

Annual Report **2024**

Doctors *for* Madagascar





→ A mother holds her child as she waits for his turn to be vaccinated in Masiaboay.

Dear friends, supporters, and partners of Doctors for Madagascar,

2024 has been a year for building resilience. It was officially the hottest year on record, and in Madagascar, a country where over 80% of people rely on agriculture – including farming, fishing, and forestry – changing weather patterns are already reshaping life. Droughts and water shortages, along with more intense cyclones that bring heavier rainfall and stronger winds, are making it harder to grow food, earn a living, and stay healthy.

At Doctors for Madagascar, we believe that health is the foundation of resilience. Healthier communities are better able to adapt, and a well-functioning health system that can respond quickly means people can better withstand the health impacts of climate change, like malnutrition, infectious disease outbreaks, or the ongoing burden of preventable illnesses. Financial protection is just as critical – when livelihoods are disrupted by climate shocks, the ability to seek care shouldn't be yet another barrier to survival.

This year, our focus has remained on ensuring people can access care when they need it in a sustainable way – strengthening health facilities, training healthcare workers, and building local capacity. We work alongside communities, healthcare providers, and public partners to ensure that what we build today can last into the future.

Thank you for being part of that commitment. We invite you to explore our 2024 annual report to see how your support is strengthening the health and resilience of the communities we serve.

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Editorial

2024 was a year of change, renewed commitment, and growth for Doctors for Madagascar. I was honored to join as Country Director in June, motivated to apply my experience to lead our teams effectively and deliver lasting impact on the ground.

Over the years, I've seen both the strengths and challenges of Madagascar's health system, and I'm convinced that a more integrated approach – aligned with the Ministry of Public Health – is essential to strengthening it. This perspective now guides our work across the country.

One of our first priorities was reinforcing our internal structure to better support and scale our programs. We established a specialized team to lead monitoring and evaluation, communication, and human resources. This investment improved coordination and allowed us to respond more efficiently to the needs of our partners and communities.

At the same time, our teams focused on tangible improvements in care – strengthening partner health facilities through tailored, community-based services. Despite a fragile health system, they showed remarkable resilience and commitment. A central part of this effort was building the capacity of healthcare workers and community health workers, improving both performance and access – especially in remote areas.

A major milestone in 2024 was the launch of the SOAMEVA program, a new initiative that expanded our focus to include vaccination. Thousands of previously unreachable “zero-dose” children were identified, enabling targeted outreach

for mothers and children. These efforts are already improving health outcomes and helping direct resources where they're needed most.

Looking ahead to 2025, we will continue to build on this foundation – expanding partnerships, deepening impact, and working toward more equitable access to healthcare for all.

To our partners, beneficiaries, and the entire Doctors for Madagascar team: thank you. Your support makes this work possible, and with the same passion and commitment, I'm confident we will achieve even more in the year ahead.

Warm regards,

A stylized, handwritten signature in white ink on a dark background.

Dr. Riana Samoelina
Country Director



→ A mother holds her newborn son after a safe delivery at SALFA Hospital in Ejeda, following a nearly 50 km ambulance ride.

A Healthy Start

Lifesaving Care for Mothers and Children

In southern Madagascar, pregnancy and childbirth remain dangerously high-risk. Women and newborns continue to lose their lives to complications that could be prevented with timely medical care.

Despite ongoing efforts by the Ministry of Public Health and its partners, maternal and child health indicators in Madagascar remain alarming. Fewer than half of women give birth with a skilled health professional, and around 20% receive no antenatal care at all.

In the south, these challenges are even more severe, as widespread poverty, long distances to health facilities, and poor infrastructure further restrict access to care.

Doctors for Madagascar's Maternal and Child Health Project (MCHP) – its longest-running initiative – works to reduce maternal and child mortality by improving health delivery – strengthening community health services, enhancing quality of care, and reinforcing essential healthcare infrastructure – while lowering financial barriers to care.

