



Annual Report 2021

Doctors *for* Madagascar

Dear friends, supporters and donors of Doctors for Madagascar, We are celebrating our 10th anniversary!

'There is a medical emergency in Madagascar. Many diseases are treated too late or inadequately. There is a lack of doctors, hospitals and medical equipment.' This post went online on our Facebook page on 31. August 2011 and marks the beginning of Doctors for Madagascar. In a country of mesmerising beauty and cultural diversity, there is a lack of medical infrastructure and primary care services. Droughts, floods and mismanagement drive millions of people into hunger and extreme poverty. In the struggle against these challenges, the issue of healthcare provision is often pushed to the background – for 10 years now, our main task has been continuously improving it.

In January 2012, we watched with beating hearts as the first shipping container with relief supplies was picked up at the Leipzig exhibition grounds. For two days and nights, we and our enthusiastic volunteers loaded it with used surgical instruments, operating theatre equipment, hospital furniture and everything else that we collected as donations from all over Germany.

With just four volunteers, our organisation began its work in the south of Madagascar in 2012, with the aim of ensuring high-quality medical care in the long term.

2012

In the beginning, all we had was an all-terrain Unimog-Ambulance, donated by the German Armed Forces, and a small clinic, constructed in a converted rice mill in Fotadrevo. The word got out quickly that patients could receive reliable care there. They came from far afield and soon enough, the site, despite several extensions and hospital tents, no longer sufficed.



Together with our Malagasy partner, Dr. Elson Randrianantenaina, we set about building the Hospitaly VaoVao (Malagasy for new hospital) in Fotadrevo. Concrete supplies and rainwater pipes had to be organised, the pharmacy store replenished, wooden furniture carpentered, and sterilisers, malaria nets and solar lamps procured.

2014

A benefit concert at the Berliner Philharmonie with the motto 'Experience music – save lives' gave us some much needed momentum to finance the construction of a new hospital.



2016

The first Land Cruiser ambulance made its way to Madagascar. Today, a total of six all-terrain ambulances for emergency transport stand ready at four locations in the country.



2015

At the end of 2015, the moment arrived: a 50-bed clinic was opened in one of the most remote places on the island. It continues to thrive today – now entirely independently. We are particularly pleased about this.



2017

We set up new project sites in hospitals in Ejeda and Manambaro. We are committed to improving the population's access to affordable and high-quality health care.



Today, 10 years later, we have taken our contribution to healthcare in Madagascar to a new level. Even in the most remote settlements, surrounded by thorn trees and rocky wastelands, community health workers are on the road on bicycles and motorbikes to treat patients and educate people about health issues. Over the years we have supported around 70 health centres (Centre de Santé de Base) and six referral hospitals with our work.

2019

Together with the *Charité Berlin*, we launched a mobile health savings wallet, 'mTOMADY', in the capital Antananarivo. Today it is used by more than 250,000 people and the project is now an independent non-profit organisation.



In order to tangibly improve healthcare in Madagascar, we focus on the areas of greatest need: the treatment of pregnant women and children, and people suffering from serious infectious diseases such as tuberculosis.

Last year, however, we provided humanitarian aid on a large scale for the first time in the fight against famine. Over 6,000 malnourished children received emergency rations for several weeks. We also participated in the fight against the COVID-19 pandemic. We were able to completely equip two intensive care units in the capital Antananarivo with ventilators, oxygen concentrators and protective equipment.

We would like to thank all of you - friends, supporters and staff in Madagascar, Germany and beyond - from the bottom of our hearts for your commitment, in some cases over many years. Nothing we achieved in the last 10 years would have been possible without you, from the first operation in our first donated tent to the 56,000 safe deliveries since then, from the more than 30 construction and renovation projects carried out to the countless lives saved.

2020

We build and expand clinics in the bush, drill wells and install solar systems for a reliable supply of water and energy - we have now supported the construction of more than 30 health centres.



2021

The team of the project 'Together against Tuberculosis!' in Ejeda, representing the almost 100 employees who are now working for our association at 5 locations in Madagascar.

We are all proud of what we have achieved together in 10 years with an enthusiastic and energetic network, selflessly willing to help. And we are confident that we will be able to continue helping many people in Madagascar to lead healthy lives in the future. We look forward to what lies ahead.

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Introducing our country director, Madame Hortensia

Name:

Hortensia Ramasimanana

Location:

Antananarivo, Madagascar

Role:

Country director at Doctors for Madagascar since 2020

Hobbies:

Trekking and hiking

Education:

Finance and accounting, MBA

Languages:

Malagasy, French and English

Motivation:

I have the ambition to change something in my country. My daily work allows me to contribute to change.

