



The Feedback Trust
Scottish Charity No. SC023568

**Construction of the Mamolifoly Health Centre in
Madagascar
(FF 00467-27)**

Final report

October 2019

**Feedback Madagascar/Ny Tanintsika (FBM/NT) –
The Eagle Foundation**

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Introduction

The Eagle Foundation agreed to fund a total of £37,882 for the project to build a new Health Centre level 1 (“CSB1”) in the village of Mamolifoly in Antodonga rural municipality, Ikongo District, Vatovavy Fitovinany Region of Madagascar. This involved the construction of a building with 7 rooms including a delivery room, a maternity ward, consultation room, midwife/ nurse offices, pharmacy and treatment room, and a storeroom for medicines. This building is equipped with a rainwater catchment system for hand-washing by patients and which also conducts water to the delivery room. There is a sanitation block comprising 5 toilet compartments plus male and female urinals, 3 shower compartments (one more than the 2 planned) and 2 gazebos for waiting rooms outside the health centre.

This project followed repeated requests for help from the people of Mamolifoly, and the confirmed needs and community motivation assessment carried out by the Feedback Madgaascar - Ny Tanintsika (FBM-NT) team.

The project’s objective is to reduce mortality and mortality rates through improving access to healthcare, in this area where 12 people died from the plague in 2013.

The funding agreement with the Eagle Foundation, dated the 4th September 2018, was signed by the FBM UK administrator and the funds were received in the UK bank account on the 17th September 2018. This amounted to 165,484,873 MGA after transfer to Madagascar. The expected period of the project was from September 2018 to January 2019. However, principally due to delays with equipment suppliers, the project was not fully completed until October 2019.

Project location

Mamolifoly is a highly remote village in the Mamolifoly neighbourhood of Antodonga rural municipality, in Ikongo District, Vatovavy Fitovinany Region of southeast Madagascar. Only accessible on foot, Mamolifoly is located about 18 km to the northwest of the centre of Antodonga and 48 km to the south of the centre of Ikongo District.

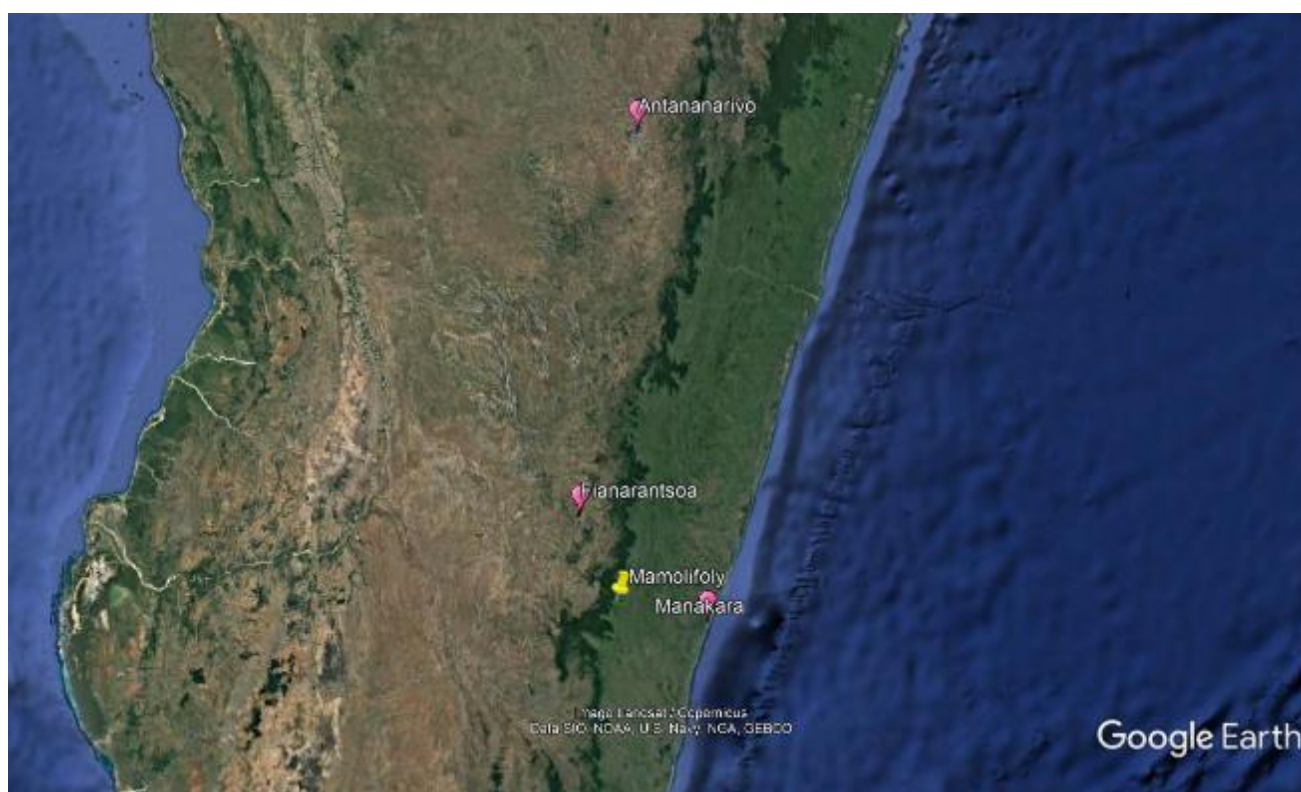


Figure 1: Map locating Mamolifoly in relation to the capital city Antananarivo and Fianarantsoa, where the FBM-NT office is located.