MCHP is a dynamic initiative – we constantly assess and adapt our approach to meet community needs. 2024 highlights included:

- **Building a sustainable model for mobile clinics:** We launched a new sustainability strategy to ensure that our partner health facilities can run mobile clinics and ultrasound screenings independently. As part of this shift, we phased out operations in Fotadrevo, redirecting resources toward long-term priorities.
- **Improving healthcare quality through friendly competition:** We introduced a gamification element to the 5S method, a Japanese approach to quality improvement (Sort, Set, Shine, Standardize, Sustain), helping clinics become better organized, more efficient, and cleaner – ultimately improving patient care.

Expanded family planning services: Now more important than ever, our family planning services have grown, thanks to our partnership with Marie Stopes Madagascar. We now offer intrauterine devices, known as IUDs, a small contraceptive placed in the uterus, and the Implanon implant, a small rod placed under the skin of the arm that releases hormones to prevent pregnancy. Along with sensitization efforts at all our sites, this ensures women and families can make informed choices about reproductive health.

We thank the Else Kröner-Fresenius-Stiftung, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), and the Stavros Niarchos Foundation (SNF) for their generous support. Without your contributions, none of these healthy starts would have been possible.

There are many health actors in the region, but Doctors for Madagascar stands out – the impacts are tangible. This is why we are grateful for everything you have been doing in our villages for so many years.

Dr. Tojo, Technical Assistant to the Medical Inspector, Taolagnaro



I thank every member of the Doctors for Madagascar staff, but especially the midwife who supported her throughout the entire delivery. We don't dare imagine what would have happened if you hadn't been there!

Family of a mother who gave birth in the ambulance due to a birth complication



Thank you for keeping Doctors for Madagascar in motion!

We're incredibly grateful to the German LandCruiser Club for keeping the Doctors for Madagascar fleet humming along – even when the roads are more adventure than asphalt. They stay in touch with our drivers, logistics team, and mechanics, making sure our ambulances and other vehicles keep going. We couldn't do it without you!



→ A Doctors for Madagascar midwife, Vololona, performing an ultrasound scan during prenatal consultations at a primary care facility in Fotadrevo. She has worked with Doctors for Madagascar for nearly a decade, providing care and continuity in the community.

12,093 mobile ultrasounds

48,284
antenatal care visits

689 complicated
cases detected during
ultrasound

263 ambulance
transfers

8,446 safe
deliveries

33 partnering
health facilities

→ A woman in her 38th week of pregnancy attends her final prenatal check-up at a primary health facility in Salobe, Betioky Sud district, in preparation for the birth of her child.



→ Photos are taken to strengthen patient follow-up and improve access to care.

Stop Tuberculosis

Supporting a Sustainable and Uninterrupted Care Cascade

Tuberculosis (TB) is again considered the world's deadliest infectious disease, after briefly being surpassed by COVID-19 – although we have the tools to prevent and cure it.

To finally stop TB, potential cases must first be identified, diagnosed, and treated with at least six months of daily medication. In southern Madagascar, hard-to-reach, resource-strained health facilities and too few diagnostic laboratories make it extremely difficult to maintain an uninterrupted cascade of care.

Since 2019, Doctors for Madagascar has been fighting TB in the Atsimo-Andrefana region, working with the National Tuberculosis Control Program, the Regional Directorate of Public Health, and a network of 33 TB care centers, to improve access to diagnostics and treatment in vulnerable rural communities. The project MirayTB supports the Ministry of Health's national TB strategy by strengthening existing diagnostic centers and expanding access in unreached areas, with the goal of eradicating TB nationwide.

How it works: MirayTB supports services at local primary care centers, but many are hard to reach for remote communities. Mobile clinics overcome geographic barriers, enabling early detection and consistent treatment. Samples are sent to diagnostic centers for testing, with results relayed back to guide treatment. A network of 62 community health workers forms the backbone of MirayTB. They raise awareness, refer suspected cases,

and support treatment adherence – earning performance-based incentives for these critical activities. Training and awareness campaigns stress the importance of completing the full course of treatment.

