



Annual Report 2017

# Doctors for Madagascar

# Dear friends, supporters and donors of Doctors for Madagascar,

**On the face of it, little has changed in Madagascar in 2017. Poverty and corruption remain widespread, about 80 percent of the population lives on less than US\$ 1.90 a day. Half of all Malagasy children are malnourished. Especially in the south of the country, food supplies were challenged by drought and other natural disasters. Little of this made it into the news in Europe – only the plague epidemic reached international attention in 2017.**

But there is hope: After six years of commitment in the south of Madagascar we can see things changing. Healthcare provision is improving, not least because of your faithful support.

A particular success was the construction of the hospital Zoara in Fotadrevo, the only clinic with surgical facilities in a radius of 100 km, an area with hundreds of thousands of inhabitants. Donations from Europe allowed us to build and equip the hospital and to recruit and train local staff. Since 2015 the clinic has been self-sustaining, using a means-testing system to enable the treatment of the poorest patients. The success of the hospital has allowed us to reduce our support for its day-to-day running to a minimum. Not that there is nothing more to do: We are still financing the patient and relatives feeding programme at Zoara hospital and treatment for TB-patients. And in the past year, we have built a secondary school in the town.

Most of our staff have moved on to new challenges in Ejeda, where we have begun a collaboration with a new hospital, the Hopitaly SALFA Ejeda. In addition, we are working with 18 basic health centres (Centres de Santé de Base, CSBs) and two clinics in the surrounding region Atsimo-Andrefana.

In the Anosy and Androy regions we are now working with 19 CSBs and the hospital of Manambaro, where another team is busy developing projects, supporting the local staff and treating patients.

The following pages contain more information and stories from our work in the past year. Madagascar awaits!



# Ejeda – our new partner clinic in the south

**As of May 2017, the SALFA hospital in Ejeda in the district of Ampanihy is partnering with DfM.**

Set up as a mission hospital in the 1960s, the clinic has seen many highs and lows. Poor management and lack of transparency even put it out of commission for some time. But two years ago, its leadership was taken over by the young surgeon Dr Justin Manandahatse and his wife, the GP Dr Tolopeno Soanomey. Since then, things have been looking up. Dr Justin knows how to motivate his 52-member team and keep them working with enthusiasm. Every month, the clinic treats about 300 outpatients and 100 inpatients and performs about 20 surgeries. Bit by bit, Dr Justin is managing the renovation of the facilities and replacement of old machines and furniture. And bit by bit, the care for the patients and trust in the hospital are improving. Thanks to your support, we are playing a big part in this process and much has happened in 2017 (see p.9, 16, 32). We are looking forward to taking the next steps together in 2018.



**37,000 inhabitants**

**| 54 hospital beds**

**| 2 doctors**

**| 16 nurses**

**| 3 midwives**

## Chief surgeon in Ejeda: Dr Justin Manandahatse



**The surgeon Dr Justin Manandahatse has been running the SALFA clinic of Ejeda since 2015.** He studied medicine at Mahajanga, in the north-west of Madagascar, where he was working for several years as a GP and led projects to combat malaria and tuberculosis.

In 2014, he completed his surgical training and moved to the south with his family to take over the ailing clinic in Ejeda. Justin,

enthusiastic and always optimistic, has already got a lot of things moving, and not only in the field of medicine: He also runs the hospital choir and organises football tournaments for the staff teams.



### Equipment

1 operating theatre, 1 lab, 1 delivery room, 1 ultrasound, 1 pharmacy

### Water supply

Filtered, but insufficient water from the hospital well

### Power supply

2 diesel generators, solar power for lighting on the site



*The hospital buildings in Ejeda are connected by raised and covered walkways to keep people dry during the rainy season.*

## The »voice from Ejeda« is back!

**After years of silence, the jingle of von Radio Feon'ny Linta Ejeda FM 95.00 MHZ, the »voice from Ejeda«, is playing again.**

In a region with little electricity, no newspapers and barely any internet access, radio remains *the way of disseminating information in the countryside*, for almost every family owns a little solar-powered transistor radio.