Accessing Mamolifoly from Fianarantsoa can be done three ways:

- 1) Driving 398 km by road from Fianarantsoa (306 km to Vohipeno on the east coast and then 74km on a very secondary road to Antodinga) followed by a 18 km walk over mountainous terrain.
- 2) Driving 228 km via Ikongo to Ambolomadinika (of which 106km is a very bad road requiring a 4WD vehicle or motorbike), followed by a 28 km walk.
- 3) Driving 134 km to the south east to Ambohimahamasina via Ambalavao town, followed by a 38km walk on a narrow path across the rainforest and down a steep and slippery escarpment.

Mamolifoly borders the biodiversity-rich rainforest which is part of the new protected area 'COFAV' and which is highly threatened from various anthropological pressures.

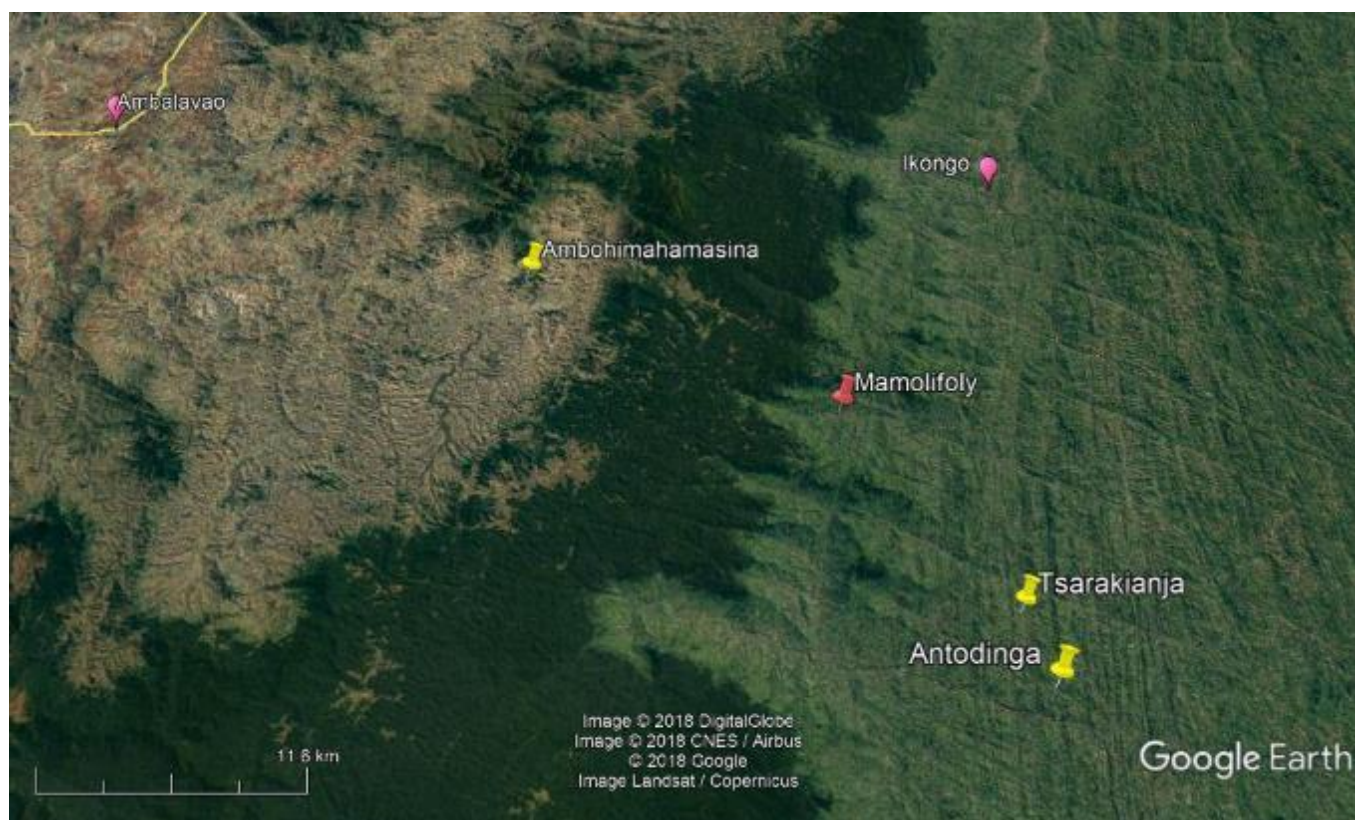
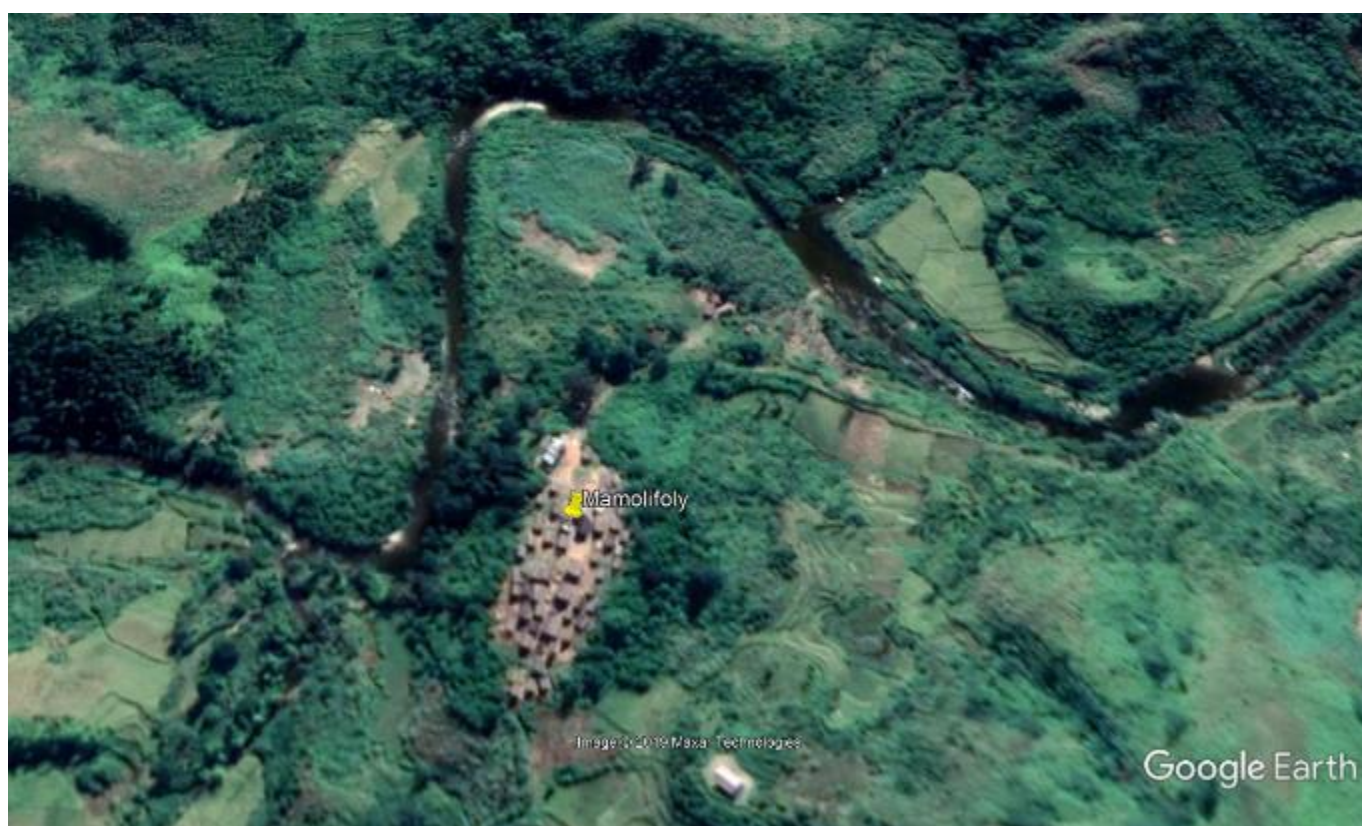


Figure 2: Map showing Mamolifoly in relation to the district-level hospital in Ikongo, to the nearest health centre (in Tsarakianja), and to the nearest health centre staffed by a Doctor (in Antodinga).



Figure 3: Satellite images showing close-up of Mamolifoly Health Centre and Mamolifoly village (above image dated 9/8/2019, and below image pre-project dated 28/5/2017).