In 2024, MirayTB saw the the following highlights:

- **Bringing TB treatment closer:** We launched a new strategy to upgrade primary health facilities from TB testing sites to state-approved TB treatment centers. This shift helps break down geographic barriers, ensuring that people with TB can now receive full TB care – including diagnosis, treatment, and follow-up – at their nearest facility.
- **Faster and more accurate TB detection:** We trained healthcare workers on using GeneXpert machines to improve early detection of TB, drug-resistant strains, and co-infections. This technology delivers faster, more reliable diagnoses, ensuring that patients start treatment sooner.
- **Enhanced TB-HIV co-detection:** Since TB and HIV often go hand in hand, we expanded our TB-HIV screening initiatives in rural areas. This early detection effort means more people can receive life-saving, integrated care without long delays.

Thank you to the Spindler Stiftung and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) for your vital support of our work in TB care and prevention.

→ The head of a primary care facility in Belafika administers treatment to a tuberculosis patient under the center's care.

I have been ill for 8 months, my cough is getting worse, and I have already spent a lot of money on treatment with traditional healers; but nothing has changed. Doctors for Madagascar then came to our village to inform us about tuberculosis. So I decided to do a test. I have now been on treatment for 3 months and my health is improving. My son also received protective medication. I am very happy because all tests and treatments are free and my health is well monitored. Thanks to Doctors for Madagascar for coming to see us! Thanks to your campaign, many people have decided to get tested. And we are no longer ashamed because we suffer from tuberculosis, because it can be treated like any other disease!

Voery, 25 years old, who received treatment for TB in Soalara Sud, near St. Augustin




The support of Doctors for Madagascar, which provides equipment and staff training, helps us a lot here at CDT Ampanihy. People still need a lot of education, but those who are convinced are well received.

Dr Anjarasoa Martel, Head of the Diagnostic and Treatment Center in Ampanihy

I am very happy to have been able to start my treatment for tuberculosis. I would like to thank the Doctors for Madagascar team who come from far away to take care of us. Thanks to you and the mirayTB project, I am still alive. I can walk again and work to find something to eat.

Maho, 59 years old, who received TB treatment in the town of Bebaria, in Besely



392 mobile TB clinics conducted

810 people newly
diagnosed with TB
able to access care

409 people
tested for HIV

3,632 people
screened for TB

→ A laboratory technician at the TB diagnosis and treatment center in Ampanihy district operates the GeneXpert machine to screen sputum samples for TB.



→ As part of the SOAMEVA assessment to identify zero-dose children, a community health worker marks a house, noting the number of children and their vaccination status.

Introducing SOAMEVA

Lifesaving Vaccines for Zero-Dose Children

In 2023, Madagascar ranked among the 20 countries worldwide – and six in Africa – with the highest number of children under the age of five who had never received any routine immunizations (so called “zero-dose children”).

Across Madagascar, 60 districts have more than 10,000 zero-dose children. The highest prevalence is in the three southern regions of Atsimo-Andrefana, Androy, and Anosy, where an estimated 50,000 zero-dose children live.

In April, Doctors for Madagascar joined the Ministry of Health's ongoing immunization initiative through the SOAMEVA Project, aiming to expand vaccine delivery, strengthen catch-up campaigns, and increase demand for immunization. The goal is to reach at least 40,000 children and reduce zero-dose prevalence by 80% across 16 districts in Atsimo-Andrefana, Androy, and Anosy.

SOAMEVA highlights of 2024 include:

- **Assessing vaccination gaps at scale:** We conducted a large-scale assessment of children's vaccination status across a catchment area of 3.5 million people. To make this possible, we trained over 3,000 community health workers to update records and identify children in need of vaccines.

- **Identifying urgent needs for immunization:** Our assessment revealed alarmingly high rates of zero-dose children. In three priority districts, we found more than 44,000 – meaning more than half (53%) of all children counted were unvaccinated.

