



Doctors *for* Madagascar

Annual Report 2016

This ambulance has been serving the area around Fotadrevo since the beginning of this year. Thanks to this new service, women suffering from pregnancy complications can be brought to the nearest clinic quickly, safely and at no cost to the patients.



Dear friends, supporters and donors of Doctors for Madagascar,

Five intense years of working in Madagascar lie behind us – a time of ideas, heated discussions, and planning. A time of presentations, fundraisers, video-conferences, exciting conversations, of flying, bumpy roads, packing and building. A time of stress and discovery, of frustration and relief – and of much joy.

On a beautiful summer's day in 2016, we came together to celebrate the fifth birthday of Doctors for Madagascar. But our small circle does not represent the many people from Madagascar, Germany, the UK and Luxembourg, who, over the years, have committed their time and work to make DfM successful. To all of you our sincerest thanks and also: Happy fifth birthday! Your efforts, as well as those of other volunteers, supporters, employees and donors, have improved healthcare for people in southern Madagascar.

Over the course of these five years, DfM has grown significantly and much has happened in our partner hospitals and further afield. The greatest challenge for this year, which consumed much of our energy and resources in Europe and in Madagascar, was to start an ambitious new project to reduce maternal and child mortality in the south of the island. This was made possible by our new collaboration with, by now, 20 public basic health centres in the region surrounding Fotadrevo and, as of late 2016, the region around Manambaro at the southernmost tip of Madagascar.



The DfM core team on a mission to Fotadrevo in the spring: Nadine Muller, Dr Julius Emmrich (both trustees), Amanda Hecktor (project coordinator) and Dr Karin Steinecke (trustee)

FIVE YEARS OF DOCTORS FOR MADAGASCAR

Gitta Fink, our treasurer, and her husband Cay had prepared everything under the tall trees of their garden: colourful flowerpots and glasses decorated the inviting tables, checked tablecloths waving in the summer wind. The buffet was prepared. One by one the guests arrived, many carrying heavy trays, pots and pans. All had come to celebrate five years of work. An open-air gallery of photos hanging from washing lines between the trees inspired chats about shared experiences, challenges and achievements. The tables, too, were lively: Our chairman Dr Julius Emmrich and Nadine Muller had arrived from Berlin and Dr Karin Steinecke from the Harz mountains. Professor Hahn and our long-time supporters Dr Kerstin Sperschneider and Dr Manfred Blinzler had come from Bavaria. Carpenter Philip Hußlein shared with us his fresh impressions from his work in Fotadrevo. From Leipzig had come construction engineer Ingeborg Müller, who had designed some

of the new hospital buildings for Fotadrevo, Margit Emmrich our »helper with the charity's address«, Dr Vera Hauschild our German editor and – of course – Amanda Hecktor, who pulls all the strings as the project coordinator. Her two daughters were playing on the swing with Izzy Hughes-Morgan, our intern for four months. Professor Frieder Kremer, who hosted the DfM office in his house for five years, was also able to join us. The filmmakers Mathias Heib (director) and Volkmar Kienöl (camera) showed two touching shorts, which they had already produced from their wealth of footage from Madagascar. As a send-off we exchanged flowers, little gifts and words of thanks: Joy and encouragement for the next stage.

Margit Emmrich



Philip Hußlein explains the progress in Fotadrevo to Frieder Kremer



Every day the mainly female traders sell their wares in the market of Fotadrevo. Some display their produce on wobbly wooden stalls, while most spread them on a piece of cloth on the ground. After the rains in spring you can get rice, green oranges, passion fruit, tomatoes, onions garlic, courgettes, beans, meat, some cassava, leafy greens and – with some luck – bananas. Three tomatoes or onions cost about 3p. To prevent problems with change, you should remember to not pay in bills bigger than 1000 Ariary (about 25p).

The situation in the country:

2016 meant one thing for Madagascar: drought. This is the third year of failing rains in a row. The crop failures and food crises affected more than a million people by the end of the year, most of them in the south. Half of all kids under 5 are malnourished.

90% of all people still live on less than \$2 a day – one of the highest poverty rates in the world. Sadly, contrary to global trends, neonatal mortality is on the rise as well. This is what we are trying to tackle.

Emergency Fund – Meeting the costs of care for the poorest patients

Health insurance is inaccessible for most people in Madagascar and it is common for patients to have to pay for all the treatment they need by themselves. For many Madagascans, this is impossible. Because of this we have used some of your donations in 2016 to subsidise the cost of treatment for 141 needy patients in the hospitals of Fotadrevo and Manambaro. Your help has made these often lifesaving emergency surgeries possible.