Geographical coordinates of Mamolifoly Health Centre:

Latitude 22° 1'0.55"S Longitude 47°20'38.29"E

Calendar of achievements

Activities	Sept 2018				Oct 2018				Nov 2018				Dec 2018				Jan 2019				Feb 2019				March 2019				Apr 2019				June 2019	Oct 2019	Nov 2019
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4							
Formalisation of the project, signing of the agreement with the community, organisational meeting & drawing-up a materials delivery schedule, election & training of members of the committee to organise & monitor works (“COST”).																																			
Materials delivery by truck from Fianarantsoa to Ambohimahamasina & then transportation on foot from Ambohimahamasina to Mamolifoly (38km).																End of the year and new year																			
Contracting with the stone-breakers & cement breeze-block makers.																Building work paused																			
Contracting with the builder team.																																			
Preparation of the land before building (levelling, clearing, etc.).																																			
Foundation-laying ceremony																																			
Laying the foundations of the building.																																			
Wall elevation & general building works.																																			
Monitoring trips by the technical team.																																			
Laying the roofing.																																			
Building the ceilings: Laying the formwork lattice & plastering.																																			

Activities	Sept 2018				Oct 2018				Nov 2018				Dec 2018				Jan 2019				Feb 2019				March 2019				Apr 2019				June 2019	Oct 2019	Nov 2019
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4							
Door, window & protective grid installation.																																			
Interior & exterior plastering.																																			
Tile laying.																																			
Sanitation works (toilets, rainwater catchment, shower) & building the gazebos.																																			
Completion of construction.																																			
Technical acceptance of works & delivery of the keys.																																			
Delivery of medical equipment.																																			
Borehole drilling attempts.																																			



Figure 4: Mamolifoly Health Centre after completion.

Details on the project

1- Preparation phase

After receiving confirmation of funding for this project from the Eagle Foundation, an initial meeting was held with the community of Mamolifoly so as to draw-up an action plan related to achievement of the beneficiary contributions and to select the members of the local Committee to organise and monitor works (“COST”). A training was held for them to fix the procedures and rules that would apply before, during and after the construction work.



Figure 5: Initial community meeting in Mamolifoly.

During this meeting, project beneficiaries decided that they would prefer to carry materials on foot from Ambohimahamasina rather than from Antodina (as originally planned and budgeted for in the project proposal) since, despite the greater distance involved, this is the path they are used to walking regularly – often weekly for the market in Ambohimahamasina. They would be able to combine the collection of materials with their trading activities there.



Figure 6: Unloading materials in Ambohimahamasina (left) & the storeroom & storekeeper there (right).



Figure 7: Half-way storeroom in Ambohimahamasina (left) where beneficiaries collected materials to transport on foot across the forest (right & below).



Figure 8: Villagers from Mamolifoly eat before setting off across the forest with the materials.

A convention was signed between FBM-NT and the community, represented by the Chief of Mamolifoly neighbourhood, detailing each stakeholders' roles and responsibilities in the project. A work plan was developed for the delivery of materials to the Youth Centre in Ambohimahamasina (last point of delivery by truck) and the carrying of these materials from there to Mamolifoly, and to determine the date of the builders'

start of work. During this meeting, subjects covered included the builders' accommodation, identification of a storeroom in Mamolifoly, a plan for transporting materials on foot across the forest, and the rota to ensure the presence of 15 local labourers everyday throughout the duration of work.

Since the distance between Ambohimahamasina and Mamolifoly is about 38km, or a 76km round trip, it involves a 9-hour walk each way. The action plan developed divided the task of transporting materials between villagers from the different neighbourhoods that will be served by the Mamolifoly Health Centre. A list was drawn-up with dates for beneficiaries from each village or neighbourhood, in order to ensure a constant supply of building materials for builders. In order to facilitate this enormous task, it was agreed that cement sacks could be split into 2 different sacks, and rice was provided to porters to ensure they had enough to eat for the journey (3 cups of rice per person).



Figure 9: Splitting a bag of cement to make carrying it easier (left) & checking weight (right).

At the FBM-NT office in Fianarantsoa, a transport plan for hardware delivery was drawn-up based on the most urgent needs of the builders. Significant preparations required before the start of construction work included the procurement process, and the contracting of cement breeze-block makers, stone-breakers and builders. Two storekeepers were contracted – one for the mid-way storeroom in Ambohimahamasina and the other for Mamolifoly.



Figure 10: Community meeting in Mamolifoly.

2- Building phase

Building work started on the 27th November 2018 when the foundations-laying ceremony was held in the presence of a representative from the district-level hospital in Ikongo, a representative from Antodinga rural municipality, the chief of Mamolifoly neighbourhood, the local traditional authorities (kings) and local people, the team of builders and representatives from FBM-NT.



Figure 11: Women in Mamolifoly fetching sand and water for the building work.



During the first phase of construction, beneficiaries were very motivated to fetch materials from Ambohimahasina. However, motivation levels started to wane gradually and a steady decrease in the number of people who carried materials was noted, with principally just the population of the Mamolifoly neighbourhood making the greatest effort. The progress of the building work was very fast in the 3 weeks before the Christmas and New Year holidays, meaning that materials in the Mamolifoly storeroom were

insufficient. The builders stopped for a break on the 23rd December 2018, having achieved the main building work, and awaiting the materials required to lay the roof.