- **Awareness through village film screenings:** As part of our sensitization efforts, the VacCiné pilot introduced mobile film screenings in market squares and villages at night, powered by a generator and a car-mounted screen. Entire communities gathered to watch engaging films about immunization, followed by on-the-spot vaccination sessions, making vaccines more accessible and accepted.

In 2025, our priority will be not just to identify zero-dose children, but to ensure they are effectively reached with lifesaving vaccination.

We thank GAVI, the Bayer Foundation, and the UBS Optimus Foundation for making these activities possible through their generous support, and Charité – Universitätsmedizin and mTOMADY for their essential scientific and technological contributions. Thank you for helping expand access to lifesaving vaccines for children.



The SOAMEVA project is very important in the South of Madagascar, as it contributes to improving the vaccination situation of the most vulnerable children. The advanced strategy implemented by the project considerably helps primary care centers to reach children located in the most remote villages.

Dr Toky, Vaccination Officer in the Expanded Program on Immunization at the District Public Health Office of Betioky



I'm pleased with the work I'm doing with Doctors for Madagascar through the SOAMEVA project because families are more enthusiastic about vaccination and we can even reach the most remote areas.

Etsizay, Community Health Worker, in the village of Masiaboay, Bezaha



3,089 updated vaccine records in priority-area villages

2,616 community vaccine registers distributed

75,000 child vaccine cards distributed

→ A mother holds her child during a vaccination session at a health facility in Masiaboay.

Building for Better Healthcare

Essential Infrastructure & Energy

Access to reliable electricity and safe infrastructure is essential for delivering quality healthcare. In Ampanihy and Fort-Dauphin, many health facilities struggle with unreliable power and inadequate facilities. Without lighting, patients receive care by flashlight—during births or emergencies, this can mean the difference between life and death.

To address these challenges, Doctors for Madagascar's construction projects equip health facilities with solar power and critical infrastructure, so healthcare workers can provide lifesaving medical care safely and effectively.

In 2024, in partnership with ANKA Madagascar, five health facilities received solar power installations. ANKA and Doctors for Madagascar trained staff and local officials in operations and maintenance, excess energy is used to offer low-cost services like phone charging to the population, generating income for upkeep costs. This provides a stable, sustainable power supply essential for quality care.

Solar electrification is part of our broader effort to upgrade healthcare infrastructure. We previously renovated five health facilities and built a new primary care health facilities in Ampitanaka. In 2024,

with continued support, we expanded our work renovating structures and adding facilities, including a safe medical waste disposal unit at the primary care center at Soanierana.

Thank you to genialsozial and ATMOSFAIR. With your help, we've been able to create safer, more effective spaces for care. This work is only possible because of supporters like you.

→ Manakaravavy primary care center, renovated and equipped with solar panels by Doctors for Madagascar.





After the renovation, bad weather is no longer an issue for the staff. The renovation has significantly changed the environment and encourages more patients to visit the CSB. This also motivates the staff in carrying out their duties.

Féline Razafindratema, Midwife and Head of the Soanierana Primary Care Facility



Thanks to the electrification of health-care facilities, medical services can now be provided in better conditions, especially at night. Permanent lighting greatly facilitates patient care, whether for deliveries, emergency care, or nighttime consultations. Furthermore, this improvement in working conditions has a positive impact on the motivation of on-call staff, who feel more supported and secure in ensuring the continuity of care. By reducing the risks associated with nighttime insecurity, healthcare workers can fully focus on their duties without fearing for their own safety.

Marie Laurine, Midwife and Deputy to the Head of the Iazohambo Primary Care Facility



4 key infrastructure improvements at the Soanierana primary care center

3 room companion housing renovated


1 waiting chalet and medical waste incinerator constructed

9 room main facility renovated

5 primary care facilities equipped with solar energy

→ An ANKA Madagascar technician installs solar panels on the roof of the Soanierana primary care facility.





