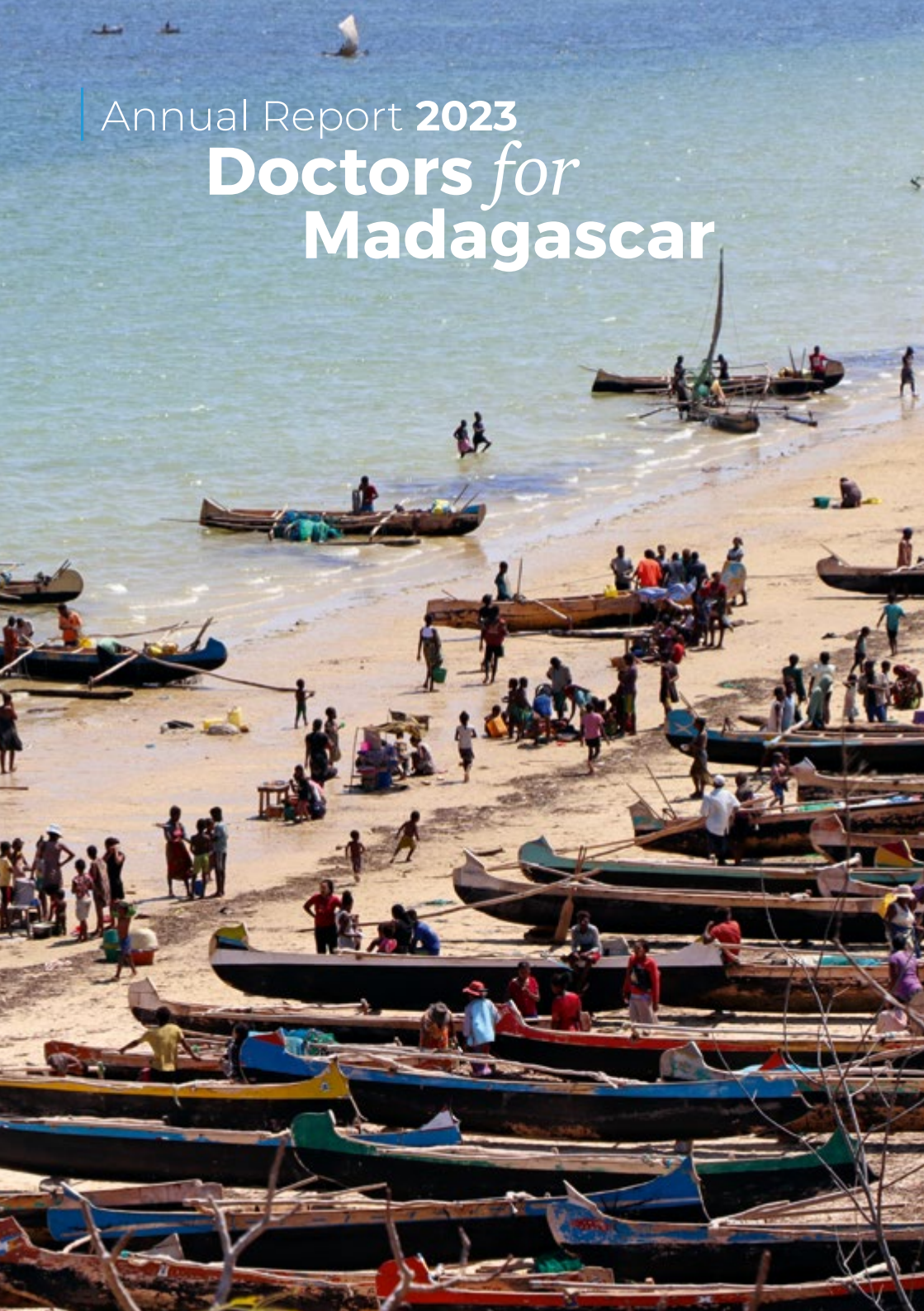


Annual Report 2023

# Doctors *for* Madagascar





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

**2023 marked a year of humanitarian crises across the globe. With Yemen, the Ukraine, and Palestine dominating the headlines, the ongoing crisis in southern Madagascar went largely unnoticed.**

**Despite the region's incredible beauty and vast natural resources, more than 90% of the population in the south of Madagascar live in extreme poverty and malnutrition, infectious diseases, and preventable deaths are ubiquitous.**

For over ten years, we at Doctors for Madagascar have put our focus on combating this ongoing but unnoticed crisis and on doing our best to improve the lives and livelihoods of the population in Madagascar's rural south. In 2023 we focused our work on improving financial access to and the quality of essential healthcare services, reducing excess maternal and childhood mortality, and combating tuberculosis and malaria.