The builders returned to the construction site on the 20th January 2019, having given the community time to transport more materials across the forest. However, this period coincided with the rainy season and the rising water-level of rivers. This cause significant delays to the delivery of the materials by beneficiaries, and consequently on the speed of building work. In light of this big problem, negotiations were carried out by FBM-NT at all levels of the public administration in the Ikongo District to seek strategies to strengthen and accelerate the transportation of materials from Ambohimahamasina. The result was impressive, with the local population organised to go on mass to collect materials on specific days, and enabled the builders to finish work on the 5th April 2019. Numerous follow-up trips were carried out during the period to help resolve problems and to avoid and / or correct unforeseen errors related to the transport of materials on foot, the supply of local materials and building progress. Collaboration with COST members was key - their role is to observe work every day at site, to record all circumstances and to control the movement of the stock of materials in the warehouse with the storekeeper, as well as the presence of local labourers. Similarly, the sharing of news regarding project progress by phone with the various authorities was essential to find speedy solutions to problems encountered.

In general, problems related to weather conditions caused the greatest delays, slowing beneficiary motivation as well as achievement of their contributions. It led to fewer people ready to carry materials from Ambohimahamasina.

The technical acceptance of works ceremony was held on the 6th April 2019 with the relevant officials and local community - the representative of Ikongo District Hospital, the Mayor of the rural municipality of Antodinga, the Chief of Mamolifoly neighbourhood, the traditional authorities, the local community, the builders and FBM-NT.



Figure 12: The Mayor of Antodinga municipality, representative from the district health authorities & other people inspect the finished work.

After visiting the building (exterior and interior) as well as examining the rainwater catchment system, sanitation block and two gazebos, just two remarks were mentioned:

- That the community should finish the planting of hedgerows around the boundary of the Health Centre,
- That FBM-NT should finish the incinerator door (due to the late arrival of the metal door at site).

Various speeches were made to acknowledge the Eagle Foundation, FBM-NT, the builders, the COST members and everybody else who helped make the project a success. The keys to the health centre were officially handed over to the new owners.



Figure 13: The Mayor's speech (above) & audience in the health centre (below).



Figure 14: Handing over the keys to the Health Centre.



Figure 15: The builders at the end of work.

3- Post-construction phase

A guarantee period of 2 months was fixed with the builders, after when they carried out any corrections required to the building and its accessories.

Initial furniture and equipment provided to Mamolifoly Health Centre were as follows:

First delivery	Number	Second delivery	Number
Desk	02	Bench	10
Chair	10	Metal delivery table	01
Office cupboard	02	Steps for delivery table	02
Noticeboard	01	Metal bed	10
Stools	02	Mattress with cover	10
Bedside tables	02	Blackboard	01
		Shelves (shelving)	02
		Mosquito nets	10
		Hygiene equipment:	
		15 litre Bucket	05
		10 litre Bucket	05
		Large Bowl	05
		Laundry brush	05
		Jugs (scoopers)	05
		Mops	02
		Brooms	05
		Bed sheets	20
		Hospital gowns	20
		Rubbish bins	10



Figure 16: Equipment provided to the health centre, including mattresses, beds & bed linen.





Figure 17: The ward at the health centre (above) & cheerfully-coloured curtains (below).



The Mamolifoly Health Centre was rapidly functional, with the district-level health authorities designating the following people to work at the centre:

- Head of the Health Centre ("Chef CSB"): Christine Rosette RAZAFINDRINA, Réalisateur Adjoint (Sage-Femme IM 403.672).
- Assistant (« Aide-Soignant »): Abel TSILOVY



Figure 18: Christine & Abel at work in the Health Centre (above) & (below) with the chemist & guard.



The health centre's assistant first visited the centre on the 15th June 2019, together with FBM-NT, and he and the midwife both started work there soon after.



Figure 19: Abel's first expedition to Mamolifoly Health Centre (above) & (below) relief on arrival.



The health centre was officially opened on the 2nd September 2019. It was allocated the Code CSB: 350351020.

The chemist and guard were recruited by the municipality authorities, and are paid by them.

As a result of the health authorities' request, and due to underspend on transport for the project, we were able to purchase additional medical equipment that was essential for this health centre. This equipment includes medical instruments, blood pressure monitors, weighing scales and stethoscope (receipt of delivery in Appendix). However, problems with stock availability with suppliers in Madagascar led to delays to delivery of this equipment.

As planned in the proposal, co-funding was found for the drilling of a borehole, and its installation with a hand-pump, for the Mamolifoly Health Centre. After the community transported the drilling equipment to Mamolifoly by foot from Ambohimahamasina, drilling work started in October. However, after five failed drilling attempts, the site had to be abandoned due to too much rock. It is hoped that another solution can be found to ensure the provision of clean water to the health centre, such as a gravity-fed water system or at the least the provision of a water filter for drinking purposes.



Figure 20: Midwife Rosette busy at work.





Figure 21: The chemist at Mamolifoly Health Centre.