Over the past few years we had to adjust the criteria for assigning these funds several times. There is never enough money to fund the treatment for all patients. As of 2016 we have been able to conduct means tests (concerning income, ownership of land, goods or livestock) to decide which patients should receive partial or full support. This allows us to help even more patients.

We would like to share with you the moving story of one of these, Cynthia.

CYNTHIA'S CAESAREAN SECTION

Cynthia, 25, lives in Manambaro. When the time came for her to deliver, she was brought to the nearest health centre. But despite many hours of labour, the birth did not progress. She was quickly referred to the Manambaro hospital and was given the appropriate drugs to aid with the delivery, but still, the baby did not move. Mother and child were in danger for their lives. The team around Dr Heuric Rakotomalala had to act quickly and performed an emergency C-section. The baby was suffering sepsis, caused by the long birth process, requiring a course of antibiotics lasting several days. The family was only able to contribute a small sum to the costs of the intensive treatment, so the remaining costs had to be covered by the Doctors for Madagascar emergency fund.





Every Tuesday, Thursday and Saturday, food is distributed to the patients of the Hopitaly Zoara and their relatives. Each patient brings their container and receives 4 cups of rice and 500 g of zebu beef.

Food for Patients – Caring for the whole person

In most Madagascan hospitals, patients are cared and cooked for by their relatives. This can often cause financial problems, especially during longer stays. To make sure patients receive adequate nutrition to recover and are not forced to stop treatment early, we provide rice and meat for all inpatients and up to two family members during their stay at the hospital. In 2016 we were able to provide over 10,000 such rations. You can watch a short film about this project on our homepage.

As of summer 2016 we have started a new programme in Fotadrevo to provide food for TB-patients during their treatment, which usually lasts 6 months or more. The programme, »Tohan'anina ho amny Marary ny Tiberkilaozy« – or TOMATI for short, provides rice, milk powder, soya meal and maize porridge – at least 2,400 kcal per person per day.



Food is being prepared in the communal kitchen. The patients' relatives have to bring their own cooking utensils and any additional food they need.

Skills to Save Lives – Medical Training

Our comprehensive training programme »Skills to Save Lives« (STSL), funded by the Rotary Club of Kronach and partnering Clubs went into its second year in 2016. The aim of this project is to improve the standard of training among medical, technical and nursing staff in the hospital of Fotadrevo and other clinics in the south of Madagascar, to establish quality standards and to strengthen the collaboration between healthcare facilities in the region

Achievements of 2016

Our activities this year were guided by the results of the hospital evaluation conducted the year before by an anaesthetist from the Charité hospital of Berlin, who specialises in healthcare in Africa. This evaluation revealed substantial shortcomings in hospital hygiene. Two nursing trainers working for the French Red Cross were sent on an aid mission to Fotadrevo to teach theoretical knowledge and practical skills on this subject to the entire hospital staff. The anaesthesia nurse of the hospital of Manambaro, Be José, was sent to the capital to receive further training in anaesthesia. This course prepared him to use the new, robust and locally suitable anaesthesia apparatus that we have provided to the hospital.

Fotadrevo also received its share in technical innovations through the expansion of its solar power system, thanks to support by the Nord-Süd-Brücken Foundation. The new system provides almost all the power to the hospital, including the operating rooms. This is somewhat of a luxury – only 13% of the Madagascan population have access to electricity.

Monsieur Harri, our experienced jack-of-all-trades technician is currently at work not just in Fotadrevo, but also in the surrounding health centres and in the hospitals of Manambaro and Ejeda. He travels from place to place, checking damaged solar panels, AC/DC converters, generators, refrigerators and medical equipment, doing repairs wherever possible and obtaining replacement parts.

A great success has been the printing of the first edition of the tropical medicine textbook »Where there is no doctor« in its Malagasy translation. The books were given out to health workers, nurses and midwives in remote villages all across Madagascar to improve healthcare in rural areas. A second edition will follow in the coming year.

CROIX ROUGE – THE RED CROSS IN FOTADREVO

In September two nursing trainers from the French Red Cross set off for Fotadrevo to deliver a training course on hospital hygiene.



On their return, Nolwenn Thiessard and Marie-Odile Girardot spoke in glowing terms about the Malagasy hospital team, whose commitment and diligence outweighs Fotadrevo's serious limitations in resources and logistics. The nursing staff had been keen to improve their practical and theoretical knowledge to improve patient care. Despite the shortness of their stay, Nolwenn and Marie-Odile quickly built a friendly relationship with the staff through their daily work. They are looking forward to their next mission in autumn 2017!



SAFE ANAESTHESIA IN MADAGASCAR

A generous donation from the company Dräger of Lübeck, Germany – an internationally renowned medical and security technology manufacturer – enabled us to equip the clinics Hopitaly Zoara in Fotadrevo and the Hopitaly SALFA Manambaro with two brand new anaesthesia machines. These instruments are adapted to the requirements and limitations of developing countries. For both hospitals this means a significant improvement for the safety of patients during surgeries.