Across our projects we work closely with the existing healthcare system, the Malagasy government, and partners on the ground to ensure that we are as effective, efficient, and sustainable as possible in everything we do.

Our goal, as it has always been, is to one day achieve Sustainable Development Goal 3.8 in Madagascar: "ensuring access to quality healthcare and medication without facing financial hardship for all".

We would hereby like to invite you to explore this annual report for 2023 and the strides we have made in the past year towards achieving this goal.



*A DFM ambulance stationed at the referral hospital SALFA Manambaro, ready to be called for the next emergency transfer.*



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*A morning view of the busy town of Fort Dauphin, regional capital of the Anosy region and one of the only two towns in our project region.*

## Editorial

2023 has been an important year for all of us at Doctors for Madagascar. After the recent shocks of the severe famine in the South of the island and the COVID-19 pandemic that rocked Madagascar, as well as the rest of the world in 2021 and 2022, 2023 has felt like the first year of a return to normal.

Of course, normal is a very relative word in a context such as Southern Madagascar: many things that are normal here are far from normal in other countries and settings: Crumbling health facilities, untimely deaths from easily preventable diseases, and extreme poverty are daily facts of life here.

It is our mission however, that one day, these things will become as abnormal in Madagascar, as they are all already in other parts of the world. We do our best every single day to bring Madagascar closer to achieving the Sustainable development goals: no poverty, zero hunger, good health and well-being, reduced inequalities. Our activities to expand financial risk protection in healthcare, increase the quality of care, reduce maternal and childhood mortality and fight the epidemic of tuberculosis, are guided by the principles of equity, respect, transparency and accountability. We make sure healthcare reaches the most isolated and remote communities – travelling by motorbike, on foot or by boat to reach communities that would otherwise remain unreachable.

On this mission, we work closely with local and international partners, local communities, and the government in order to ensure that our work is as effective and impactful as it can be.

We are extremely grateful for these partnerships, as well as the support of our donors across the globe and we would like to use this opportunity to thank you for your support of our work.