Figure 22: Consultation underway (above) & doing a report (below).



General description of the building:

Exterior:

- The health centre building measures 14.80m x 9.93m with a height of 4.69m and a gable height of 1.40m. The building is made of cement breeze-blocks, dimensions 15x20x40cm.
- Foundations 60cm deep (width of 50cm - 2 rubble stones).
- Cement rendering on inside and outside walls with a thickness of at least 2 cm.
- Two-tone colouring ; dark grey oil paint at the base aligned to the lower part of the window (to protect from dirt) and water-based light grey exterior water paint higher-up.
- 5 black metal doors, diamond shape design with antirust paint and a second coat of dark grey oil paint, closed by 2 padlocks and with "crooked" hooks to keep the doors open. In addition, a sixth protective door grid between the storeroom and the dispensary.



Figure 23: Protective door grid to the storeroom.

- A 23mm galvanized pipe with a depth of 10 cm was laid flush with the pavement to facilitate entry of the door bolt.
- 7 glazed- window frames with a dimension of 1.80 x 1.20m painted white, with protective grids 1.70 x 1.10m painted dark grey, with sloping water jet channels visible to facilitate the flow of rainwater. This also prevents the flow of water inwards. Each window has 4 bolts (2 at the bottom and 2 at the top).
- "Awnings" of a thickness of 6cm (dimensions of 2.20m x 40cm) were placed above each window on the back, right and left sides of the building. Ventilation holes were placed (eight per room), centred above the windows.
- Roof in corrugated metal sheeting (4/10 thick, dark green colour) with anticyclone features on the left and right sides.

- Veranda with concrete pipe for the evacuation of rainwater, a channel all along the veranda to prevent rainwater from entering the building and the surroundings of the building are strewn with gravel to avoid the walls getting dirty from rainwater splash-back.
- Guttering (integrated into the building design) on the main and rear facade of the building.
- The rainwater coming from the channels is guided by a PVC 100 pipe installed to the right side of the building (near to the sanitary block) then poured into the 8m³ ferrocement water tank. 3 posterior and 3 front down-pipes.
- A PVC 100 downspout at the corner of the building and at the corner of the main facade under the channels. A protective covering was built over the head of the posterior PVC, and the main façade PVC was concealed under the pavement of the veranda while leaving the evacuation canal.



Figure 24: The rainwater catchment system at Mamolifoly Health Centre.



Interior:

- Cement flooring.
- Laying of tiles for all the rooms apart from the dispensary and the medicine storeroom. Tiling is particularly important for hygiene in the delivery room and the treatment room.
- Installation of 2 sinks in the delivery room, linked to the rainwater catchment tank.
- Cement-plastered ceilings (of all rooms and veranda).
- Two-tone oil paint; dark brown to a height of 1.5 metres, then white water paint to the ceiling.
- Interior glazed door-frames painted with white oil paint.
- Pine wood curtain rails for each door and window.



Figure 25: Curtain rails and interior of the health centre ward (above) & treatment room (below).





Figure 26: Delivery room with sink linked to rainwater catchment tank.

The rainwater catchment system

- A hand-washing station is located to the right side of the building between the toilets and the health centre to promote hand-washing at key moments. This consists of a tank with a capacity of 8,000 litres (8 m³) with 3 taps. A sign on the tank informs people that the water is not for drinking but for washing hands. The ferrocement tank is a cylindrical shape whose dimensions are: height 1.8m, radius 1.13m and $\pi = 3.14$. The tank is equipped with a locked manhole cover on the top and steps (between the tank and the health centre building) to enable filling by hand during the dry season.



Figure 27: The hand-washing points linked to the impluvium rainwater catchment system.

- The water from the catchment is led into the delivery room at the sink.

- Existence of 'disaffection' system of first rainwater to prevent the first rains (which would bring the dirt from the roof) from entering the water tank.



Figure 28: Drenched having just released the trapped water from the first rains (above) & (below) children using a tap for the first time ever.



The sanitation block

Toilets:

- Five toilet compartments, with urinals on the posterior side.
- Washable slab of the 'sanplat' model with footrest and 'fly proof' cover.
- Evacuation of urine from the urinal into the latrine pit, with an inclined urinal slab. Existence of ventilation and luminosity on both sides of the sanitary block. Installation of a pipe (PVC 60) from the pit to the top of the roof to reduce odour.
- Sheet metal roof covering the urinal (to prevent rain water from entering the pit).
- Eucalyptus wood door with aeration and luminosity space at the top and bottom, with single bolt inside and padlock on the outside door.
- Indication for male and female urinals.
- The toilet block was painted the same colour combination as the building.



Figure 29: Toilet / urinal block to the left, shower cubicles to the right.

Showers:

- 3 shower cubicles for bucket-showers, laid with tiles.
- Water outlet and ventilation at the rear.
- Corrugated iron roof.
- Eucalyptus wood door with aeration and luminosity space at the top and bottom, with single bolt inside and padlock door outside.
- The showers were painted the same colour combination as the building.