It took a lot of work to get the machines up and running. First we had to organise appropriate training for the anaesthesia staff. This we did with the help of Prof Tsiry, a professor for anaesthesiology in the capital Antananarivo. Over the course of several weeks of training he recapped the current anaesthesia techniques and explained the new procedures to the staff.



Near the end of the year we were able to run a three-week on-site training course thanks to the a visit by Dr Michael Gugath, an anaesthesiologist from Freiburg. In this hands-on training he demonstrated various anaesthesia techniques as well as handling, cleaning and maintenance of the machines. In 2017 we are planning to install another anaesthesia machine and conduct a training mission with an experienced anaesthesiologist.

A lorry makes a quick stop in Fotadrevo. This 'bush taxi' carries people and all manner of cargo. During the dry season it's about 16 hours' drive to the coastal city of Toliara, 250 km away. During the rainy season it can be up to 4 days.



TURN ON THE LIGHTS! SOLAR POWER FOR FOTADREVO

Thanks to the financial support of the Nord-Süd-Brücken Foundation and the organisational and practical know-how of electrical engineer Philipp Mengs we were able to equip the clinic in Fotadrevo with new photovoltaics. In early summer Philipp travelled from Antananarivo to Fotadrevo alongside 2.3 tons of batteries, 25m² of solar panels and all sorts of cables and screws. Out of this pile of materials he fashioned a reliable power source for the hospital. The surgery tract and the laboratory, the outpatient clinic and the ward are now supplied with power at all hours of the day. The walkways between the buildings are lit at night and patients and staff can charge their mobile phones. This has greatly eased

the demand on the diesel generator, which is only used to supply power for the staff accommodation in the evenings – a great luxury in Fotadrevo, which normally falls pitch black after 6pm.



MADAGASCAR ON FILM

Again our team travelled to Madagascar in April on our annual mission. But this time we were accompanied by the director Matthias Heib and the camera man Volkmar Kienöl. The two Berliners joined us on a number of meetings in the capital Antananarivo and visited our partner hospitals in Fotadrevo and Manambaro. Their goal was to document the work of DfM in Madagascar and capture impressions of the country and its people. The result is several short films that present our projects, but also display touching images of Madagascar, its moods, sounds, colours and shapes. You can find these films on our website. Thank you to Matthias and Volkmar for joining us on this trip and for the beautiful result!



Volkmar Kienöl (top) and Matthias Heib (bottom) at work.