My life motto:

Whatever you do, do it with commitment, passion and skill!

When I was a child:

... I always wanted to become a doctor. Even though my career took a different path, my current position allows me to work closely with doctors from Madagascar and also from Germany.



Madame Hortensia Ramasimanana in her office in Antananarivo.

My best experience at DfM:

... was personally meeting some of the patients that our organisation had helped. This experience showed me how important our work is for these people and strengthened my desire to do more.

Wishes for 2022:

I wish to be able to help as many people as possible to access healthcare and to continue to work together to save lives. I also wish that the COVID-19 pandemic would end soon.

The fight against famine

The south of Madagascar suffered the worst drought since 1981 last year. Drought and sandstorms inflicted devastating damage to the fields. Livestock died of starvation and thirst. People ate cacti, locusts or indigestible plant remains. Several thousand people were threatened with starvation.


To fight against the effects of this dire famine, we began distributing food to particularly vulnerable groups – children and people suffering from debilitating tuberculosis – in spring 2021, at the height of the crisis.

A total of five mobile teams conducted visits in more than 30 locations, including a prison, in the Atsimo-Andrefana and Anosy regions to screen people for signs of malnutrition.

Malnourished children were given a high-calorie therapeutic food: Plumpy'nut peanut paste. Tuberculosis patients were given staple foods, including rice, soy powder and vegetable oil. During the 6–8 weeks of treatment, the patients were examined weekly. If complications occurred or the level of malnutrition was too severe, we organised a referral and treatment at a clinic.

A project worker distributes 'Plumpy Nut', a peanut nutritional paste, to malnourished children.

Thanks to the generous support of members of *Madagasikara Namako*, *AMREF Germany* and the *Vitol Foundation*, we were able to screen more than 6,000 children and more than 1,300 tuberculosis patients for malnutrition in 2021, and successfully treat more than 4,000 children and 1,100 tuberculosis patients and their families.



6,047 children were screened for malnutrition

1,270 severely malnourished and **1,705** moderately malnourished children received up to 3 portions of high-calorie ready meals daily for at least 6 weeks

Over **51** tonnes of nutritional support (rice, soy powder, vegetable oil) were distributed to tuberculosis patients

217,200 rations of high-calorie ready meals were distributed to malnourished children

Screening examination in the village of Ifarantsa in the south of Madagascar. An employee of Doctors for Madagascar determines the average circumference of the upper arm with a measuring tape. Fortunately, this child is fine and is not malnourished.



The measures to fight COVID-19 in Madagascar were severe – public transport was suspended, exit bans were in place and borders were closed.

COVID-19 in Madagascar

In spring and autumn 2021, COVID-19 cases increased rapidly and hospitals throughout the country were overwhelmed. The capital Antananarivo was the most affected. Schools and public buildings served as improvised hospitals. There was a lack of staff, oxygen and equipment. Even the two largest COVID-19 clinics in the country lacked equipment.

We provided emergency aid at the request of the Ministry of Health. Through our existing network of community health workers, we were able to reach people in remote villages. We also produced radio and TV spots in the urban centres most affected by the

pandemic to raise awareness about infection prevention.

As a result of our appeal for donations in Germany, we were able to fly 17 ventilators, 49 oxygen concentrators and several tens of thousands of masks, protective gloves and other medical equipment by a DHL cargo plane. The equipment was used in the two largest COVID-19 clinics in the country.

We are particularly grateful for the large donations in kind from the Rheinsberg Rescue Service and the support of the *German Agency for International Cooperation (GIZ)* and the *Vitol Foundation*.



Handover of 17 ventilators, 49 oxygen concentrators and a lot of additional material for two COVID intensive care units to the Madagascan Ministry of Health. The Malagasy Minister of Health, the German Ambassador and representatives of WHO and GIZ were in attendance. Madame Hortensia, our country director, is second from the right.



Our team translated material from the WHO into Malagasy. The resulting TV spots provide information on safety measures to protect against COVID-19 infection, among other things.



Mr Ebera, singer-songwriter from Ejeda with his guitar. In this picture, he is singing a song about healthy pregnancy. Families in a small village near Ampanihy made themselves comfortable in the shade and listened attentively.

Singing sensitisation: health information through live music – from rural Madagascar to the WHO

Only a small proportion of the rural population in Madagascar is able to read and write. As a result, health information is mostly passed on by word of mouth. But many people love music, especially singing along to loud music. This is exactly what we built on in our collaboration with Monsieur Ebera, a singer, songwriter and guitarist from the village of Ejeda. ‘Singing sensitisation’ as a medium of health communication in rural areas was born.