The radio station on the hospital grounds, complete with a 30m antenna supplied with electricity from the hospital generator, was installed back in 2005. Three radio technicians and hosts used to manage it. But due to lack of funds, they were not able to maintain, let alone replace damaged equipment, and the station was out of service for several years.



Until last year, that is, when one of our technicians was able to repair the transmitter, making it able to reach villages in a 50km radius. Two members of the hospital staff are acting as hosts, playing two hours of music, news and health information every evening. Every day, our local team runs a 30-minute session talking about health risks during pregnancy, the ambulance service, and upcoming aid missions. The all-time favourite song in rural Madagascar turns out to be more international than we would have guessed – Celine Dion's »My heart will go on«!

# »Vohoka leren Doza« – safely through the pregnancy

**Thanks to the generous support from the Else Kröner-Fresenius-Stiftung and genial-sozial, we have been able to run a project to reduce maternal and neonatal mortality in the remote south of Madagascar.**

To this end, we are working now with over 30 basic health centres and 3 reference clinics, a collaboration that is now already in its second year. As part of this, we have run a number of medical aid missions with international experts. In the clinics we have renovated and equipped delivery rooms and postnatal wards. Each clinic has a 4x4 ambulance to carry patients in case of emergency complications. In many cases we have been able to take over the costs of antenatal checkups,

deliveries and treatments in cases of complications, either entirely or in part, to give even destitute patients access to quality medical care. To this end we negotiated fixed prices for common complications with the clinics. 22 midwives attended training courses offered by »Mobile Hilfe Madagaskar« (Mobile Support Madagascar) in Tana. In addition, a number of midwives of various CSBs received on-the-job training. The success of this project and the great need for ante- and perinatal care have led us to expand the project beyond the original plan to another reference hospital (the Hopitaly SALFA Ejeda) and eight other basic health centres.