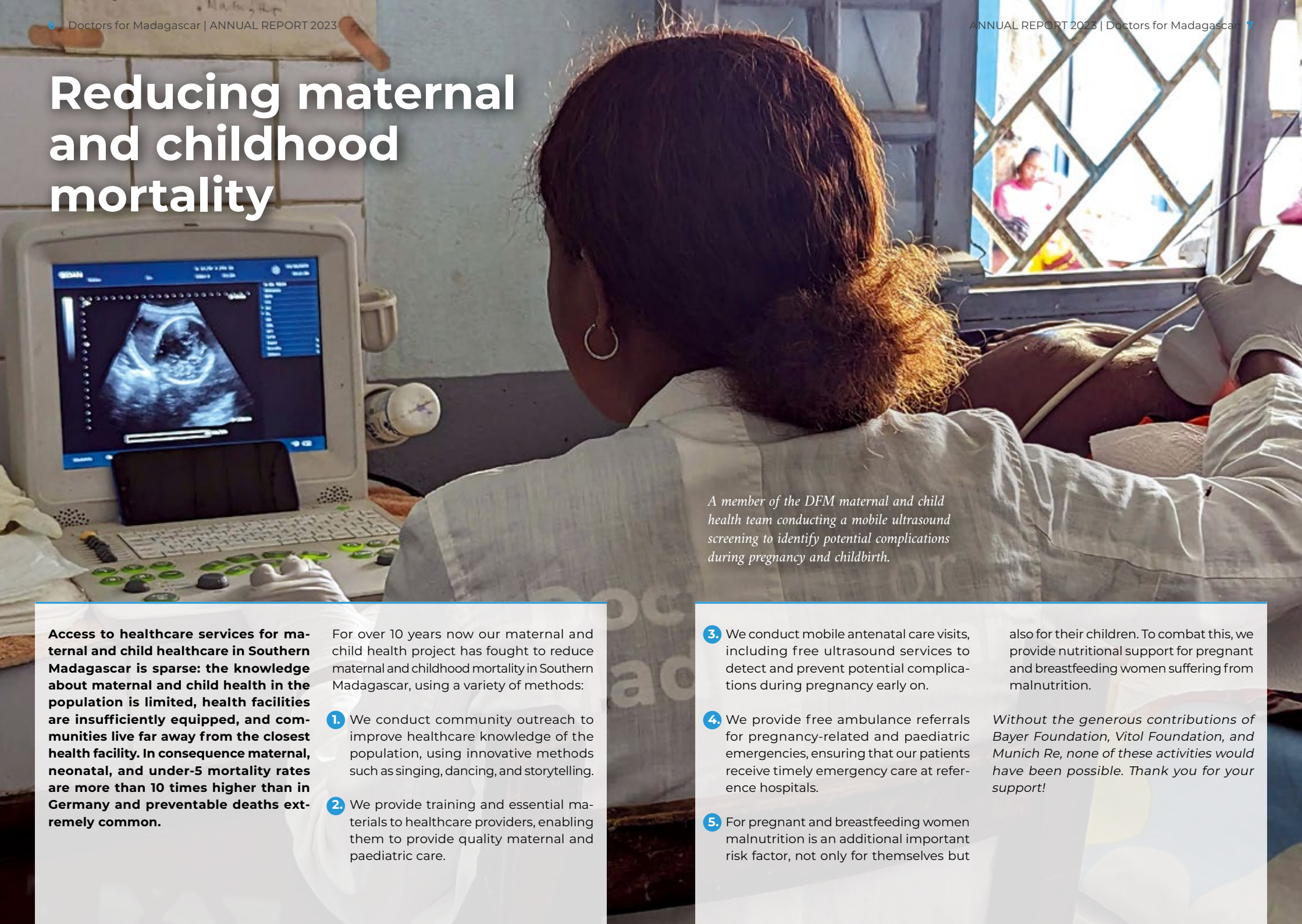
We invite you to delve into the following pages to explore what we have made possible together in 2023.



Hortensia Ramasimanana  
Country Director



# Reducing maternal and childhood mortality



*A member of the DFM maternal and child health team conducting a mobile ultrasound screening to identify potential complications during pregnancy and childbirth.*

**Access to healthcare services for maternal and child healthcare in Southern Madagascar is sparse: the knowledge about maternal and child health in the population is limited, health facilities are insufficiently equipped, and communities live far away from the closest health facility. In consequence maternal, neonatal, and under-5 mortality rates are more than 10 times higher than in Germany and preventable deaths extremely common.**

For over 10 years now our maternal and child health project has fought to reduce maternal and childhood mortality in Southern Madagascar, using a variety of methods:

1. We conduct community outreach to improve healthcare knowledge of the population, using innovative methods such as singing, dancing, and storytelling.
2. We provide training and essential materials to healthcare providers, enabling them to provide quality maternal and paediatric care.

3. We conduct mobile antenatal care visits, including free ultrasound services to detect and prevent potential complications during pregnancy early on.
4. We provide free ambulance referrals for pregnancy-related and paediatric emergencies, ensuring that our patients receive timely emergency care at reference hospitals.
5. For pregnant and breastfeeding women malnutrition is an additional important risk factor, not only for themselves but

also for their children. To combat this, we provide nutritional support for pregnant and breastfeeding women suffering from malnutrition.

*Without the generous contributions of Bayer Foundation, Vitol Foundation, and Munich Re, none of these activities would have been possible. Thank you for your support!*



# A big thank you!

We would like to use this opportunity to express our heartfelt thanks to the German LandCruiser Club who are in touch with our drivers, logistics team, and mechanics almost every day to keep our ambulance and car fleet alive. Without their tremendous support, our lifesaving ambulance service as well as many of our other activities would not be possible. Thank you for your dedication and support!



*How patient transport works in the absence of our ambulances: with wooden ox carts over bumpy roads, a terrible and dangerously slow trip.*



When we have any patients that experience complications at our health centre, we call the Doctors for Madagascar ambulance's toll-free number. This solves a lot of problems because we're far from the university hospitals and the district's referral hospitals. When we call the ambulances, they always arrive on time and refer the patients to safety.