Ebera wrote the first song for his live musical performances in 2019 in the wake of the measles outbreak on the island. His lyrics increase awareness of health risks and debunk misinformation. After his performances were met with a great reception by the population, he started writing songs about other health topics: Ebera now also educates people about tuberculosis, maternal and child health, and the necessity of vaccinations with his songs – and with success!

The messages are conveyed through songs that tell stories in local dialects. The live performances take place in central market-places and there is always at least one large loudspeaker. During the discussions that follow, community health workers leave no question unanswered.

There was a pleasant surprise in November: Monsieur Ebera’s ‘singing sensitisation’ was presented as an example of a successful COVID-19 health sensitisation project by the WHO. Through an epidemiological webinar, a series of events organised by the WHO, public health actors on all continents learned about this project. The video conference from rural Madagascar – with more than 150 international listeners – was one of the particular highlights in 2021.



Community outreach on tuberculosis in the Bezaha village in the south of Madagascar. Employees of Doctors for Madagascar and Monsieur Ebera talk about the symptoms of tuberculosis.

Help for pregnant women and newborns

Where medical infrastructure is lacking and poverty is widespread, pregnancy complications are unfortunately not uncommon. Especially in the remote regions in the south of the island, preventive medical check-ups are often out of reach for expectant mothers. For the past six years, we have been working to improve care for pregnant women and newborns in what are now 71 health facilities. We place special emphasis on improving the accessibility of health facilities, preventive check-ups, qualified obstetric care and educational work.

In order to be able to detect complications at an early stage and treat them in time, our teams offer screening examinations with mobile ultrasound machines in rural areas. At four locations in the country, all-terrain ambulances are available to take mothers and newborns to the nearest clinic free of charge in case of emergency. On foot, these journeys would take them days.

In hundreds of villages and larger towns in the country, we work with community health workers to provide information on preventive

14,559 mobile ultrasound screenings

47,167 antenatal examinations

A mobile ultrasound examination aids the early identification of possible pregnancy complications.

measures and warning signs during pregnancy. Family planning and contraceptives are also discussed. Our activities include home visits, discussion groups and information events on market days.

This year, we were again able to support numerous health centres in securing their basic supplies of medicines and medical equipment. In more than 30 hospitals, mothers receive a 'dignity kit' after delivery, which includes clothes, a washable nappy and soap for the baby. We continuously train medical

staff through hands-on courses to ensure the best possible care for mothers and their babies.

Without the generous support of the *Else Kröner-Fresenius-Foundation* and the *AL-TERNAID Foundation*, none of these activities would have been possible, and we are extremely grateful to them.



RASOMANANA TEMA is a mother of six children and one of the approximately 30 community health workers that our association works with in Fotadrevo. Tema used to work as a teacher in the village school. Now she walks from village to village as a health worker, makes house visits, organises discussion groups and sometimes takes up the megaphone on market days.

'I take my role as a health worker very seriously. I want to help women realise the benefits of antenatal check-ups and safe deliveries. Also, the performance bonus introduced by Doctors for Madagascar motivates me to travel even to remote villages to educate the women living there. Because I work hard, I earn just enough to cover my family's needs, as I don't have a fixed monthly income,' she tells us in the interview. She hopes that **'Doctors for Madagascar will remain active for a long time so that more lives can be saved.'**



36-year-old HERELINE, who is pregnant with her ninth child, lives in Fokontany Ankopia, about 10 kilometres from CSB Fotadrevo. After three home visits where Hereline was educated by Rasomanana Tema about the benefits of prenatal care, she had an ultrasound for the first time in her life.

'I am so glad I had the ultrasound! It told me that my baby was fine and that it was a little boy. I also now know my due date, so I can start preparing for the birth and the costs involved. This was not the case with my previous pregnancies. Back then I had to sell some sheep to cover the birth costs. And I got all this valuable information from the midwife during the ultrasound.'

Now Hereline would even be willing to give birth in a hospital for the first time.



363 emergency ambulance transports

16,668 safe deliveries

2,975 treatments for serious complications during pregnancy

71 partner health centres in four of Madagascar's 22 regions

7 referral hospitals

Protection from medical impoverishment

Four in five people in Madagascar live in extreme poverty. The poverty rate further increased amid the devastating drought and the COVID-19 pandemic this year. There is no universal health coverage, meaning that in the worst case, life-saving operations and medicines cannot be paid for.

