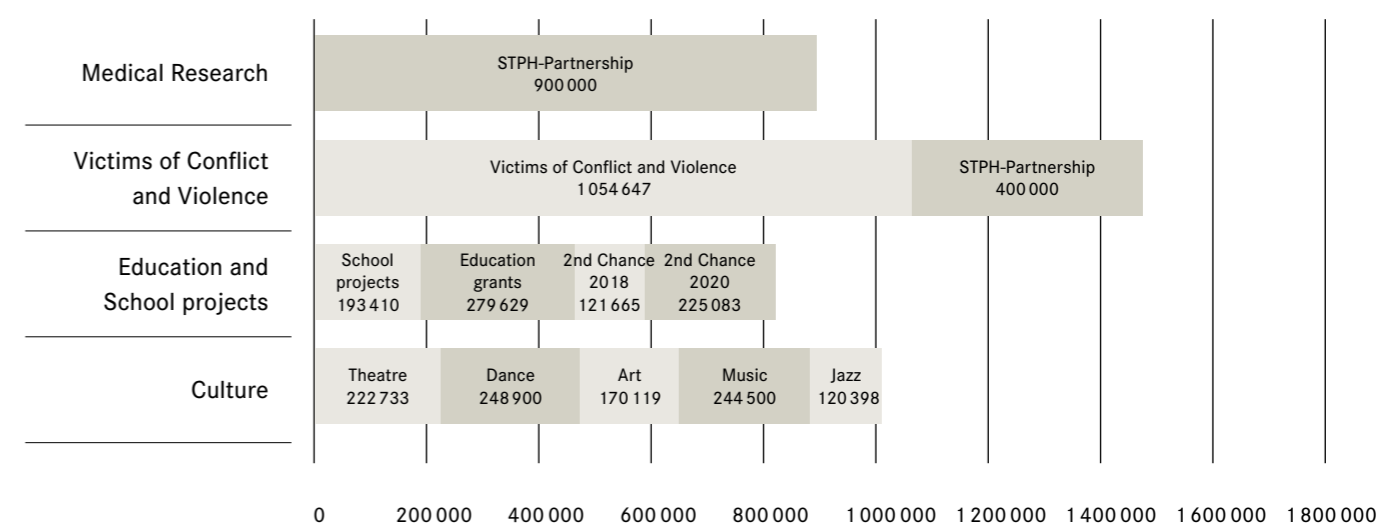
5.3 Approved applications according to project host countries 2021

Land	Medical Research ²⁾	Victims of Conflict and Violence ²⁾	Education and School projects	2 nd Chance for a 1 st Education 2018 ³⁾	2 nd Chance for a 1 st Education 2020 ³⁾	Culture	Total in CHF
Switzerland			473 039	121 655	225 083	951 686	1 771 473
Britain		446 236				54 964	501 200
Ethiopia	450 000	400 000					850 000
Democratic Republic of Congo		308 411					308 411
Chad	450 000						450 000
Yemen		300 000					300 000
Total	900 000	1 454 647	473 039	121 655	225 083	1 006 650	4 181 084

²⁾ includes STPH projects

³⁾ only includes direct participant contributions

5.4 Approved applications according to sectors in Swiss francs



6 Project Grants 2022

6.1 Approved projects

Board meetings

In the period covered by the report, the board met on the following dates:

07. March 2022, 20. June 2022, 14. November 2022

The management office took minutes of each meeting.

Approved projects (142) CHF 3 834 336

Medical Research together with Victims of conflicts and violence CHF 1 300 000

Diagnose- und Überwachungssystem für Infektionskrankheiten in Flüchtlingslager (NIIDS)	850 000
Swiss Tropical and Public Health Institute STPH	CH Basel
Digitales System für ein besseres Gesundheitsmanagement von Flüchtlingen (SysRef)	450 000
Swiss Tropical and Public Health Institute STPH	CH Basel

Victims of conflicts and violence (5) CHF 1 054 647

1490-KC Lifesaving health and nutrition assistance to vulnerable and conflict-affected families in Yemen	300 000
Medair	CH Zürich
1491-KC Overcoming Trauma: Therapeutic Services for refugees and people seeking asylum	300 000
British Refugee Council	UK London
1492-KC Integration project ICRM - Continuation	73 118
Islington Centre for Refugees and Migrants	UK London
1493-KC Holistic music and art based therapy for survivors of torture in London and the South East	73 118
Freedom from Torture	UK London
1494-KC Nutritional aid for people affected by the conflict in the Nyemba health zone (Tanganyika Province, DRC).	308 411
Médecins du Monde Suisse	CH Neuenburg