→ Pregnant women gathered in the courtyard of the Salobe Primary Care Facility for their antenatal consultation, attending a sensitization session led by the head of the facility.

Thank you to our individual donors!

A portion of our funding continues to come from individual supporters, including regular donors. We're grateful for your ongoing support. It makes a real difference helping us sustain our work throughout the year.

108 vulnerable patients received support in 2024

Breaking Down Financial Barriers

The Destitute Fund

For many patients in Madagascar, the cost of medical treatment is a major barrier to care. The most vulnerable are often forced to delay or forgo essential treatment, even in emergencies, or are pushed further into extreme poverty.

No one should have to choose between their family's financial survival and lifesaving care. Doctors for Madagascar's Destitute Fund provides critical support by fully or partially covering treatment costs for the poorest patients admitted to three partner hospitals: Zoara Fotadrevo Clinic, SALFA Ejeda, and SALFA Manambaro.

Since 2016, Doctors for Madagascar's Destitute Fund has provided life-saving access to care. Digitizing key processes in 2024 – CommCare for socio-economic eligibility surveys and mTOMADY for financial claims processing – enhanced efficiency, transparency, and data collection. During an unexpected surge in cases at Ejeda from May to August, these improvements enabled Doctors for Madagascar to respond quickly and effectively.

We are grateful to the Ein-Zehntel-Stiftung for their support, which ensures that even the most vulnerable patients receive the care they need.

Tomily, 20

Tomily suffered severe abdominal trauma and evisceration from a knife attack. After a successful emergency surgery, he spent 20 days in the hospital recovering. The total treatment cost was 3,500,000 Ar (approx. €688), but his family could only gather 2,000,000 Ar (approx. €393), leaving them 1,660,000 Ar (approx. €326) in debt. The Destitute Fund covered the remaining costs, allowing him to recover without placing further financial strain on his family.

Vavy, 32

Vavy was admitted to SALFA Ejeda Hospital with a retained placenta, requiring an urgent cesarean section. The 1,280,000 Ar (approx. €252) surgery forced her family to sell belongings and borrow money. Six days later, she developed peritonitis and needed a second operation costing

600,000 Ar (approx. €118), plus additional expenses. Unable to cover the remaining costs, the Destitute Fund stepped in and covered 1,351,000 Ar (approx. €266), allowing her to continue treatment without delay.

Kajy Roline, 24

Kajy was rushed to SALFA Manambaro Hospital for a dystocic childbirth, requiring a cesarean section. The procedure was successful, but her family could only afford 35,500 Ar (approx. €7) of the 1,235,000 Ar (approx. €243) bill. Unable to pay, Kajy was detained at the hospital for eight months. Alerted by the hospital's chief physician, Doctors for Madagascar covered the remaining 1,199,500 Ar (approx. €236) through the Destitute Fund, allowing Kajy to regain her freedom and return home.

Ensuring quality:

Training, Tools, & Teamwork in the Face of Extreme Challenges



Providing quality healthcare in southern Madagascar is no easy task. Health facilities are often far from the next urban centers, making supply chains unreliable, energy access inconsistent, and staffing extremely challenging. Yet, despite these obstacles, we remain committed to improving healthcare quality, recognizing that this requires work on two key fronts:

**1. The “Soft” Side:
Training & Capacity Building**

Investing in people is just as important as investing in infrastructure. We focus on training, mentoring, and motivating local staff, ensuring that they have the skills, confidence, and support to deliver high-quality care, even under difficult conditions.

**2. The “Hard” Side:
Equipment & Infrastructure**

We provide medical equipment and better infrastructure to ensure that facilities

are functional, efficient, and safe. Without these, even the best-trained staff cannot deliver the care their patients need.

Motivating staff through gamification

A key element of our approach is ensuring that local health workers are engaged in improving their own facilities. In 2024, we introduced a gamification component to the 5S quality improvement method – a Japanese approach focused on organizing and optimizing workspaces. By making quality improvement a structured, rewarding challenge, we increased staff motivation and participation, making health facilities cleaner, more efficient, and more patient-friendly environments.

