**Story telling and testimonies from villagers:**

**-Andry**: my wife gave birth in February and had some complications. We had to go to Ambatomirahavavy to take care of her.

Due to the poor quality of the road, there was a car accident in Tsaratanana.

**-Fideline**: I got sick at midnight and I couldn’t do anything because I was afraid for my safety if I went to Ambatomirahavavy very late that night.

**-Faliniriana**: I gave birth to my child on the road going to the nearest health center.

**-Aimée**: I gave birth to triplets and we had to go to Ambatomirahavavy.

**MADAGASCAR DEVELOPMENT FUND**

**(M D F)**

EVALUATION REPORT

**TO BUILD A BASIC HEALTH CENTER IN MIAKOTSORANO**

**RURAL COMMUNE OF AMBATOMIRAHAVY**

**DISTRICT OF ARIVONIMAMO**

**REGION OF ITASY**

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| ***Project N°* :**  ***Completed Project N°* :** | ***Date of Receipt***:  ***Date of evaluation visit : 02 November 2023*** |
| ***Name of the proposing organisation*:**  The Mayor of Ambatomirahavavy  Head of the village 034 82 705 14 | **Basic Health Centre, 11 rooms**: Ariary  137,465,156(£ 27,493)  **Furniture and medical equipment** : Ariary 25,691,460 (£ 5,138)  **Ventilation Improved Pit (VIP) latrine and shower- accessible to wheelchair users**: Ariary 18,352,850(£3,670)  **TOTAL REQUESTED COST: Ariary 181,509,466 (£ 36,302)**  ***Value of beneficiaries’ contribution;***  - 25 m³ of gravel (***Ariary1 750 000***)  - 120 m³ of sand (***Ariary 5 400 000***)  - 4500 pcs of stones (***Ariary 3 150 000***)  - 500 wooden poles (***Ariary 1 500 000***)  -10 persons at most for unskilled labourduring 90 days (***Ariary 3 600 000***)  (Ariary 4000/person/day)  -transportation of the local materials on site which needs 10 persons/day during one month: (Ariary 4 000/person/day = ***Ariary 1 200 000***)  ***Total:  16 600 000 Ariary (£3 458)*** |
| ***Land ownership*:** recently bought by the villagers | **Staff** : The Ministry of Health have agreed to provide medical staff once the Health Centre has been built  **Number of beneficiaries**: about 4900 villagers from Miakotsorano and its neighbouring villages |
| ***Location*:**The village of Miakotsorano is in the Rural Commune of Ambatomirahavavy, District of Arivonimamo, Région of Itasy (Province of Antananarivo) and is located 23 kilometres west of Antananarivo - about an 1h drive. The journey consists of 18kms of tarmac road from Antananarivo to the turning point, followed by 5 km of dirt track to the school | |
| **BRIEF PROJECT OUTLINE:**  **Rationale:**  Since 2009 Madagascar has experienced serious political tension and social unrest. According to the World Bank 81% of the population of 29 million live in extreme poverty on an income of less than US 2,00 a day (92% have a daily income of less than US$ 2,00). A World Bank report states that Madagascar is the fifth poorest country on earth in terms of school attendance and food insecurity, after only Malawi and Central African Republic.  Conditions for the population of Miakotsorano are typical of those in rural communities. The majority of people in this particularly poor and deprived farming community live in harsh and primitive conditions, and make their living from agriculture and cattle raising.  The population of Miakotsorano has suffered from the absence of easy access to health care. Pregnant women, mothers and children are particularly vulnerable when needing urgent medical treatment. An important quarry business started 10 years ago near the village, many cases of injuries from the quarry have been reported. Also as it is an important agricultural area, injuries occurred very often during the working on the land using sharp tools or equipment such as spades. The nearest Health Centre is situated in Ambatomirahavavy, 5kms away, involving a challenging walk of up to an hour.  The Mayor has approached the Ministry to ask for their help in getting a health centre, but the government has no means, at least he was given a promise from the Medecin Inspecteur that once the construction for the new CSB is finished a doctor or a nurse will be sent.  The absence of easy and low cost health care in Miakotsorano causes suffering and hardship to the population in the daily lives. A Health Centre would enable them to receive treatment in due time. In addition, pregnant women would be able to give birth safely in hygienic conditions – reducing the major public health problem of high maternal maternity and infant morbidity.  This community needs access to maternity and health care – to reduce the high rate of maternal and infant mortality and morbidity. The most common ailments among the population are high blood pressure, diarrhea, malaria, bilharzia chest infections and flu. The villagers are aware of the risks of self-medication and using the services of untrained traditional birth attendant. But in the absence of trained medical care they often have no other choice.  **Objectives:**   * To provide health care facilities in closer proximity to the population. * To build a Basic Health Centre (Centre de Santé de Base niveau II, ( CSB II) consisting of 11 rooms, including a consultation room, a pharmacy, a maternity ward and delivery room and waiting room – all conforming to the standards laid down by the Ministry of Health. * To provide furniture and medical equipment   **Main Inputs:**  MDF has visited, evaluated and discussed this project on site with the elected MP for Arivonimamo, the Regional Inspector of Healthand local community leaders. It has been accepted in principle by MDF – subject to identifying a source of funding.  One of MDF;s basic requirements is that those who will benefit from the Heath Centre should participate fully in its construction - by providing unskilled labour free of charge, and supplying locally available building materials, such asgravel, sand and rocks. By so doing MDF’s aim is to give the population ownership and pride in what they have created – in order to ensure the building is well maintained after completion.  The Regional Health Inspector has agreed to appoint medical staff once construction of the Health Centre is complete.  When finance becomes available MDF will advance only half the full amount - to allow work to begin. The second half will be paid only on receipt of an illustrated report, including receipted bills, showing that work is progressing satisfactorily. MDF will manage the finances and project throughout - thus applying rigorous financial and quality controls.  **Main Outputs:**   * Reduce the high rate of mortality and morbidity due to the most prevalent illnesses - -hypertension, malaria, diarrhea and respiratory infections etc; * Put an end to the number of premature births and deaths that occur during the journey to seek medical assistance; * Put an end to the need for the long journeys undertaken by pregnant women and seriously ill patients needing medical help; * Improve the level of support for the most vulnerable community members; | |
| **Additional Information**  Once funding for this project is found, work will begin immediately on payment of the first tranche. On completion MDF will arrange extensive publicity on local TV, radio and the print media for the inauguration ceremony – to which local and national figures such as the relevant Minister, Members of Parliament (National Assembly) and other prominent personalities will be invited..  All MDF projects carry plaques – in Malagasy and English – showing they are a gift from X in partnership with MDF. MDF issue and circulate detailed annual reports.  MDF supporters are encouraged to attend the inauguration of their projects. They will be met on arrival and accommodated by MDF’s Patron and Mrs Donaldson in their home in the hills on the outskirts of Antananarivo. To make the long journey even more worthwhile Mr and Mrs Donaldson will provide transport and accompany supporters on a three day (two night) visit to a National Park – for close encounters with lemurs and other endangered species.([www.hotelvakona.com](http://www.hotelvakona.com)) If time allows a visit to Foulpointe on the east coast could be included in the visit programme.  **Project completion date:**4 months from the start date | | | |
| **Recommendation :**The villagers are fully committed to participating in the construction of the new Health Centre by supplying locally available building materials and unskilled labour – as their contribution to the project’s success. Finance is strongly recommended. | | | |
| **Further action :** | | | |

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| **Recommendation** :  The need is real. The community has shown its willingness to contribute to the project’s implementation. Finance is greatly recommended |
| **Project completion:** 5 months after start date |
| **Further action** : |