*Gustave, 2<sup>nd</sup> agent at the Health Center CSB Soamanonga*



Last year in June, we received an emergency call from Ifarantsa. It was a case of extremely premature delivery at around 24 weeks' gestation. The 700g baby was alive and well, so we referred it to the hospital in Fort-Dauphin, which is better equipped for this type of case. Later, the doctor from this hospital called us, when the family wanted to take the baby home, when he weighed 1.5 kg, and was still alive and well. It was special, because it's a rare case to see such a premature baby survive, at least for us.

*Dr. Gybel Iata,  
Local Coordinator Manambaro,  
Maternal and Child Health Project*





*DfM's ambulance during patient transfer after a receiving a call from the health centre in Vohitany, Atsimo-Andrefana region.*

**337** ambulance transfers

**20,057** mobile ultrasounds

**938** complicated cases detected during ultrasound

**21,253** safe deliveries

**66** partnering health centres

**54,347** antenatal care visits

**1,777** pregnant and lactating women received nutritional support





# Fighting against Tuberculosis

**Tuberculosis (TB) is a major public health challenge in southern Madagascar. A high poverty rate, widespread malnutrition, and an extremely weak healthcare system contribute to maintaining the spread of the disease. TB in turn makes individuals affected by it vulnerable to poverty and other diseases, including malnutrition, turning to an ever-downward vicious cycle.**

Since 2019 our mirayTB project has worked to ensure access to life-saving medical care for people with TB in rural areas of southern Madagascar. Through community outreach, we improve public awareness of the signs, diagnosis, and treatment of TB and contribute to destigmatisation of the

disease, and we train community health workers and health personnel in providing care for people living with TB. In particularly underserved areas with a high TB burden, we conduct regular mobile clinics for TB, where we bring diagnostic and treatment services directly to the community level. As malnutrition and TB commonly go hand in hand, we have partnered with the World Food Programme, to provide nutritional support for people living with TB that are simultaneously malnourished.

*We thank the Deutsche Gesellschaft für Internationale Zusammenarbeit, the Spindler Stiftung, and the World Food Programme for their support of this vital project.*



*Food distribution for malnourished people living with TB in Ampanihy.*





I've been a Community health worker since 2004 and a TB Community Agent since 2019. We go into the communities to identify people with Tuberculosis. We explain the symptoms of the disease, its transmission and how to take their medication and make sure that they are not ashamed of the disease. Since the mobile clinics and screenings started, we have seen an improvement in the health in our community in Ankilivalo because we are closer to the health services. Patients no longer have to spend time and money going to the treatment centre in Bezaha, they can receive care here.

Marceline,  
Community Health Worker  
for TB in Ankilivalo

First of all, I would like to emphasise the quality of our collaboration with Doctors for Madagascar and the importance of its contribution to the fight against tuberculosis. Through Doctors for Madagascar's support for the National Tuberculosis control programme, in the 3 Districts of the Atsimo-Andrefana Region (Ampanihy, Betioky and Toliara II), the overall situation of the region, after analysis of the data reported since 2019, has largely improved in the fight against tuberculosis.

I am grateful for the exceptional teamwork. The team's mutual support, creativity and determination made the project a success.

Dr. Etrahagnane Miandrisoa,  
Responsible for infectious disease  
care, region Atsimo-Andrefana

A lab technician in the laboratory at the TB diagnostic and treatment center in Saint Augustin, newly renovated by DFM.



A few words to sum up the advantages of mobile TB screenings with Doctors for Madagascar. First of all, the number of patients treated for TB has increased. Before, the patients had to go to the CDT (diagnostic and treatment centre), but now, thanks to this project, it's us, the CDT man-

ager, the laboratory agents, and the TB community health workers, who go and screen these patients in the community. Another advantage is that the Community Health workers bring the medication to the patients, who can then do their treatment at home. We can also monitor patients on treatment. This is in line with the national strategy, and I'm confident that by applying this method, we can put an end to tuberculosis in our region. Finally, we have been able to retrieve patients who have dropped out of treatment and cure them.

Dr Ramasinjanahary Rolland,  
Head of the diagnostic and treatment  
centre (CDT) in Bezaha





A mobile TB clinic in the district of Ampanihy, offering access to diagnostic and treatment services for people with TB in remote and rural areas.