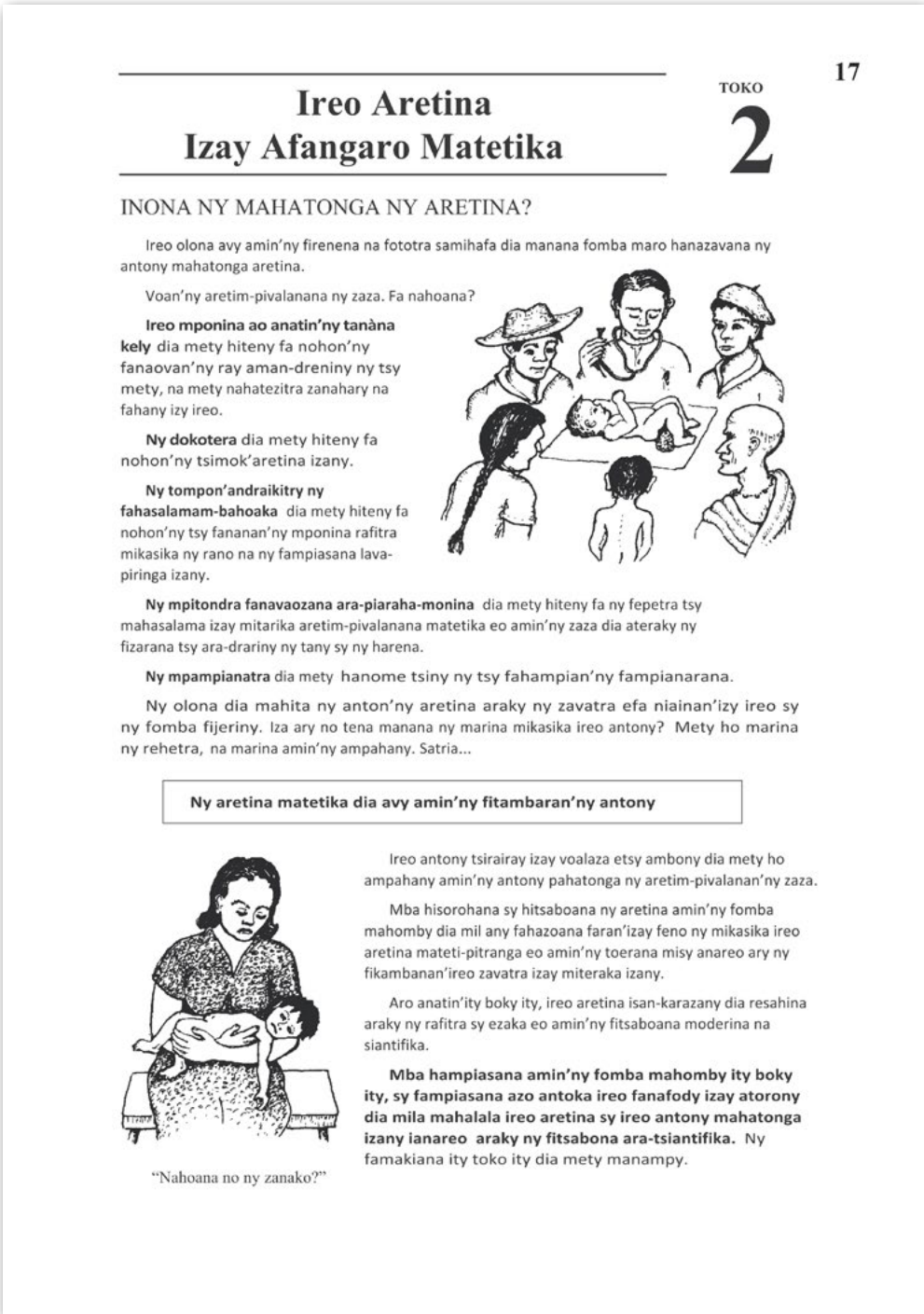
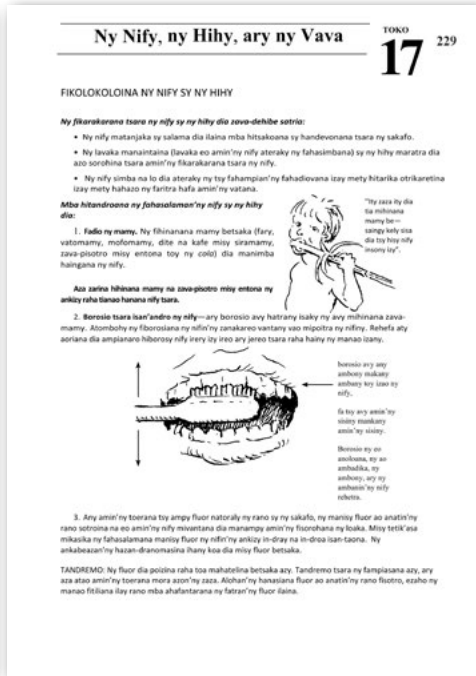
The 473-page Malagasy version of *Where There is No Doctor*

**MALAGASY TRANSLATION OF
»WHERE THERE IS NO DOCTOR«**

In collaboration with the British embassy in Madagascar, we were able to produce a Malagasy-language version of *Where There is No Doctor* – one of the most widely used textbooks on basic healthcare in rural areas in developing countries. The book covers all aspects of basic healthcare, with a special focus on nutrition, infectious diseases, hygiene, preventive care and maternal and pediatric care. Since its initial publication in 1973, the book has been translated into more than 100 languages. The goal of the Malagasy translation is to give access to this condensed knowledge to everyone working in basic healthcare in Madagascar, especially in areas with limited training opportunities and resources.

Working with USAID, we have already distributed 200 copies of the new book to NGOs and healthcare providers in Madagascar. Over the coming year we are hoping to collect suggestions for improvement, criticisms and additions, in order to produce an enhanced second edition. This we hope to produce in far greater number and to circulate it as widely as possible across Madagascar.

The book 'Where There is No Doctor' largely avoids medical jargon and uses many illustrations to explain health issues and procedures. This chapter describes 'diseases and their causes', others focus on topics like broken bones, parasitic worms, malaria or toothaches.