But at the core of all these efforts is a simple truth: quality care does not happen without engaged and empowered local staff. By training, equipping, and motivating healthcare workers, we are laying the foundation for long-term, sustainable improvements in Madagascar’s health system.



22 rounds of medical equipment donations

30 healthcare providers trained in neonatology

21 health facilities trained in TB management

33 diagnostic and treatment centers trained to improve TB diagnostic quality

100 community health workers trained

→ Young local artists perform songs and dances during a maternal and child health awareness session.



Community Sensitization

Through Every Possible Channel

Healthcare is not just about access to services – it is also about ensuring communities understand, trust, and engage with those services. Given the high illiteracy rate in southern Madagascar – which is around 70% – verbal and visual communication are critical tools in reaching people with life-saving health information. In 2024, we expanded and diversified our community engagement efforts, ensuring health messages reached even the most remote and underserved populations and empowering people with the knowledge they need to make informed health decisions.

Storytelling, Singing, and Dancing as Health Education

Working with local musicians, dancers, and storytellers, we transformed health education into engaging and memorable experiences. Traditional performances in village markets, community centers, and public gatherings spread awareness about maternal health, family planning, tuberculosis prevention, and immunization – ensuring that key health messages stick.

Door-to-Door Outreach and Focus Group Discussions

Our network of trained community health workers conducted thousands of home visits and small-group discussions, where families could ask questions and receive trusted, face-to-face guidance on topics like childhood immunization, family planning, and recognizing disease symptoms early.

Mass Sensitization Events on Market Days

Markets are community hubs, and we used this weekly gathering to raise awareness on health topics to thousands of people at once. Through interactive talks, demonstrations, or Q&A sessions, these events provided a space for people to engage directly with health workers.

Radio Programs for Rural Outreach

Radio remains one of the most trusted and accessible media formats. We broadcast health discussions, interviews, and awareness campaigns, so that even communities without access to health facilities can hear expert guidance and advice on a range of health topics.

over
270,000
people reached
with vital health
information

340 radio and
public service programs
broadcasts

166 health sessions
that use song, dance,
and storytelling



→ Mass sensitization with singing and dancing in Analasarotse with the MCHP team, local artists, and health workers.

Guided by Evidence

Our Commitment to Measuring Impact

At Doctors for Madagascar, we use data and research to shape, implement, and refine our interventions, ensuring they are effective and impactful.

In 2024, we further strengthened this commitment by establishing two dedicated teams:

- The Monitoring and Evaluation team, which ensures continuous tracking of project activities, assesses program effectiveness, and provides real-time data to guide project implementation.
- The Research team, which focuses on answering specific research questions in partnership with researchers from the Université d'Antananarivo, Charité – Universitätsmedizin Berlin, and the Heidelberg Institute of Global Health.

Beyond generating data, we actively build research capacity through collaborations with Malagasy and international students and researchers. In 2024, we expanded joint research courses and hosted regular lab meetings to improve scientific collaboration and knowledge exchange between Madagascar and Germany.

Looking Ahead: The CAREMA Project

In 2024, we launched the CAREMA project, a research initiative conducted in collaboration with a large international consortium. This project focuses on HIV prevalence in Madagascar, aiming to generate evidence for improved prevention and treatment strategies in the country.

By continuously refining our interventions based on rigorous data and research, we ensure that our work remains impactful, evidence-driven, and focused on saving lives.



→ The Doctors for Madagascar Monitoring and Evaluation team conducts a satisfaction survey with a beneficiary of MCHP at a primary care facility in Fotadrevo.

Key takeaways

Here are the key takeaways from our research activities in 2024:

Nutritional Support for Tuberculosis Patients:

A cross-sectional analysis of the effectiveness of a nutritional support program for people with tuberculosis in Southern Madagascar.
(→ DOI: 10.1186/s40249-024-01182-8)

People with TB receiving nutritional support saw some improvement in BMI, but many remained malnourished, highlighting the urgent need to improve food security and TB care integration.