**More than 7,500 women have taken part in our sensitisation campaign**



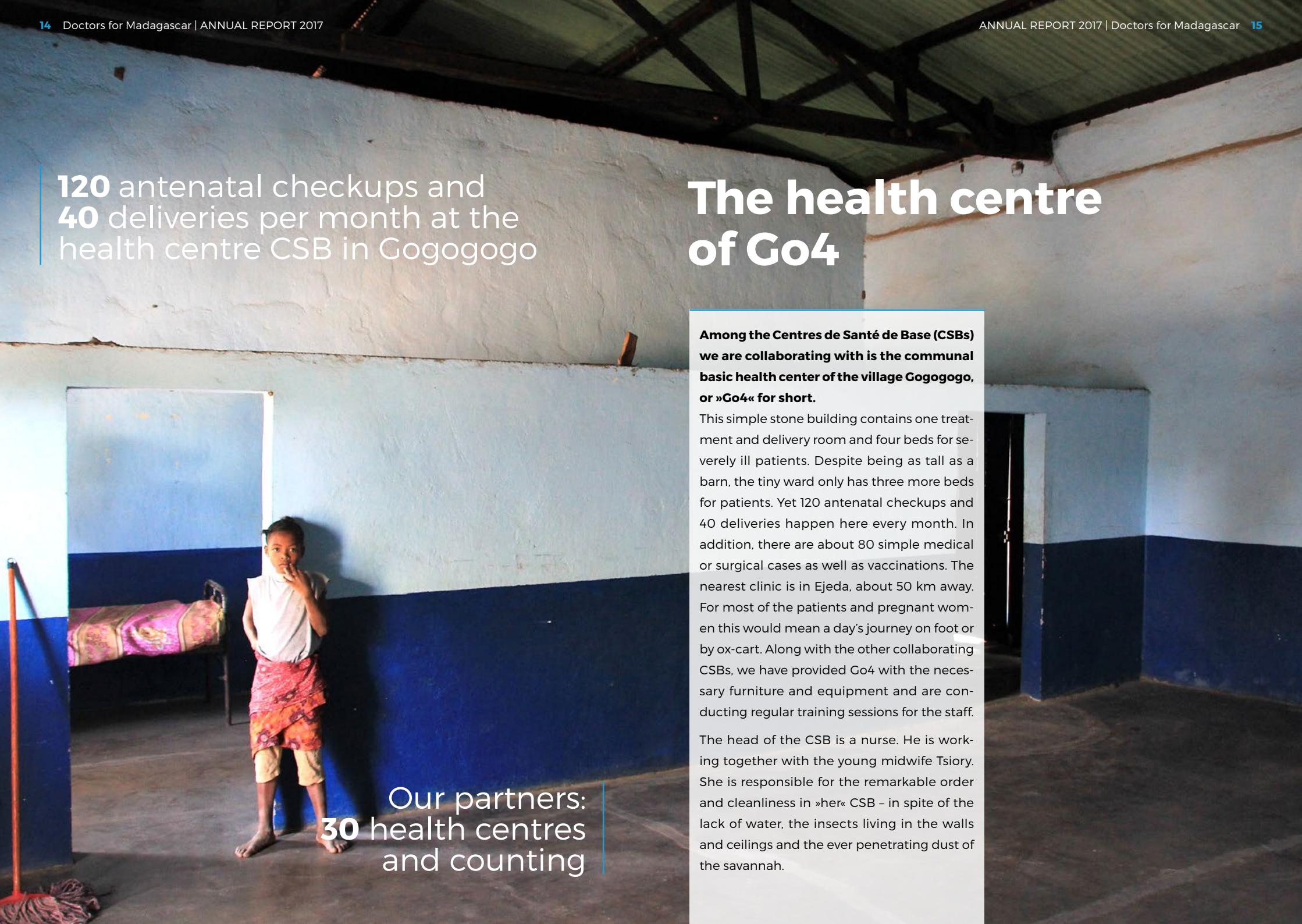
**3,846**  
safe deliveries

**25,694**  
antenatal checkups

**151** emergency evacuations  
by ambulance

**156** treatments of  
serious pregnancy  
complications





**120** antenatal checkups and  
**40** deliveries per month at the  
health centre CSB in Gogogogo

Our partners:  
**30** health centres  
and counting

## The health centre of Go4

**Among the Centres de Santé de Base (CSBs) we are collaborating with is the communal basic health center of the village Gogogogo, or »Go4« for short.**

This simple stone building contains one treatment and delivery room and four beds for severely ill patients. Despite being as tall as a barn, the tiny ward only has three more beds for patients. Yet 120 antenatal checkups and 40 deliveries happen here every month. In addition, there are about 80 simple medical or surgical cases as well as vaccinations. The nearest clinic is in Ejeda, about 50 km away. For most of the patients and pregnant women this would mean a day's journey on foot or by ox-cart. Along with the other collaborating CSBs, we have provided Go4 with the necessary furniture and equipment and are conducting regular training sessions for the staff.

The head of the CSB is a nurse. He is working together with the young midwife Tsiori. She is responsible for the remarkable order and cleanliness in »her« CSB – in spite of the lack of water, the insects living in the walls and ceilings and the ever penetrating dust of the savannah.

## 5S – Keeping Manambaro and Ejeda running smoothly

**Once you have worked according to the Japanese hospital concept 5S, you never want to go back. For a few years, the Japanese governmental development organisation JICA has been implementing this system in developing countries.**

Our partner hospitals Ejeda and Manambaro are now also working according to this set of guidelines, coordinated by Mme Olga, one of the most experienced 5S trainers in Madagascar. The concept for a safe, clean and well-structured working environment in hospitals is based around the 5 »S«: Sort, Set, Shine, Standardize and Sustain. The goal is to make health facilities places where effective

work can take place and where staff and patients feel at ease.

That's the theory – but at least in Ejeda it is working in practice: Mme Olga herself got busy with cleaning the hospital, sorting and indexing materials and documents and writing standard operating procedures. All progress is documented in photographs and small prizes are given out to the most successful departments. The staff are impressed with their changing working environment and are committed to maintaining the new standards in the long run. The real winners will be the patients – so let's hope they succeed!