Our team on the ground



Larissa Zakamendimby, midwife and Santatrininaina Vohikafaliana, midwife in Manambaro



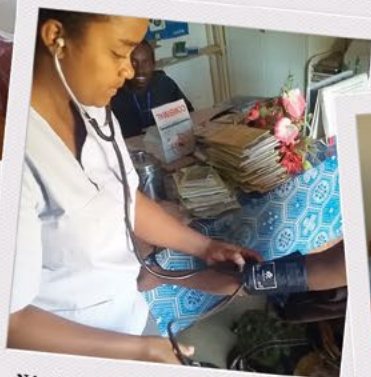
Lovaso Razananirina, midwife in Fotadrevo



Dr. Jeannot Randriantsoa, coordinator of the Maternal Health Project in Tana



Dr Zavaniarivo Rampanjato, medical coordinator in Fotadrevo (Aug-Oct 2016)



Nirina Rasoanandrasana, midwife in Fotadrevo



Doctors for Madagascar Team in Fotadrevo



Tantely Rajaona, local coordinator in Fotadrevo



Doctors for Madagascar Team in Manambaro



Rinah Andriamifidisoa, local coordinator in Manambaro



Claudia Rakotovoavy, country coordinator in Tana



Pascalín, ambulance driver in Fotadrevo



Nomenisoa Vololonirina, midwife in Fotadrevo



Ando Randrianantenaina, ambulance driver in Manambaro



Adrien, Pierette, Gaetan and Olivier, community health workers in the Fotadrevo region



With the help of midwife Lovasoa, this little boy was born in the ambulance just before it reached the clinic. At the Hopitaly Zoara midwife Olide tested his vital signs and administered a dose of vitamin K.

Safe pregnancies and births – Our project to reduce maternal and neonatal mortality

Every day more than 800 women die of complications around pregnancies and births, more than half in Sub-Saharan Africa. The situation in Madagascar is particularly dire. The maternal mortality rate there is about 45 times higher than in the EU. There are multiple reasons for this, but among the most important are a lack of antenatal exams that would reveal risks early and a lack of qualified medical staff able to respond in an emergency. Since 2016 Doctors for Madagascar has been working to make a lasting difference in this field, thanks to the generous support of the Else Kröner-Fresenius Foundation and the Saxony Youth Foundation. This has allowed us to involve 2 hospitals and more than 20 basic health centres in the project.

A lot has happened already: 15 additional midwives and community health workers have been employed to allow antenatal care even in the most remote villages. Two delivery rooms have been created or renovated. Equally important was that all partners are equipped with the necessary drugs and materials. In collaboration with the German charity Mobile Hilfe Madagaskar, we also conducted crash courses for midwives lasting several days. For emergencies we provided two Toyota 4x4 ambulances (and a third

vehicle from 2017) to transport patients in Fotadrevo and Manambaro. The project also includes counselling regarding birth control.

OH HAPPY DAY!

To help with our project to reduce maternal and neonatal mortality we shipped a second 4x4 ambulance in 2016. This vehicle will be used to transport of pregnant women in emergencies. Often patients spend many hours or days walking or on the back of an oxcart to reach a hospital, even in life-threatening cases. The excitement spread among the staff and patients of the hospital when the new Landcruiser rolled through the gates of the Hopitaly SALFA Manambaro for the first time. To welcome it they had put up palm fronds at the entry gate, prepared spray bottles of dyed water and painted signs saying 'Tonga Soa' – 'Welcome'. We thank the Saxony Youth Foundation for financing this new vehicle and wish it many safe journeys in the years to come!



This woman (42) is happy and relieved over the birth of her little girl. It is her twelfth child, but this, she says, will be her last.

The village elders have called together all the pregnant women to listen to the community health workers explain the importance of antenatal checkups. They can receive these for free at basic health centres in the region. Mothers giving birth to children in these health centre are provided with 'clean delivery kits', containing all necessary utensils for a safe birth – including gloves, bandages, an umbilical cord clamp and Vitamin K supplements. Mothers also receive a 'dignity kit' as a gift. This includes a set of baby clothes, a 'Lambaonany' – a traditional piece of cloth used to swaddle newborns.



PREGNANT IN THE MIDDLE OF NOWHERE: A DAY WITH THE ANTENATAL CARE TEAM IN THE MADAGASCAN SAVANNAH

7am: My mobile phone alarm rings over the morning noises of Fotadrevo. A quick wash over a bucket, coffee and I am ready. Dr Zava, one of the DfM doctors in Fotadrevo smiles at me and lifts the heavy mobile ultrasound into the vehicle. Alain, the ambulance driver, does a final check, the midwives Nirina, Vololona and Lovasoa are sitting on the bench in the back. Our goal for today is the 'Clinique Mobile' in the remote village of Beamalo. The basic health centre, or Centre de Santé de Base (CSB), there is the only point of call for thousands of people and is truly basic - no running water or power and only occasionally supplied with drugs. Our project Vohoka Ieren-Doza (Malagasy for 'safely pregnant') supports the centre and its only midwife Armandine in performing antenatal checkups for pregnant women.



Community health worker Olivier explains to the waiting women how they can protect themselves and their unborn children from malaria.