Culture (107) CHF 1 006 650 Music (28) CHF 244 500

4996-KK Othmar Schoeck Festival 2022: Oper und Drama	25 000
Othmar Schoeck Festival	CH Brunnen
4997-KK Joachim Raff: Die Eifersüchtigen	20 000
Opernkollektiv Zürich	CH Zürich
5016-KK Einsiedler Vesper von Carlo Donato Cossoni	2 000
Vokalensemble NOVANTIQUA Bern	CH Bern
4860-KK Inspirations et Poésies	10 000
Ensemble Vide	CH Genf
4834-KK Beyond Words	10 000
Ensemble Musicke&Mirth	CH Bern
5147-KK #2 Requiem & #5 Modern Times	17 000
Berner Kammerorchester	CH Bern
5236-KK Jean-Philippe Rameau: Platée	15 000
Oper Schloss Waldegg	CH Solothurn
5276-KK SAGITTARIUS - Hommage an Heinrich Schütz zum 350. Todesjahr	2 000
poesia vocale	CH Bern
5156-KK Biennale für Neue Musik Graubünden, «tuns contemporans» 2023	10 000
Kammerphilharmonie Graubünden, tuns contemporans	CH Chur
5174-KK lunático. Eine musikalisch-literarische Collage zwischen Traum, Fiktion und Realität	10 000
klangundszene	CH Zürich
5233-KK Piano Trio Fest 2023	5 000
Verein Freunde des Festivals «Piano Trio Fest»	CH Bern
5073-KK «Bach auf Umwegen»	8 000
Die Freitagsakademie	CH Bern
5092-KK Messe in h-Moll von J.S. Bach	10 000
Schweizer Jugendchor	CH Aarau
5115-KK DE ANGELIS 2022	6 000
Verein Abendmusiken im Berner Münster	CH Moosseedorf
5129-KK Beirut & Beyond Residenz-Programm	9 000
PROZESS	CH Bern

6.1 Approved projects

4993-KK	Readings on Des Prés Christian Kunz	CH	Lenzburg	2 500
5011-KK	Indoor Pleasure – Early Music In Series Verein BFF	CH	Bern	4 000
5025-KK	flash! 22 Verein pakt bern	CH	Bern	5 000
5058-KK	Musiques à l'aube 2022 Thelonica	CH	Lausanne	8 000
5064-KK	Schauplatz der Kunst Bernetta Theaterproduktionen	CH	Zürich	10 000
4975-KK	From Plank to Plank Ensemble Proton Bern	CH	Bern	10 000
4981-KK	«Ancient Voices» Konzert im Rahmen des Musikfestival Bern 2022 NERIDA Quartett	CH	Bern	3 000
4983-KK	Composer Academy Cheltenham Festivals	UK	Cheltenham	5 000
5143-KK	The mechanization of music / Die Mechanisierung der Musik Verein CONTAINER	CH	Basel	3 000
4949-KK	Murten Classics Jugend und Joachim Raff Murten Classics	CH	Unterramsern	10 000
4886-KK	Festival Bachwochen Thun 2022 Verein Bachwochen Thun	CH	Thun	8 000
4819-KK	Festival der jungen Stimmen / Internationale Opernwerkstatt Festival der jungen Stimmen / Internationale Opernwerkstatt	CH	Ringoldswil	10 000
4891-KK	55. Schlosskonzerte Thun Schlosskonzerte Thun	CH	Thun	7 000