Gazebos

- 2 gazebos were built to be used as waiting rooms or sheltered rest spots outside the health centre. These were made of local materials: « Ravinala » travellers' palm leaf roof (provided by the local community), eucalyptus wood frame and a concrete bench on 3 sides.



Figure 30: Community members roofing the gazebo (above) & it in use as a waiting area (below).





Figure 31: Noticeboard at one of the gazebos outside the health centre (providing information on opening hours, services offered, rules, etc.).

Others :

- Sign placed outside the building with the name of the Mamolifoly Health Centre, the name of the donor and partners, and two awareness-raising messages: « *Fanana iombonana ka arovy sy kajio mba haharitra* » (Look after communal property so that it lasts a long time) and « *Ny fahasalamana no voalohan-karena* » (Health is the greatest wealth).



Figure 32: Indication sign outside the health centre.

- Incinerator to dispose of health centre waste in a safe manner.



Figure 33: Finishing touches to the incinerator (left) & it in use (right).



Project beneficiaries

Direct beneficiaries are the people served by this health centre, currently numbering 10,475 (but which is set to increase in 2020). The neighbourhoods served by the health centre are Mamolifoly (7,503 inhabitants split into 13 villages), Ambolomboro, Sahamazava and Tsianivoha (the last 2 being located in the Ambolomadinika municipality).

Indirect beneficiaries are the population of Antodonga municipality (33,488), divided into 13 neighbourhoods, as well as visiting traders/ seasonal workers in the area, who come mainly from the western side of the rainforest in the Ambohimahamasina area.

Difficulties encountered

- During the months of January and February 2019, it was raining almost every day, hindering the transport of materials from Ambohimahamasina by beneficiaries.



Figure 34: One of the numerous river-crossings on the way to Mamolifoly.

- The leaders (neighbourhood chief, local king Anankandria and the COST president) failed in making villagers stick to the action plan, leading to insufficient materials to keep the builders working. Delays to material delivery led to wasted time for the builders.
- Communication with the building team in Mamolifoly was very challenging due to a lack of telephone network coverage there.
- Numerous deaths in Mamolifoly and neighbouring villages meant that people did not collect materials from Ambohimahamasina.
- Borehole drilling attempts met with failure due to rocky terrain.



Figure 35: Fetching water from the river in Mamolifoly.

Strong points

- Different strategies were adopted to help resolve the problems encountered and to help the community with the enormous task of transporting 52 tons of materials a distance of 36 km across the forest (e.g. splitting of bags of cement, provision of rice).
- Antodinga's Mayor resolved transport issues when he came to Mamolifoly. He ordered each beneficiary neighbourhood to send 30 people to transport materials.
- Inhabitants of Mamolifoly village transported 70% of the construction materials from Ambohimahamasina.



Figure 36: Community members carrying health centre mattresses, beds and equipment across the forest.





Figure 37: Carrying materials in the forest (above) & just before setting off from Ambohimahamasina (below).



Expenditure summary

Budget line	Budget (£)	Funds received (MGA)	Expenditure (£)	Difference with amount received (£)	Explanation for difference
Building materials	16,978.99	74,172,556.51	12,251.13	4,729.76	Material quantities overestimated in budget, & significant savings on tiles.
Furniture & equipment	4,717.50	20,608,356.97	8,358.14	-3,640.11	Purchase of medical equipment needed to make the centre fully functional.
Transport	5,000.00	21,842,455.72	4,177.84	822.72	Expenditure reduced due to truck delivery to Ambohimahamasina instead of Antodonga. However, additional cost of rice purchase for porters.
Labour	6,000.00	26,210,946.86	6,519.78	-519.11	Expected project duration was 4 months but in reality it was 9 months due to difficulty of transporting materials & remoteness of the site.
Monitoring & evaluation	2,540.00	11,095,967.50	2,930.46	-390.18	
Project management	2,644.98	11,554,589.72	2,884.96	-239.68	
Total	37,881.47	165,484,873.28	37,122.32	763.41	

Conclusion

This project was a particularly challenging one – probably the most challenging one we have carried out to date in light of the huge distances that the materials needed to be transported on foot (38km each way). However, despite understandable difficulties encountered, overall the project was a huge success and the local community demonstrated amazing determination, stamina and solidarity.

The great need for this new health centre was demonstrated by the recent measles epidemic; there were about 11 deaths from measles in Mamolifoly over just a 2 week-period in June 2019. Amongst these were 3 siblings who died in the space of just a week in the forest-edge settlement of Fiadana, about 5km from Mamolifoly. Just days before the health centre was due to open, it was heard how their mother's remaining 2 children were also sick but that her belief in traditional healers meant she would not take them to the hospital. People had previously been reticent to walk to health centres which were significant distances away. This new health centre has significantly increased accessibility to healthcare and treatment services.