*An emergency in Belafika, near Ejeda. Sirens and blue lights are always a sight to see. Crowds quickly gather to look through the windows as another pregnant woman is transported to the hospital.*



*Dr. Rinja Ranaivoson, medical coordinator for Ejeda, informs the locals of Beroy Sud about the services for pregnant women under our maternal health programme*

# Saving Lives in Manambaro!

Surgeries performed  
on **51** patients

Treatment costs for  
**111** patients covered  
wholly or in part

**47** women,  
**13** men and  
**51** children

Thanks to the support from the »Ein Zehntel Stiftung« (One Tenth Foundation), we have been able to run the project Saving Lives in Manambaro for the second year. This project helps patients who cannot afford the costs of medical treatment or surgeries. One of our staff members visits the clinic every day to meet the patients there. In most cases it is the accompanying relatives who describe the means of a patient. Based on their responses, our staff decides whether and to what extent DfM needs to subsidise the treatment in the hospital.

## The sad case of Kajy Marina

**Kajy Marina, 20, lives in a wooden hut in the village of Evolo together with her mother and her three younger siblings. The family owns a tiny plot of land to grow rice, but they do not own livestock. They barely make a living.**

Kajy is pregnant, but the father has left her. When the time comes to deliver, she makes her way to the CSB Mahatalaky, but her baby dies while still in the womb. During the delivery, Kajy suffers an perineal tear and severe inflammation a few days later. She quickly develops a fever and grows weaker and weaker. Due to these dramatic postnatal complications, the CSB calls the ambulance of our maternal health project. Kajy is brought to the hospital in Manambaro. Dr Heuric cleans out the pus-filled wound and prescribes an antibiotic. But a few days later, he discovers another complication caused by the delivery, a vesico-vaginal fistula. Without an operation, the young woman would suffer incontinence and social exclusion. The surgery succeeds. Kajy needs to remain in the hospital for some time to recover, accompanied and cared for by her grandmother. But when it is time for



her to leave the hospital, the family has only managed to scrape together about 110 Euros, a third of the treatment cost. Our emergency fund covers the rest of the cost so that Kajy can finally return home.



*Fortunately most stories have a happier ending – as with Vaha Natao and her baby*

# Skills to Save Lives



## Training missions

- 2 x anaesthesia
- 2 x emergency medicine
- 1 x obstetrics
- 3 x hygiene

This year again, multiple doctors of various specialisms travelled to Madagascar on voluntary aid missions lasting from just a few days to several weeks. This year, the focus of these missions was on training local nurses and midwives as well as doctors. We are particularly happy to be developing a closer collaboration with training centres in Madagascar, which is already delivering tangible results.



**1** lab technician and one anaesthesia nurse trained

**4** midwives trained to use ultrasound



**22** midwives trained in obstetrics

**1** medical aid mission in dentistry



*Midwife Lovasoa is being trained in abdominal ultrasound by Dr Tolopeno from Ejeda hospital*

## First aid in Madagascar

**In spring last year, I travelled to the DfM partner hospitals in Fotadrevo and Manambaro to spend seven weeks training the hospital and DfM staff in first aid, as part of the training programme Skills to Save Lives. We focussed on drivers and midwives whose work involves evacuating pregnant women with birth complications from remote villages.**

For these evacuations, DfM owns off-road ambulances equipped with the necessary tools and drugs. In a three-week course we teach the theoretical basis of first aid and then focus on training the practical skills and procedures. Drivers and midwives had the opportunity to learn how to evaluate and handle emergency situations. The long travel times of up to six hours in one direction are a major challenge for the emergency responders. Sometimes there are not even dirt roads and the ambulance has to drive straight into the savannah. This was a new challenge for me, too, as my experience had only been in the major cities where a clinic is rarely more than ten minutes away. Adequately caring for a young mother with post-natal bleeding on such a long journey is a formidable task and requires continuous attention from the entire team.

It was wonderful to see the impact of what the participants learned in each session in the treatment of real patients. On my second mission in autumn, I could see how much of the lessons had made its way into day-to-day patient care and how proud the midwives were to use their new skills during patient evacuations.

And it amazes me how challenging the conditions are under which these drivers and midwives are working every day – being ready to beat their way to the villages, despite the heat and the flooded roads, any day, any time.

Etienne Lacroze | paramedic



## TOMATI - Help for TB-patients

**Tuberculosis, a bacterial infection usually affecting the lung, is an underappreciated global threat: Every year, the disease claims about 1.7 million lives. In Madagascar, roughly 40% of the population are infected with the TB-pathogen.**

The situation is especially severe in the south of the island, where many patients also suffer from other chronic diseases and malnutrition. Heavy coughs, fever, weakness and loss of appetite lead to rapid weight loss in most patients, often with lethal consequences. TB is usually curable - through timely and reliable diagnosis, antibiotic treatment and sufficient supply of calories and nutrients over the at least 6-month course of therapy.