We arrive just after 8 am, but already a large number of women is waiting in front of the centre. Armandine waves to us and shoos the crowd out of the way so we can carry our equipment into the examination room. The CSB of Beamalo is picturesquely situated on a little hill, which offers a touching view: Over the whole day, groups of women are crossing the savannah to come here. Many of them are carrying baskets full of food and pots for cooking and little green notebooks - maternity passes. Mr Olivier, the community health worker for the area, has informed the women about the antenatal checkups available today. He welcomes each arrival and sits them down in groups to wait. In the examination room Lovasoa and Armandine examine each pregnant woman in

turn and inform them about precautionary measures and the importance of having a skilled birth attendant. In addition, they give out iron and folate supplements as well as antimalarials and deworming tablets, if necessary. At the same time, Dr Zava is using the mobile ultrasound to examine women in the last trimester.



Thanks to the mobile ultrasound, complications can be discovered even in remote areas.

Some of the women are suspicious of the unfamiliar, flickering machine. Dr Zava is patient in explaining everything they can see. Seeing the beating heart of their child on the shining screen breaks the tension over the technical aid - though occasionally a woman asks if the pulsating heart muscle might not be a speaking mouth? 4 pm: nearly 100 pregnant women have been examined today. They have received medication, information and advice on healthy pregnancies and safe deliveries. For five of the women, the ultrasound revealed the possibility of life-threatening complications. For them, deliveries were arranged in the hospital of Fotadrevo. Some others also received bad news. One very young woman with greatly extended belly came to the hospital in high spirits. She appeared to be deaf and mute and did not care about some of the other women snickering or even laughing at her. Lovasoa felt her abdomen and immediately sent her to Dr Zava for an ultrasound. The examination revealed that the woman was not pregnant at all, but instead was suffering from severe ascites - fluid deposits in her belly, presumably as the result of a dangerous liver disease. The doctor tried to explain to the woman that she had to go to the hospital immediately to be examined and treated there. We don't know if the woman understood this, but she clearly did understand that she was not pregnant after all. Close to tears, she grabbed her parcel of food and her maternity pass, walked out and disappeared.

Nadine Muller,
physician and DfM board member



Pregnant women wait in the shade in front of the Centre de Santé de Base of Beamalo

The achievements of the project in 2016



More than
4,000 antenatal checkups



1,300
ultrasound examinations



More than
800 safe deliveries



More than
60 C-sections



More than
70 life-saving ambulance trips
(average driving time per patient 4-6h)



16 midwives participating in a structured training programme



Renovation, repairs and supplementation of equipment for **2 delivery rooms** and **6 health centres**



'La charrette', the oxcart, remains as the main mode of transport in and around Fotadrevo. More advanced versions have rubber tires.

PORTRAIT: MONSIEUR ANDO – AMBULANCE DRIVER IN MANAMBARO

Ando Randrianantenaina has been working as the ambulance driver for Manambaro hospital since September 2016. He is 33 years old and was born as the son of poor farmers in the Madagascan highlands. Like in many other families, there was never quite enough to eat. Ando says that often they had to eat the same thing for months, for example sweet potatoes baked in the ashes of a fire – twice a day, nothing else.



His father left the family when Ando was three, leaving his mother to fend alone for the family. Ando, the youngest of 12 children later had to drop out of primary school to help out in the field. Even today he barely knows how to read and write. At 12 he was sent to his aunt in the capital as a housekeeping help. While her five children were able to go to school, he was not given that opportunity. Aged 17 he came to Dr Heuric and his family. They enabled him to train as a mechanic and paid for him to learn to drive. For 13 years he then worked as a bush-taxi driver and learned the difficulties of that job. Occasionally he and his passengers got stuck for days on the flooded roads during the rainy season, until conditions improved. Even his first trip as an ambulance driver proved to be a challenge: He had to pick up a women with birth complications from a CSB deep in the savannah and had to carry her to the ambulance. The baby was delivered with the help of the attending midwife before they even reached the hospital.

Construction and volunteer missions

Back in November 2015 we opened the new hospital buildings in Fotadrevo with a great celebration. The staff team settled in well over the past year, but the work is not over. Especially the sewage system required repairs, adjustments and even some new construction, as some of the original plans proved unworkable. To do this, two teams of the Rotarian charity Water Without Borders spent a total of four months in Fotadrevo, completing the works under the burning sun. The young carpenter Philip Hußlein, too,

made Fotadrevo his home for five months. Tables, chairs, mosquito frames for windows and doors, awnings for the relatives of patients and a new house for the generator – nothing that Philip, his local apprentice and their assistants could not do. He found it hard to leave Fotadrevo, but he hopes to return in 2017.