**28** screening and treatment sites

**3,000+** people screened for TB

**459** mobile TB clinics conducted

**761** people newly diagnosed with TB received treatment

**24.5%** positivity rate for the year 2023

**496** patients with TB received nutritional support  
**6,000+** monthly nutrition rations distributed



# Reducing financial barriers to care

**In Southern Madagascar, over 90% of the population live below the national poverty line. It is one of the poorest regions in the world. At the same time, less than 2% of the population are covered by any form of health insurance. For the rest, healthcare is only accessible against out of pocket payments at point of care. For many this means having to make the unimaginably hard choice between selling assets and taking on crippling debt to cover medical costs, or foregoing essential, lifesaving medical care.**

At Doctors for Madagascar we are committed to supporting patients who cannot afford to pay their costs of care themselves and to protect them from falling (deeper) into poverty due to medical costs. In 2023,

we focused our activities in this field on three main axes: Firstly, we worked closely with health centres and community health workers to set fixed prices for care and foster price transparency. Secondly, we offered partial cost coverage for patients that are particularly vulnerable: people living with TB, expecting mothers, and children. And lastly, our destitute fund supported patients in dire need of expensive medical treatments, such as surgical care, at our partnering reference hospitals.

*Without the generous support of the Vitol Foundation, the Else Kröner-Fresenius-Stiftung, and the Ein-Zehntel-Stiftung, these activities would not have been possible. Thank you!*

*Reading x-ray charts with limited equipment: sunshine provides the necessary backlight.*



**208** destitute families supported

**13** partnering health centres

**5,533** patients received support through a partial cost coverage scheme for their treatment expenses

*Health centre staff filing the documents of a beneficiary of DfM's financial risk protection project.*



Since Doctors for Madagascar's support, the biggest improvement is that people are no longer afraid to go to the health centre. Doctors for Madagascar covers part of the cost of childbirth. This reduction in costs is a great help to parents in difficulty. Thanks to this, we have more deliveries. If before we had 15 or 20 deliveries a month, now we have 35-40 deliveries a month. Doctors for Madagascar is a partner that helps the hospitals a lot and improves the health centres indicators and the community has become closer to the health centre since Doctors for Madagascar arrived.

*Rasolonirina Jocelyn, Head of the Health Center (CSB) in Beroy Sud*



As I've always said, the Destitute Fund project is a small project, but its impact is one of the biggest because it removes any financial barrier for the most disadvantaged patients.

*Dr Rinja Ranaivoson, Project Manager Destitute Fund*



### The story of Noromeiny, 19 years old from Renosy, Ejeda

An event that had greatly affected the community last year: This young girl was attacked and her eyes gouged out. Coming from a difficult background, she didn't have the means to pay for urgent hospital

treatment. Our team in Ejeda added her as a beneficiary of our Destitute Fund project, which enabled her to receive the medical care she needed.



# Improving the quality of healthcare

**For healthcare providers in Madagascar, providing adequate care for their patients poses a myriad of challenges. Many lack adequate formal training for tasks they are expected to perform and are forced to learn “on the job”. Healthcare facilities lack essential equipment to provide diagnostic and curative services, many are without running water or electricity. Facility management is weak and provid-**

**ers lack management skills to ensure the smooth running of health facilities.**

We holistically support our partnering health facilities to overcome these challenges by providing them with essential training, donating key medical equipment, and renovating health facility infrastructure where needed. To strengthen the management of health facilities, we have adapted the Japanese

“5S” approach, a proven lean management approach to improve healthcare service provisions in low-income settings.

A highlight for us in 2023 was the donation of essential equipment to the TB Diagnostic and treatment centre in Ampanihy in Atsimo-Andrefana, allowing the centre to finally put their newly donated GeneXpert machine to use. Now, the centre is equipped

*Healthcare providers from two regions in Southern Madagascar learning about TB care during a one-week training organised by DfM.*

to provide state of the art TB diagnostic services in one of the most remote and rural settings globally.