Through the project Tohan'aina ho any Marary Tiberkilaoy (Help for TB-patients) - or TOMATI

for short - we have been supporting the diagnostics, treatment and feeding (at least 2,500 kcal/day) of TB-sufferers in southern Madagascar free of charge. In this project, we are working closely with the government health system.

During our regular diagnostics sessions in the towns of Fotadrevo and Gogogogo ('Go4'), we examine patients, take samples for lab analysis and give out diagnoses. Our staff support the transport and distribution of drugs for the live-saving antibiotic treatment. They also distribute food (rice, maize-flour, soya-meal and nutritional supplements) to patients every week.

**5,412 kg  
of food given out**

**55 patients  
cured**

**72 new diagnoses**

**288 patients  
being treated**

# A school for Fotadrevo

**142** students are attending the new school in Fotadrevo

Age: **15-24 years**



In Autumn 2016 we received a request from the mayor of Fotadrevo: The town has a primary school for about 200 children, but the nearest secondary is in Ejeda, 100 kilometres away by road – up to six hours by bus.

Only a few families from Fotadrevo and its environs can afford to send their children to secondary school. This limits the children's chances in life and rules them out for many jobs and further education.

As the mayor explained, if DfM could fund the renovation of two dilapidated school build-

ings containing five classrooms, then the government ministry of education would cover the equipment and staff costs of the school starting with the 2017/18 school year.

And so it happened: Thanks to financial support from the Alternaid Foundation, we were able to renovate both buildings. Lessons for 142 pupils started soon after, in October 2017. Next year, these boys and girls will have to bunch up: another 412 young people have passed the entrance exam.



**57** girls and  
**85** boys

**12** teachers

## Teaching art at the Ecole Publique Primaire de Manambaro

**The primary school of Manambaro serves as a place of learning for 561 children, split into 7 classes, i.e. 80 children per class. Last year, I spent five weeks teaching art at this school. Luckily, this is a subject that you can teach without a lot of words, for the children did not speak French, like I had assumed - they were only just now learning it.**



I knew that art materials for the lessons would be hard to come by in rural Madagascar, so I had asked friends, neighbors and schools for support. DfM also contributed funds for the project. Equipped with crayons, scissors, glue sticks, pencils, paper and many more items, I set off.

Art lessons were a new experience for both children and teachers: being given paper specially for drawing on! One of the tasks was

to draw something they had just learned the French word for. I had worried that handing out paper and crayons would quickly result in chaos: The tables were too close together to even get through to the rows in the back. But the children quickly managed to hand paper and crayons to the back – usually there is nothing for them to pass on! Everyone waited patiently and nobody complained about which colour they got. Together they started drawing, swapping their crayons as they went along. The joy of drawing spread quickly through the class and everyone got involved.

Soon we had beautiful tableaus of pictures of all sorts of motifs like fish, mandalas, black-and-white snakes curling in the sand, buses full of people, hands with differently patterned fingers and colourful elephants. All the pictures found their places on the walls of the classroom – a great source of pride for the children.

Antje Dittmer | retired primary school teacher

During her stay in Manambaro, her husband, Dr Ulrich Dittmer, an experienced anaesthetist from Hamburg, was working in the clinic of Manambaro, focussing on training the local anaesthesia nurses.



*The primary school children at the Ecole Publique Primaire de Manambaro are enjoying the colours and shapes*

# Brick by brick

**2017 was another year of pouring cement, putting up masonry, painting, renovating and celebrating new buildings.**

## Manambaro

The site of the clinic in Manambaro has suffered several cyclones and years of disrepair had turned some of the buildings into ruins. Thanks to the »Nord-Süd-Brücken Foundation« we fixed up three dilapidated **accommodation buildings for patients' relatives**, including **kitchens** and a **toilet building**. These buildings are now available to the people who accompany patients. As is the norm in Madagascar, these relatives live on site during the time of the treatment to cook, do the laundry and help with hygiene and rehabilitation.