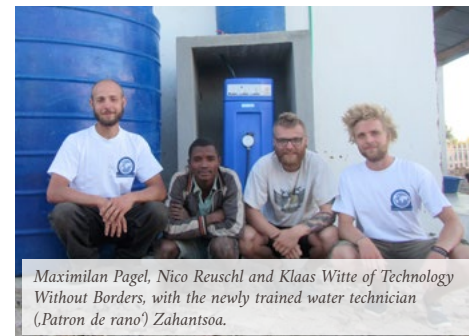
Every time the ambulance arrives in Fotadrevo, blue light flashing, it causes quite some commotion in the Hopitaly Zoara. Just the fact that the car has been sent out to pick up just a single person is remarkable to some.



COMPLETING THE WATER SYSTEM

In early 2016 Maik Hermann of the charity aquanostra, the Leipzig engineer Peter Kircheis and later Maximilian Pagel, Klaas Witte and Nico Reuschl of Technology Without Borders travelled to the Hopitaly Zoara in Fotadrevo to complete the water system. The most important thing was to build a new sanitation building. This attaches directly to the ward and provides two showers and four toilets for patients. In addition we installed a rainwater collection system

to save the precious rain in cisterns and reduce the impact of the hospital on the groundwater levels. We put up several drinking water taps, equipped with filters, that provide safe and clean drinking water to patients and relatives from the hospital well. Finally, we build a small incinerator to dispose of infectious hospital waste such as needles and bandages. In all these works, we included 16-year-old Zahantsoa from Fotadrevo to prepare him for his new role as ‚Patron de rano‘ (approximately ‚Lord of the water‘). This includes all the maintenance and water management for the hospital. The entire water project was financed through a Rotary Global Grant under the lead of the Rotarian charity Water Without Borders as well as through donations from several Rotary clubs.



Maximilian Pagel, Nico Reuschl and Klaas Witte of Technology Without Borders, with the newly trained water technician („Patron de rano“) Zahantsoa.

Klaas Jerit Witte,
Technology Without Borders, Leipzig

A CARPENTER'S ADVENTURES IN MADAGASCAR

The goal of my carpentry project, which was supported by the German Embassy in Antananarivo, was to equip the hospital of Fotadrevo with new furniture, mosquito protection for all buildings and to train a young and enthusiastic Malagasy apprentice in carpentry. I had started to plan out the furniture and the materials we would need back in Germany, so when I arrived in Antananarivo I immediately started the challenging search for nails, screws and hinges. Andry, a DfM employee, and I took three days to get all the materials together. In the meantime, Norbert, a German engineer and owner of a carpentry business in Fort Dauphin – 1,200 kilometres away at the southern tip of the island – had obtained all the wood I requested and prepared it according to the specifications. I then set off with a lorry full of timber, 5,000 metres if laid end-to-end, to Fotadrevo. The drive was quite an adventure, but after 23 hours it was finally over and the real work could begin.



Jean-Remy, Philip's apprentice, poses proudly with the new workshop bench.

After a five-month mission we had fashioned 18 chairs, 21 stools, 13 benches, 2 desks, 19 shelves, one bed, one nappy-changing table, three tables, one workshop bench and a carpenter's bench, countless mosquito frames for windows and doors, a new shed for the generator, two awnings for the patients and a swing for the local school. Saying goodbye was difficult both for myself and for my new friends. The communication with my apprentice Jean-Re-

my was working pretty well by the end, after quite some difficulties at the start, with me speaking no Malagasy or French and him speaking no English, but over time he learned some English and I picked up a bit of Malagasy.



One task was to build robust shelves for the clinic's reception. These are used to archive the notebooks that serve as patient files.

Being in Madagascar taught me a lot about improvisation, but also about myself – and about happiness and contentment, success and failure. Every time I see news or pictures from Madagascar and the partner hospitals it's a joy, but also a motivation. Doctors for Madagascar gave me the chance to use my specialist knowledge and carpentry skills to help in Fotadrevo, and I am very grateful. Hopefully I will soon be back to making furniture there – or building a greatly needed house for the relatives of patients.

Philip Hußlein, carpenter

FROM THE OLD TO THE NEW – IMPRESSIONS FROM THE NEW HOSPITAL OF FOTADREVO

April 2016. After more than three years I am back in Fotadrevo. This time I am more relaxed. The bumpy 10-hour drive from Toliara is strenuous, but without incident. The region has become safer, fewer people are carrying guns or spears. As we come into Fotadrevo we drive past the old site of the Hopitaly Zoara. The senile buildings are standing forlorn, a padlock on the gate prevents entry. A strange sight – last time I was here this looked like a scene from 'Where's Wally?'. People were coming and going all the time, nurses hurrying from one place to another, street vendors selling Mukaris (rice buns) and Zebu-stew to patients and their families. Now the place lies abandoned.