*We thank the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the Else Kröner-Fresenius-Stiftung, and the 3 Muskietiere Reutlingen e.V. for their support of this cornerstone of our work.*





*The GeneXpert machine in Ampanihy, rendered functional due to DFM's support and now enabling state of the art TB diagnostic services in the rural district of Ampanihy.*



The biggest problem for healthcare in the region is accessibility, especially during the rainy season. A big advantage for us is that we can go out for mobile screening. Thanks to Doctors for Madagascar, we were also able to rehabilitate this building and create this treatment centre. Doctors for Madagascar supports us in our bi-weekly visits, for example by providing motorbikes and sending their team with us.

*Ratolojanahary Todisoa,  
Head of the diagnostic and  
treatment center in St Augustin*



The 5S method has been introduced to improve the health sector, especially in the care of beneficiaries. Here at Manakaravavy health centre, we're happy and motivated to work when we see our health centre clean and tidy.

*Rasoanambinina Constance,  
Director, CSB Manakaravavy*





**23** health centres trained in the 5S quality improvement approach

**64** community health workers trained in TB care

**52** health workers trained in maternal and child health

**154** health workers trained in quality of care and infection prevention

**42** health workers from two regions trained in TB care and TB/HIV co-infection

**100** community health workers trained in maternal and child healthcare



*Training of health workers in Fort Dauphin, Anosy on improving the quality of care.*



# Bringing health information to the community

Many of our efforts in improving the quality of healthcare in Madagascar would be null and void, without our strong focus on community outreach. In the South of Madagascar knowledge about essential health information is extremely limited due to high illiteracy rates, low access to schooling and any form of media, and high poverty rates.

To make sure that the local population receives vital health information, knowledge about available health services, and how and when to access them, we lay a strong focus on community outreach and information.

To ensure this essential information reaches the most remote and vulnerable populations, we collaborate with over 150 community health workers who distribute key messages through home visits, focus group discussions, and mass sensitisation campaigns. In 2023, we have additionally adopted innovative methods to strengthen our community outreach efforts, including the collaboration with local singers and dancers to transmit vital health messages.



The work with Doctors for Madagascar is great. We have received materials to do our job: a telephone and recently a bicycle. We're motivated to go even to remote villages because we receive support from Doctors for Madagascar. We can now travel up to 10 km because our job is to raise awareness about maternal healthcare wherever there are women who need it.

Masitata, Community Health Worker for the Maternal and Child Health Project in Manakarahy



**7,000+** focus groups

**53,000+** home visits

Over **200,000** people reached with vital health information

Local dancers working with DfM's outreach team during a singing and dancing sensitization, using music to share health messages to the population.



# Improving impact and efficiency through monitoring, evaluation, and research

**Transparency and evidence-based action are two of our core values at Doctors for Madagascar. In 2023 we have therefore strengthened and expanded our in-house Monitoring and Evaluation and research department. Our team now consists of two experienced medical doctors, a software specialist who manages CommCare, our digital data collection tool, and six data collectors.**

Our data collectors, posted at all of our field offices, regularly venture out to partnering health facilities to collect health register data on patients treated in the facilities and to conduct satisfaction surveys with our partners and beneficiaries. These data, together with our routinely collected project

data, such as the impact data highlights in this annual report are essential in guiding our operational decisions, to ensure we act effectively and efficiently in everything we do.

Additionally, we collaborate closely with research institutions, including the University of Antananarivo, the Malagasy National Institute of Public and Community Health, Charité – Universitätsmedizin Berlin, and the Heidelberg Institute for Global Health for the external, scientific evaluation of our projects. This partnership extends to exchanging knowledge and skills between Malagasy and German researchers.

An example of this collaboration is the Global Brain Health Initiative. This initiative seeks to enhance access to and the quality of neurological care in resource-restricted settings in sub-Saharan Africa. Initially supported by the Deutsche Forschungsgemeinschaft (DFG), this partnership between Charité – Universitätsmedizin Berlin, the Malagasy Ministry of Health, the University of Antananarivo, and Amoud University in Somaliland has led to multiple joint research projects and joint interventions to better understand and address the burden of neurological disease in Sub-Saharan Africa, with a particular emphasis on stroke.



*Photo taken during the Charité Community Day in Berlin in October 2023 with the participation of the DfM research team.*



*An interviewer from the DfM's Monitoring & Evaluation team conducting a satisfaction survey with patients from a health centre.*



*Project managers and core administrative team during DfM's strategic planning retreat in Tulear, charting priorities and activities for 2024–2026.*



## Dear friends, supporters, and donors,

All of us here at Doctors for Madagascar would like to express our heartfelt thanks to you for your support of our work as well as for the trust you put in us.