HIV Epidemic in Madagascar:

Call for action: Addressing the alarming surge of HIV in Madagascar.
(→ DOI: 10.1136/bmjgh-2024-015484)

Madagascar faces an underestimated HIV epidemic, with new studies revealing higher-than-expected prevalence rates, especially among pregnant women and in urban areas. Strengthened surveillance and interventions are urgently needed.

Emergency Obstetric and Neonatal Care in Rural Madagascar:

Inter-facility transfers for emergency obstetrical and neonatal care: A cost-effectiveness analysis.
(→ DOI: 10.1136/bmjopen-2023-081482)

The study found that ambulance-based referrals for maternal emergencies were a highly cost-effective intervention, improving maternal and newborn survival rates in rural areas.

Impact of COVID-19 on Maternal Health Services:

Effect of the COVID-19 lockdown on mobile payments for maternal health: Regression discontinuity analysis.
(→ DOI: 10.2196/49205)

The COVID-19 lockdown caused a major decline in mobile health payments, delaying essential maternal care and exacerbating financial barriers for women.

Out-of-Pocket Costs for Patients in Southern Madagascar:

Direct patient costs for drugs and consumables

at fifteen health facilities in Southern Madagascar: A secondary analysis of patient invoices.
(→ DOI: 10.1371/journal.pone.0311253)

The study revealed that surgery and emergency care pose the highest financial burden, leading many households to experience catastrophic health expenditures.

Maternal Health and Ultrasound Screening:

Proportion of fetal and placental implantation abnormalities in Madagascar: A cross-sectional study of 35,919 women.
(→ DOI: 10.1371/journal.pone.0311918)

Many women receive late-stage ultrasounds during pregnancy, missing early screenings.

We thank the Else Kröner-Fresenius-Stiftung and the German Federal Ministry of Education and Research (BMBF) for supporting Doctors for Madagascar's research initiatives. Your contributions are helping us build evidence.

Looking Back, Moving Forward

2024 Highlights

↓ Toliara, May 2024

In 2024, we kicked off a collaboration with Marie Stopes Madagascar to expand family planning services. Pictured in front of the Marie Stopes office in Toliara: Dr. Jerick and Tahina from Marie Stopes Madagascar, alongside Dr. Rinja from Doctors for Madagascar.



↑ Morondava, May 2024

Training session on the updated national TB protocol – focused on improving screening quality, and strengthening the use of diagnostic tools and treatment techniques.



↑ Antananarivo, October 2024

In October 2024, Dr. Riana, Doctors for Madagascar's Country Director, paid a courtesy visit to the Secretary General of the Ministry of Public Health. She reaffirmed the organization's role as a committed partner to the ministry and highlighted its flagship projects

↓ Manambaro, October 2024

In October 2024, as part of the MCHP project, Doctors for Madagascar distributed backpacks and other essential work tools to community health workers in Manambaro district to support and motivate them in carrying out project activities.



↓ Ranopiso Primary Care Facility, November 2024

Photos from the 5S approach and evaluation at Ranopiso Primary Care Facility. 5S is a Japanese methodology focused on organizing and optimizing workspaces to improve efficiency and care delivery. This year, we've added a gamification component!



↑ Berlin, December 2024

Just before the holidays, members of the leadership team joined colleagues in Berlin for a week of collaboration. We reviewed project progress, reflected on our strategic direction, and explored ways to strengthen cross-continental teamwork – united by our shared vision of health for all and our longstanding motto: Act, don't watch.



↑ Bezaha, December 2024

Nighttime projection of awareness-raising clips on childhood vaccination, delivering vital health information directly to families in rural communities.



Dear friends, supporters, and partners,

We sincerely thank you for your trust, generosity, and unwavering support throughout the year. Every day, we see the impact of this work firsthand, as we stand alongside the communities we serve in some of Madagascar's most challenging environments.