Jazz (10)				CHF 120 398
5144-KK	Ukrainian Youth Jazz Band: Learning through practice with Swiss Professionals Artas Foundation	CH	Zürich	9 600
5234-KK	Jazzwerkstatt Bern 2023 – 2025 Jazzwerkstatt Bern	CH	Bern	30 000
5269-KK	Ydivide Clemens Kuratle	CH	Meikirch	10 000
5163-KK	OM 50 IGAM	CH	Luzern	6 000
5243-KK	Swiss Programme at the EFG London Jazz Festival 2022 Serious Trust Limited	UK	London	7 798
5118-KK	Jazz Festival Willisau 2022 Jazz Festival Willisau	CH	Willisau	18 000
5100-KK	Re-Ghoster Extended – Creation for an electroacoustic quintet Konnekt	CH	Genf	10 000
5127-KK	Langnau Jazz Nights 2022 Langnau Jazz Nights	CH	Langnau	8 000
4831-KK	Festival Stanser Musiktage 2022 Verein Stanser Musiktage	CH	Stans	15 000
4893-KK	philosophía- 2022 David Leuthold	CH	Erlach	6 000

6.1 Approved projects

Visual Arts (21)				CHF 170 119
5142-KK	Brexit Bedrooms Tatjana Rügsegger	CH	Zürich	2 386
4896-KK	Exhibition Beauty & Room / 5th edition Association Grand Mirific	CH	Bruson	6 000
4849-KK	Gazed and Confused Last Tango	CH	Zürich	5 000
4824-KK	Revolving Histories – Translokale Performance Geschichten Verein Performance Chronik Basel	CH	Basel	10 000
5176-KK	Kohli, Kuhn und Knecht. Willkommen im Tigerkäfig! Musée Visionnaire	CH	Zürich	10 000
5057-KK	Eine Frau ist eine Frau ist eine Frau. Eine Geschichte der Künstlerinnen in der Sammlung Aargauer Kunsthau	CH	Aarau	25 000
5104-KK	Francis Upritchard - A Loose Hold (Ausstellung) Kunsthau Pasquart	CH	Biel/Bienne	15 000
5071-KK	Valentin Hauri & Rhea Myers Last Tango	CH	Zürich	5 000
5077-KK	Ausstellung The Restless Becoming (AT) von Alexandra Navratil kunstkasten	CH	Winterthur	3 000
5094-KK	Chambre Directe – SCHUBIGER Jacques Erlanger	CH	St. Gallen	5 000
5109-KK	Injurious Acts (2): Conflict and Injury King's College London	UK	London	9 733
5008-KK	International Performance Art Giswil 2022 – Layers of Home Verein Stroh zu Gold	CH	Basel	5 000
5010-KK	13. PERFORMANCE REIHE NEU-OERLIKON 2022 Maricruz Peñaloza, Maricruz Peñaloza	CH	Zürich	3 000
5041-KK	Solo show Emanuel Rossetti Abbatiale de Bellelay	CH	Saicourt	5 000
4962-KK	Cabane la Nef	CH	Le Noirmont	6 000

4874-KK	Venedigsche Sterne. Kunst und Stickerei Bündner Kunstverein	CH	Chur	15 000
4881-KK	Einzelaustellung Christina Hemauer / Roman Keller Fundaziun Nairs	CH	Scool	10 000
4839-KK	Otto Tschumi. Phantasiewelten Stiftung Schloss Spiez	CH	Spiez	8 000
4854-KK	Mark Wallinger Museum Langmatt	CH	Baden	7 000
4820-KK	BIENNALE BREGAGLIA 2022 Verein Progetti d'arte in Val Bregaglia	CH	Chur	10 000
4823-KK	SALA VIAGGIATORI SALA VIAGGIATORI	CH	Chur	5 000

6.1 Approved projects

Theatre (23)				CHF 222 733
4963-KK	Warum ich aufhörte, Drachen steigen zu lassen Bronic/Röhrich	CH	Biel/Bienne	5 000
4925-KK	Metamorphosen. Und wir ändern uns doch! Das Kollektiv Frei_Raum, Heitere Fahne	CH	Wabern b. Bern	5 000
4858-KK	Erato Maxi Fetter Vetter & Oma Homage	CH	Luzern	5 000
5150-KK	L'Invitation - Die Einladung Collectif Barbare	CH	Küttigen	15 000
5222-KK	Wildwuchs Festival Verein Wildwuchs	CH	Basel	20 000
5228-KK	Augenauf! das festival 2023 Augenauf Verein für Vermittlung von Theaterstücken an Kinder und Jugendliche	CH	Winterthur	13 000
5257-KK	STURZBALLETT / The Meaning of Life Bananenschachtelrepublik	CH	Luzern	8 000
5279-KK	THIS IS A ROBBERY! THEATER MARIE	CH	Aarau	10 000
5165-KK	KATAPULT-Festival Kulturraum Thalwil	CH	Thalwil	10 000
5225-KK	io attraverso lei Olivia Ronzani / Landholz Productions	CH	Basel	5 000
5256-KK	The Conversation Alles für die Kunst Produktion	CH	Basel	7 000
5087-KK	The Darkest Part of the Night Kiln Theatre	UK	London	12 000
5067-KK	Community Suitcase Show Little Angel Theatre	UK	London	9 733
5091-KK	DING-DONG Verein DING-DONG	CH	Männedorf	8 000
5086-KK	Voyeure*innen National Saison 2022 – 23 Voyeure National	CH	Basel	10 000
5113-KK	Alte weisse Penner – Old White Clowns Bernetta Theaterproduktionen	CH	Zürich	8 000