For three years now, we have been committed to ensuring that all people have access to essential healthcare, regardless of their financial situation. Through the development and implementation of the digital health

insurance card 'mTOMADY', we have taken a big step towards this goal. People all over Madagascar can now use a simple mobile phone to receive and save money for their own healthcare, or even enrol in health insurance, all without internet access or a smartphone. The payments are fast, secure, and traceable by all parties.

We use 'mTOMADY' for two projects - the first: for children under five, pregnant women, and patients with potentially life-threatening conditions, we cover the majority of

In **5,167** cases, 80% of the treatment costs were covered for children under five years of age, pregnant women and those with life-threatening illnesses

6,907 pregnant women used the Maternal Health Wallet to prepare for birth

the costs for medicines and care in nine health centres and five referral hospitals in the south of the island with the 'Tosik'aina project' (Malagasy for 'life-saving support'). Registration for 'Tosik'aina' takes place directly at the hospital. When paying their bill, patients receive credit amounting to 80% of the treatment costs.

The second project is the 'Maternal Health Wallet', which for three years has facilitated access for pregnant women to health services. Through 'mTOMADY', expectant mothers

can save money for check-ups and treatment. Friends and family can support mothers with vouchers and Doctors for Madagascar automatically doubles the amount saved as a result of your donations.

None of this would have been possible without the support of the GIZ, as well as the generous support of the *Else Kröner-Fresenius-Foundation*. Thank you!





When I was pregnant, I learned about the Maternal Health Wallet at the CSB II Anjomakely. Luckily, I had registered myself straight away because when I gave birth, there was a complication and I was transferred by ambulance to a major hospital quickly and free of charge. Additionally, I could save 50% of the costs of medication through the health wallet on my phone. I highly recommend it to pregnant women!

FANANTENANTSOA ANNICK, user of the Maternal Health Wallet from Anjomakely

9,567 treatments of pregnant women were paid for using the Maternal Health Wallet

A young mother waits in front of a health centre in rural Madagascar for her ultrasound examination.



MAMATIANA is a student in the Malagasy city of Fianarantsoa. As a patient at the Salfa Ivory Atsimo Hospital, she is registered in the 'Tosik'aina' programme. On her experience in hospital, she said:

There is a project here that covers 80% of the costs of medication, called Tosik'aina. It helps me a lot personally, and also many other people, as medication is very expensive here. That is why we want this project to continue, because there are many who would benefit from it. Thank you very much to the organisers, we are very happy.

Emergency assistant fund - Saving Lives!

For several years through the emergency assistance fund, 'Saving Lives', we have covered the costs of medical treatment for destitute patients in our partner hospitals in Manambaro and Ejeda. Social workers means-test the patients' need for assistance. Thanks to the generous support of the Ein-Zehntel Stiftung, as well as private donors, we were able to finance 80 life-saving treatments this year. Thank you!

90 year-old ETSANGANA JAONA was suffering from severe joint pains from an infection and could barely walk when he was admit-

ted to the partner hospital in Ejeda in October. Thanks to the emergency fund, he was treated successfully, even though he didn't have enough savings to pay upfront.





Improving quality of treatment and medical education

'Accelerate' is the name of our project in the Atsimo-Andrefana and Anosy regions in the south of Madagascar, which aims to improve the quality of treatment and patient safety in 37 rural health centres and 2 larger health centres.

A key element of our varied activities was the education of nurses, doctors and community health workers (see page 34).

We also introduced the 'SafeCare' programme, a structured digital quality management programme for hospitals in developing countries, in 23 health centres in collaboration with the Dutch organisation *PharmAccess*. The software makes it easier to integrate quality improvement measures into daily clinical and administrative processes.

For clinics in rural Madagascar, it is often difficult to keep medicines and medical consumables available in sufficient quantities. We are therefore supporting seven health centres to improve the organisation of medicine procurement and storage. Staff members have been trained to order and stock medicines and consumables in advance. In addition, we support the health centres financially and organisationally in setting up a circulating cash register for medicines.

Particularly important was the commitment of the local community health workers, who sensitise the population to preventive measures, disease-related warning signs or financial risk protection in case of illness. Picture books are often used to convey the content as clearly as possible.

This would not have been possible without the generous support of the *Else Kröner-Fresenius-Foundation*. Thank you very much!

A programme to improve treatment quality was introduced at **23** health centres

7 health centres received a basic stock of essential medicines

15,831 house visits, **1,767** focus groups and **1,444** sensibilisations on market days were carried out

Almost **200,000** pregnant women and young mothers were informed about antenatal and postnatal care and family planning

Almost **12,000** families were informed about financial risk protection in the event of illness



A radio spot on the prevention of COVID-19 was broadcast **60** times

Stop Tuberculosis!