Your support – whether financial, technical, or through shared commitment to our mission – is essential. It enables us to deliver quality care to the most vulnerable, expand our reach, and scale our projects to create lasting impact. The entire Doctors for Madagascar team remains deeply committed to improving healthcare quality and strengthening the resilience of vulnerable communities with even greater determination and innovation.

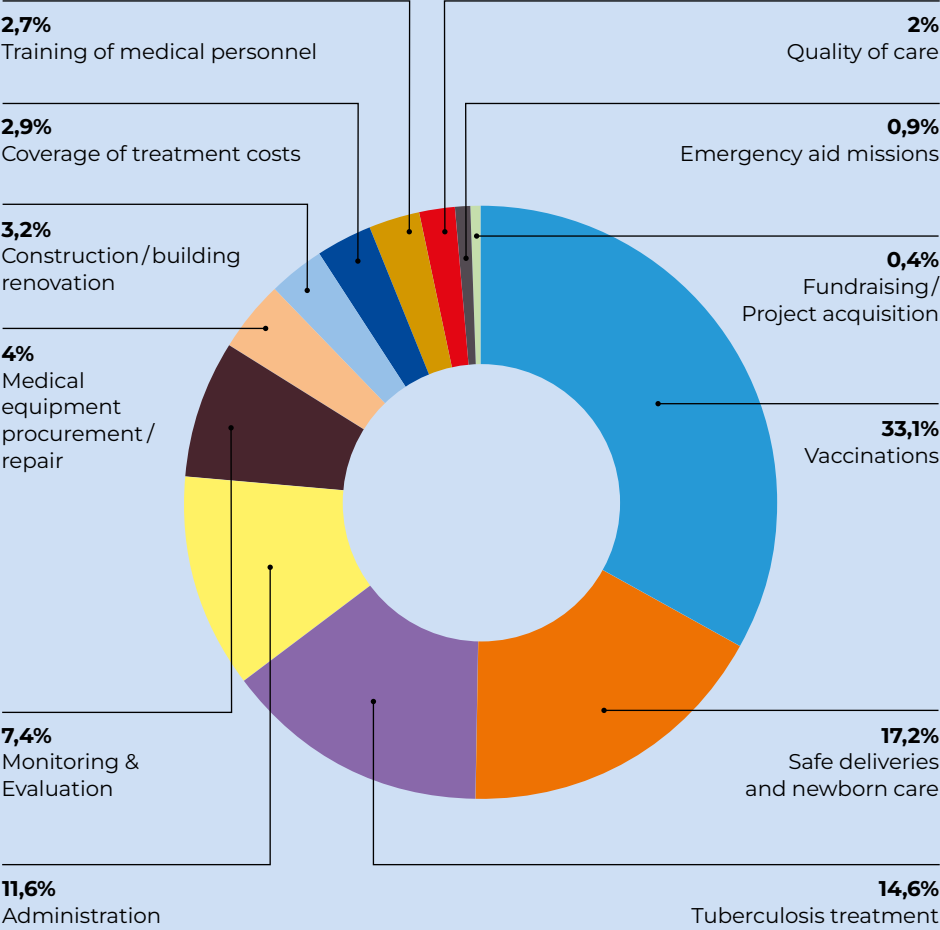
→ Group photo of the Doctors for Madagascar's leadership and project management team in Miarinarivo.

Doctors for Madagascar continues to grow its impact, and that is thanks to you – your solidarity, engagement, and belief in our mission. We hope you will continue with us on this journey, ensuring that together, we make a real and lasting difference in the lives of those who need it most.

With gratitude,
Your team at Doctors for Madagascar

Income and Expenses in 2024

INCOME	Total cash donations/Grants	EUR 1,861,836.21
EXPENSES		EUR 1,356,482.48



Get involved!

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→ One of Doctors for Madagascar's Land Cruisers on Route Nationale 10 from Bezaha to Tuléar during rainy weather.