5128-KK	Issy, BOSSS and Fractal – Autumn Touring Fuel Productions Ltd.	UK	London	10 000
5136-KK	Versuch über das Schweigen Its The Real Thing Studios	CH	Basel	5 000
4882-KK	Giraffenblues Kuckuck-Produktion	CH	Zürich	15 000
4900-KK	Figura Theaterfestival 15. Internationale Biennale des Bilder-, Objekt- und Figurentheaters Figura Theaterfestival	CH	Baden	20 000
4855-KK	Was macht ds Wätter? Irene Andreetto	CH	Bern	8 000
4867-KK	DIE BANK Verein KulturFutur	CH	Uster	6 000
4837-KK	Roaring Girl Bernetta Theaterproduktionen	CH	Zürich	8 000

6.1 Approved projects

Dance (25)				CHF 248 900
4899-KK	Shallow Waters Verein Tanz und Interaktion	CH	Basel	5 000
4878-KK	Tanzvorstellungen im Phönix Theater Phönix Theater	CH	Steckborn	2 000
5267-KK	Hope:Me Asphalt Piloten	CH	Biel/Bienne	7 000
5265-KK	On a driftless rant under the harsh sun DW Projects	CH	Basel	6 000
5148-KK	Cie BewegGrund für Kinder BewegGrund	CH	Bern	8 000
5160-KK	Sei kein Mann Kollektiv F	CH	Bern	5 000
5190-KK	26. Oltner Tanztage «Moving Matter» TANZINOLTEN	CH	Oltten	10 000
5226-KK	Cie XY – Les Voyages – im Rahmen des Festival cirqu'9 - 2023 in Aarau cirqu'Aarau	CH	Aarau	10 000
5241-KK	Tanzhaus Bern – Projekt 2023 BETA Verein Berner Tanzschaffende	CH	Bern	10 000
5006-KK	Tanzplattform Bühnen Bern	CH	Bern	15 000
5018-KK	Residenzzentrum tanz+ Tanz und Kunst Königsfelden	CH	Baden	20 000
5081-KK	Tanz in Bern 2022 Dampfzentrale Bern	CH	Bern	15 000
5070-KK	GRENZENLOS / Schnappschuss Verein bollwerk & gäste	CH	Bern	7 000
5076-KK	I am for free, will you be there? Kollaboration Niki Anjes Stalder + Victor Rottier + Melissa Kieffer	CH	Bern	5 000
5106-KK	beziehungweise Merge Dance Collective	CH	Winterthur	4 000
5116-KK	Grossklein Kleingross/ Grandpetit Petitgrand Company MAFALDA, Teresa Rotemberg	CH	Zürich	8 000

5014-KK	SCH.NEE VEREIN Nunziodance Production	CH	Zürich	6 000
5005-KK	YOUNG DANCE Festival 2022 YOUNG DANCE Festival	CH	Zug	8 000
5040-KK	CONFESSIO Verein Marcel Leemann Physical Dance Theater	CH	Bern	6 000
5061-KK	B-Girl Battles (AT) FLUX crew	CH	Basel	5 000
4859-KK	30. Tanzfestival Winterthur tanzinwinterthur	CH	Winterthur	14 200
4880-KK	The Black Saint and the Sinner Lady Live Clod Ensemble	UK	London	12 700
4898-KK	A MAZE WITH IN – the art to get lost T42dance	CH	Bern	15 000
4908-KK	Blast! Scarlett's	CH	Genf	5 000
3773-KK2	June Johnson Newcomer Preis 2022 Bundesamt für Kultur BAK	CH	Bern	40 000