At the other side of the town we turn into the driveway of the new Hopitaly Zoara. Wow. Compared to what we just saw the new hospital complex is huge. The buildings look neat, straight, whitewashed walls, striking blue roofs, covered concrete walkways, drinking water taps, signposts, a covered outside waiting area for relatives and a communal kitchen. Behind a small fence starts the 'staff village' which houses the employees. The banana trees on the evaporation plain of the biological sewage treatment system are softly moving in the wind – a lively green in the brown savannah. All looks ordered, structured, stable. What a difference to the old site! Not everything is perfect – on closer inspection you find the occasional tap with no plumbing, bumped corner or patch of crumbling plaster. But these pale



The outpatient building of the former clinic.

into insignificance when I think of the contrast with the old site...

And what a site! Anyone who remembers the old hospital will understand my surprise: all the beds on the ward are separated by screens, creating a modicum of privacy for the patients. The room is much more spacious, with a higher ceiling and better ventilation, making heat and smells easier to bear. Mosquito nets on beds, windows and doors are keeping out malaria-carrying mosquitos. The surgery rooms have changed as well. Now there is sufficient space, there is running water and the rooms are easier to keep clean. I could go on forever. After the first night I am relieved to learn that not only the hospitals but also the street vendors have moved: right in front of the gate you can get hot Mukaris and cloyingly sweet black coffee from dented enamel cups. I was looking forward to this. Some things better don't change.

Amanda Hecktor
Project Coordinator for Doctors for Madagascar



Between the surgery bloc and the ward of the new hospital

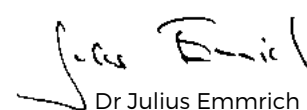
The grand weekly market every Tuesday attracts thousands of people from the surrounding area to Foradrevo. Many dress up for the occasion. Men traditionally wear a blanket over their right shoulder. The main attractions on the market are a travelling cinema, gambling dens, music, and a stall for charging mobile phones.

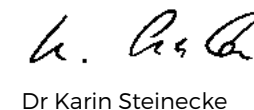


Thank you!

We want to express our deepest gratitude to all of you who have supported us so faithfully over the past five years, giving us hope, motivation and the means to carry on. With every year the support grows and the tasks become more challenging. By now we have 12 employees in Madagascar, who are essential for making our projects a reality. Without their cultural background and Malagasy insight into the situation on the ground, without their ideas and criticism, Doctors for Madagascar would not be what it is today. This European-Malagasy mix is interesting and exciting, sometimes complicated due to cultural misunderstandings, but most of the time a lot of fun. And you, our supporters, donors and friends, make it possible for our team to work successfully to improve healthcare provision in one of the poorest countries of the world. We have achieved a lot this year, but much more lies ahead. Please keep up your wonderful support.

On behalf of all at Doctors for Madagascar,


Dr Julius Emrich


Dr Karin Steinecke

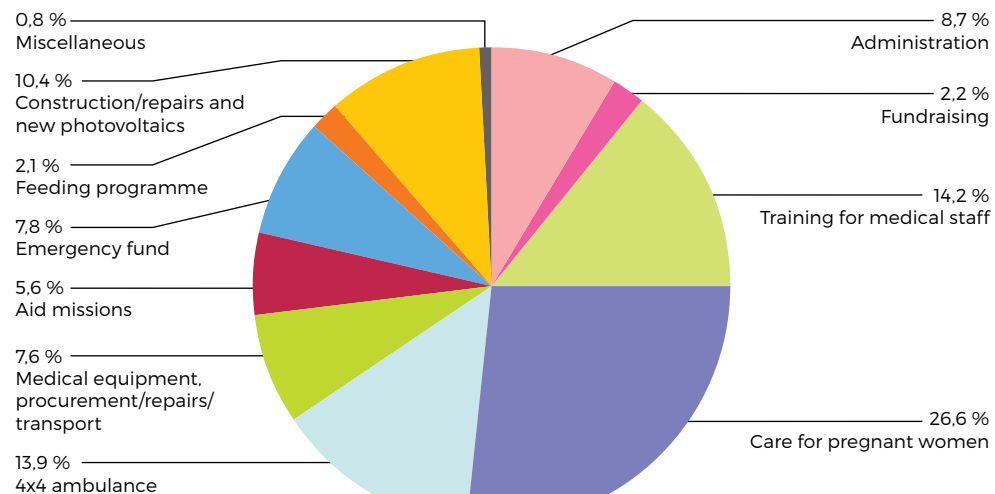

Nadine Muller

INCOME

Financial donations	279,055.52 Euro
Donations in kind	8,500.00 Euro
Total	287,555.52 Euro

EXPENSES

237,893.52 Euro





GET INVOLVED!

DONATIONS ACCOUNT:

Recipient:	Doctors for Madagascar UK
Bank:	Charities Aid Foundation
Account number:	00023337
Sort code:	40-52-40

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