This intervention was co-funded by the state of Saxony. The hospital-partnership programme of the GIZ also enabled us to drill a new well for the water supply of the clinic. The old shallow well had silted up over time. The new 30 meter borehole should provide sufficient water for the clinic and staff accommodation year-round.

## Fotadrevo

Next to the community health centre of the town, we built a new **house for relatives**, with three rooms, a **communal kitchen, showers** and **toilets**. This will provide shelter and a modicum of privacy to the many people who can't afford accommodation in town and had to sleep under the awnings of the hospital buildings.

Next to this, and also thanks to the Alternaid foundation, we have put up another **multi-functional building** for the hospital staff to use as training space, office, storage and temporary accommodation.

## Ejeda

Since the start of our partnership with Ejeda, we have renovated the **delivery room** and a **maternity ward**. This provides four dedicated beds for young mothers to recover after giving birth.

We also cleared out and renovated the museum-worthy dental care unit built in the 70s and last used decades ago. These rooms now serve as an **office** for the 4-member local DfM team and are used to coordinate our work with the hospital and the basic health centres in the area.



## Usage of housing for relatives

Manambaro: approx. 130 people per month  
Fotadrevo: approx. 70 people per month

# Thank you!

This year again, we want to express our gratitude to all of you, who have supported us, once or many times, and even over several years with donations, gifts-in-kind and volunteering. We are grateful to everyone whose faith in our work in Madagascar drives us to keep working for change – step by step.

Our team on the ground is committed to improving patient care, furthering the skills of the local staff and enhancing hygiene and equipment in the health facilities we work with. All with the goal of saving lives.

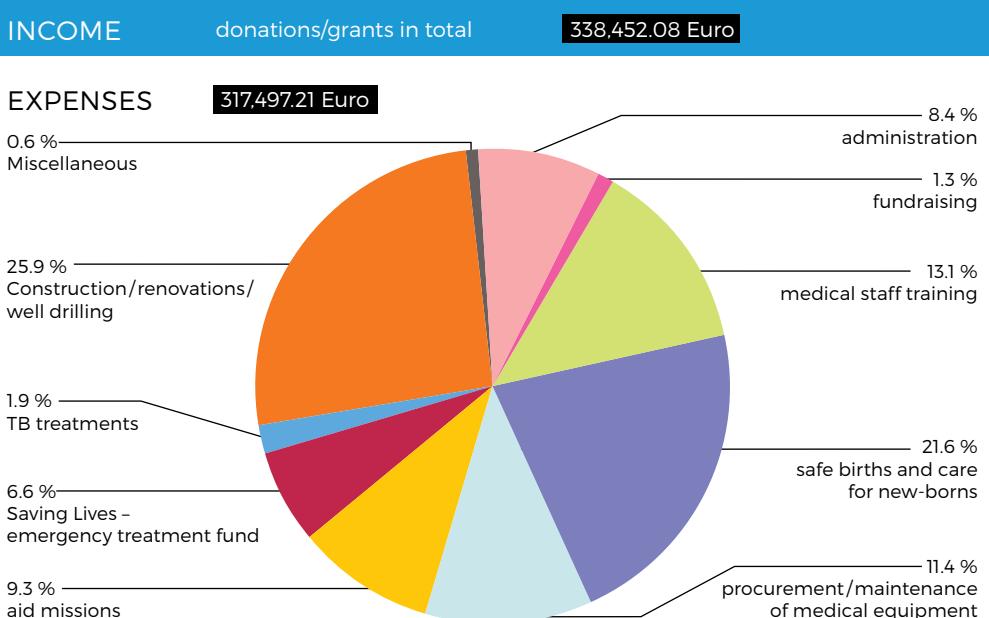
We want to continue these projects and build on them, for so much work remains in this, one of the poorest areas of the world. Please be with us in the year to come.

Yours,



Dr med. Julius Emmrich    Dr med. Karin Steinecke    Nadine Muller

Doctors for Madagascar



## Get involved!

### DONATIONS ACCOUNT:

Recipient: Doctors for Madagascar UK  
 Bank: Charities Aid Foundation  
 Account number: 00023337  
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