6.1 Approved projects

Education (28)				CHF 473 039
School projects in the Canton of Berne (10)				CHF 193 410
1307-KS	Saltomortale			7 330
	Schule untere Emme	CH	Wiler b. Utzenstorf	
1326-KS	Faces of the Future			12 000
	Momentum Contemporary Dance	CH	Mamishaus	
1323-KS	Singmituns 2022			10 000
	Singmituns Firstclassics	CH	Thun	
1325-KS	Zirkusprojektwoche Schule Gstaad, Rütli			5 000
	Primarschule Gstaad, Rütli und Heilpädagogische Schule Gstaad, Rütli	CH	Gstaad	
1321-KS	Zirkusprojekt der Schule Reichenbach Dorf			2 000
	Volksschule Reichenbach Dorf	CH	Reichenbach	
1322-KS	Projekttag Asien im Fokus			1 080
	Gymnasium Biel-Seeland	CH	Biel/Bienne	
1312-KS	Ô... si la mer			15 000
	Ecole de Musique Bienne	CH	Biel/Bienne	
1308-KS	Lernort Ortsarchiv Bümpliz			2 000
	Ortsarchiv Bümpliz	CH	Bern	
1196-KS3	Wettbewerb tête à tête 2022			130 000
	Fachbereich Kulturvermittlung, Erziehungsdirektion Kanton Bern	CH	Bern	
1301-KS	MENS_Workshop ein Workshop zum Thema Menstruation mit Präsentation des Kurzfilms wert			9 000
	KriBi - Kritische Bildung	CH	Bern	

Educational grants in the Canton of Berne (18)			CHF 279 629
1553-KB	Chef de projet nature et environnement (Brevet Fédéral)		9 250
1514-KB	SRK Kurs Pflegehelfer/-in		2 900
1557-KB	Gemeindeanimation HF		20 000
1560-KB	Bühnentänzer/-in EFZ		16 000
1565-KB	BSc Umweltingenieurwesen		22 000
1563-KB	Anpassungslehrgang für Fachmann/-frau Gesundheit		5 760
1567-KB	Master in Composition & Theory - Sound Design		8 000
1540-KB	Sanitärinstallateur/-in EFZ		50 600
1545-KB	Küchenangestellte/-r EBA		27 600
1537-KB	Landwirt/-in EFZ		1 700
1539-KB	Dipl. Hotelier/-e Gastronom/-in HF		6 790
1547-KB	Dipl. Radiologiefachmann/-frau HF		1 500
1552-KB	Bachelor of Dental Medicine		4 056
1521-KB	BA Konservierung		23 126
1526-KB	Master in Zahnmedizin		49 037
1531-KB	BSc in Bauingenieurwesen		26 000
1511-KB	Automatikfachmann/-frau EFZ		3 150
1529-KB	Elektroinstallateur/-in EFZ		2 160

6.2 Unclaimed project grants

Unclaimed project grants (6)

CHF -32 099

For some of the project grants only a part of the funds were claimed or the project was cancelled. The following overview lists the unclaimed and returned funds. The following overview lists the unpaid or returned funds. The dates in the first column indicate the year in which the contributions were granted.

Educational grants (6)

CHF -32 099

1508-KB	Berufliche Grundbildung Art.32: Fachmann System-gastronomie EFZ		-7 396
	Ausbildung wurde abgebrochen	2021	
1427-KB	AFP Praticien en Mecanique		-450
	Bildungsbeitrag wird nicht vollständig benötigt	2020	
1368-KB	Studium Rechtswissenschaft		-2 000
	Studium wurde abgebrochen	2018	
1298-KB	Lastwagenfahrer C1		-1 003
	Bildungsbeitrag wird nicht vollständig benötigt	2017	
1553-KB	Chef de projet nature et environnement (Brevet Fédéral)		-9 250
	Ausbildung wurde nicht gestartet	2022	
1422-KB	Zweitausbildung als tiermedizinische Praxisassistentin		-12 000
	Bildungsbeitrag wird nicht vollständig benötigt	2019	