We see the importance and the impact of the work we do every day in the field, interacting with the people and communities we serve. We are glad to share some of our impressions with you in this annual report. We hope that you, as we do, came to appreciate how challenging the context of Southern Madagascar is and the vital role our activities play.

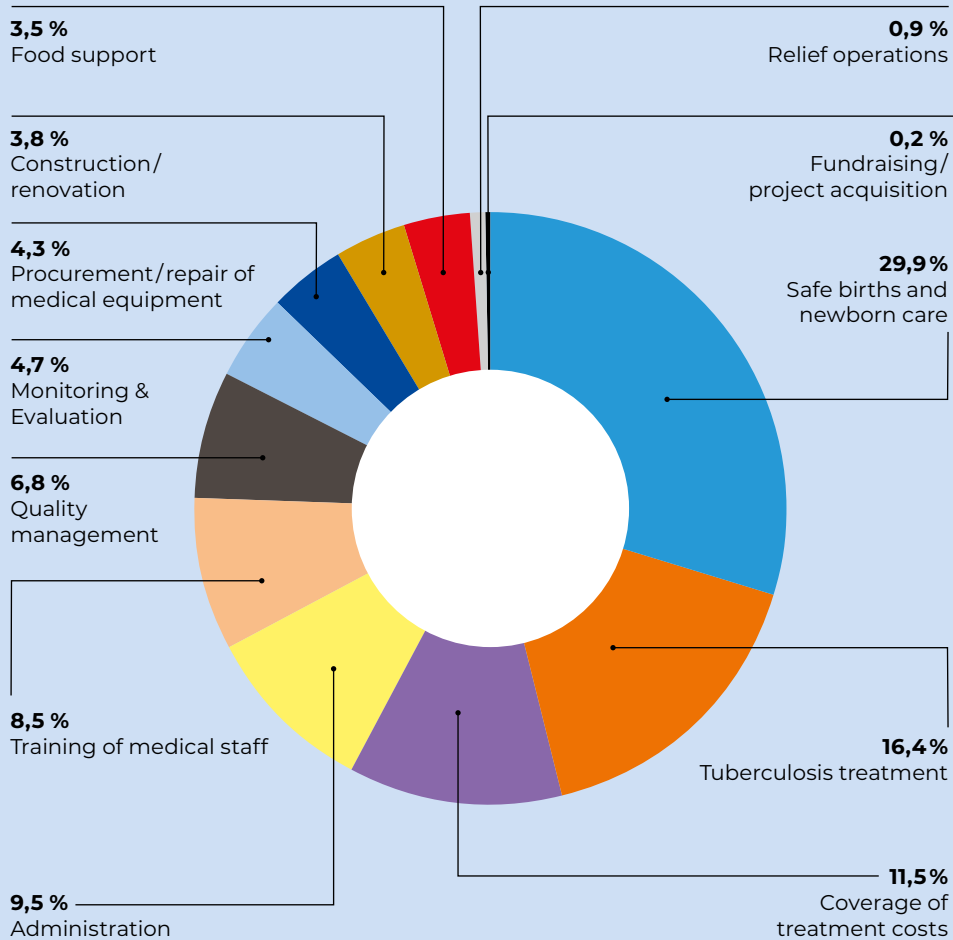
In 2024 and thereafter, we will keep working towards our shared goal, to improve access to healthcare for some of the poorest, most vulnerable communities in Madagascar, and as such, on this planet. We hope that you will remain with us on this journey and that together, we will continue making a difference.

*Your team at Doctors for Madagascar*



# Income and Expenses in 2023

<b>INCOME</b>	Total cash donations / Grants	685.332,08 Euro
<b>EXPENSES</b>		887.715,21 Euro

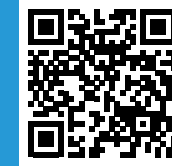


# Get involved!

## DONATIONS ACCOUNT (Germany):

Ärzte für Madagaskar e.V.  
 Sparkasse Leipzig  
 DE 65 8605 5592 1090 0096 70  
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