The year 2030 is approaching and with it the UN goal to end the tuberculosis pandemic at the close of the decade. In 2020, 10 million people contracted tuberculosis across the world, the second most deadly infectious disease in the world. COVID-19 further exacerbated the tuberculosis pandemic. In rural southern Madagascar, tuberculosis sufferers experience major problems as countless treatment centres have been closed due to staff shortages and poor quality infrastructure.

Our efforts to improve the accessibility and quality of tuberculosis care in the Atsimo-Andrefana region are therefore particularly important. Together with state laboratory technicians, our teams travel to remote villages almost daily to conduct screenings, examine samples, and initiate and continue treatment in mobile TB clinics. To cover the often long and arduous distances, the mobile teams are equipped with a fleet of nine motorbikes. Through the tireless efforts of 50

community health workers, we have been able to provide mobile TB clinics in 23 remote villages.

To improve the quality of TB care in our partner centres, medical staff participated in training. Over the past year, we focused on the expansion of epidemiological knowledge, digital data collection and the recognition of TB-HIV co-infection.

Solid shelters were built at eight health centres so that patients do not have to wait for their treatment in the blazing sun or pouring rain.

This progress would not have been possible without the support of the *GIZ Hospital Partnerships Initiative*, *university and clinic partnerships*, the German Embassy in Antananarivo, the *apoBank Foundation*, the *Spindler Foundation* and the *Charité-Universitätsmedizin Berlin* - we are very grateful!



Mobile diagnostic outreach in Antaly, Ampanihy district. A health worker measures the height and weight of a young patient to adjust the dosage of medication.

7,347 patients were tested for TB

3,485 newly diagnosed TB patients received treatment for several months

1,580 TB patients recovered after 6–9 months of treatment

564 mobile TB clinics were prepared in 23 villages to screen suspected TB cases

Tuberculosis is a debilitating disease and therapy with antibiotics lasts several months. All patients with tuberculosis receive regular nutritional support for themselves and their close relatives during treatment to support the recovery process.



Training medical staff

Once again this year, numerous community health workers have studied and received further training on maternal and child health issues, infectious diseases and financial risk protection in case of illness. The community health workers simulated sensitisation and shared their experiences at monthly meetings.

Medical staff also received further training. Some staff members were able to travel to

Antananarivo to expand their knowledge and skills in emergency paediatric care under the guidance of an experienced paediatrician. These skills are particularly valuable when working with ambulances.

But it was not only medical staff who went back to the classroom, but also numerous TB laboratory technicians who took part in training courses on epidemiology and data collection.

768 community health workers
(pregnancy/obstetrics)

36 community health workers
(quality improvement)

50 community health workers
(tuberculosis)

30 laboratory technicians/
nurses/doctors (tuberculosis)

39 midwives / nurses / doctors were trained in maternal and child health, and in forward-looking procurement and stock management



Scientific project evaluation

To understand the impact our projects have on the health of the population, we work with scientists from the *Charité Berlin* and the *Heidelberg Institute for Global Health*. Knowledge of the impact of a project on health is key to utilising the limited resources in development cooperation where they are needed most.

The research team consists of 12 doctoral students, master's students and student assistants, many of whom are also actively involved in Doctors for Madagascar projects.

It is particularly important for us to involve our Malagasy partners and especially representatives of the Ministry of Health in all phases of a research project. This is the only way that scientific findings can have an impact on practice.

We are pleased that several studies on the impact of our tuberculosis project and on financial risk protection have reached good conclusions despite the challenges posed by COVID-19. Publications are in the making and we have learned a lot!



A project worker collects epidemiological information during a screening examination for tuberculosis.



An employee of Doctors for Madagascar fills out a questionnaire on the frequency of pregnancy complications.

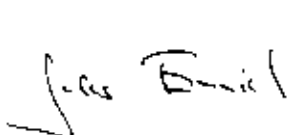
We would like to thank

... all of our friends, supporters and donors. Thank you for your commitment, your encouragement and your generosity. Thank you for your enthusiasm, for the donations and funding that have made all this possible – thank you for 10 years of support and for your trust in our work!

The small and large successes we have been able to achieve with you since 2011 make us proud and motivate us to continue to do everything we can to improve medical care for as many people in Madagascar as possible. There is still a long way to go and we are glad to be able to count on you. Thank you for your continued support and cooperation.

Sincerely,

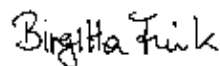
For Doctors for Madagascar
Yours,



Dr. med. Julius Emmrich



Nadine Muller



Birgitta Fink

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