The community of Mamolifoly have requested help for the construction of housing for the health centre agents, as they are currently being housed in the health centre itself. It is suggested that the balance of funds be used to purchase a water filter for clean drinking water provision at the health centre (since borehole drilling attempts failed) and to contribute to the purchase of roofing material for the health agents' housing.

Thank-you the Eagle Foundation for funding this project!



Figure 38: Community members overjoyed with their new health centre!



Figure 39: Abel treating a lady suffering from malaria.

Appendix 1: Photos showing the evolution of building work

Ceremony for the laying of the foundations:





December 2018





March 2019

Making the ferrocement impluvium rainwater catchment tank:



Building work completed:



Evolution of the sanitation block construction:





Views of Mamolifoly Health Centre:





Key stakeholders in the project: Football players in Mamolifoly (left) & the Kings of the area (right)



The team at the health centre

Scenes at the health centre since its opening:







Rose, FBM-NT community outreach worker, raises awareness with health centre users about how to prevent diarrhoeal disease through better water, sanitation & hygiene practises:



Appendix 2: Thank-you letter

"We the health agents here at the Mamolifoly Health Centre and the community of Mamolifoly, represented by the neighbourhood chief, the Kings and all the inhabitants, would like to give our full-hearted thanks to Feedback Madagascar, Eagle Foundation and Ny Tanintsika for giving us this hospital. We hope that God will be with you and all the good work you do. We would like to inform you that our hospital is functioning well, and that people are very motivated to come here."

Signed by the head of the health centre, the assistant and the representative of the community.


DRSP: JATOVANY. ETIOVANY
SBSP: IZONGO
CSBI: HAHOLIFOLY


TARATASY FANKASITRAHANA AVY AMIN'NY CSBI SY NY
VAHOAKAN' NY HAHOLIFOLY.


Izany mpiasa'ny fahasalamana eto amin'ny CSBI Mamolifoly izay tanin'ny Ramatoa Chef CSB sy ny Refo-pokontany, ny mpangaka sy na kandia any ny vahoaka rehetra dia maneho fisaorana feno ny FEEDBACK MADAGASCAR, AEGLE FOUNDATION, ary ny ONG NY TANINTSIKA izay nahazana ny hopitaly eto Mamolifoly. Mbola fisaorana hatrany antsy mbola hampy ny fahazana rano fotsy madio. Koa eny an'ny Andriamanitra homba an'ny amin'ny asa sa izay ataonao. Manitina entana fa ny hopitaly dia efa mandeha tsara. Ary mazoto mamony hopitaly ny olona. Izany fankasitana izany dia sonia amin'ny solon tanany rehetra eto amban'ny.

Mamolifoly faha 26 Octobra 2013.

Ny chef CSB


Christine Rosette
Femme diplômée d'Etat


Etienne


TSIKOUY Abel

Appendix 3: Request letter for equipment

MAHOLIFOLY RAHA 06 Septambra 2019

NY VAHOAKASY NY MPIARA HIASA DEHETRA
ETO AMIN' NY CSBI MAHOLIFOLY

HO AN-DRAMATOA MPANDRINDRAN-PARITRA
NY ONG « NY TANINTSIKA » PARITRA
FIANARANTSOA.

Antony: Fangatahana famatiana
bitaovana.
TOMPOKO

Voninahitra lehibe hoanay mpanjaka, nakandua, ny sebo-piainany
any ny mpiara eto amin' ny CSBI Maholifoly no ahafahany manao
ity fangatahana bitaovana-pitsaboana ity. Toy ny fandanjana zaza (2)
ho an' ny vondhibe, fandefesena Roentgen zaza, ny pince bankazany
tanimandry, any mba hanasiana jiro ny hopitaly satra hita ba
tera sahirana toka amin' ny hy fianarivo bitaovana ireo izay tena
aina amin' ny fitsabana, hy ny olona dia hita ba tena maza
amin' ny fandehana amin' ny hopitaly izay mamerina ny fanatitana
aminareo.

Hamaranana azy dia manantena valiny hy hola izany
fikonolona ary mirary ny fankamisa hatany. Rano tontolo ny
hoja ambony ninahitra atolotay anareo.

Ny chef CSB



[Signature]

ANDRIANANTO Charles Gaston
Femme diplômée d'Etat

Solontenan' ny mpanjaka y nakandua
Bw Batesa Rakibony



Ny chef-Fokontany

[Signature]

ANDRIANANTO Charles Gaston
Chef Fokontany

Solontenan' ny Ranin-jaza
Rasamy
RS

Appendix 4: Receipts of equipment



NY TANINTSIKA

Lot II M 98 i Antsakaviro,
Antananarivo 101
Lot 089/3606-02 Ivory Avaratra,
BP 1345, Flanarantsoa 301
Tel.: 75 512 43
Email: nt.fur@moov.mg
www.nytanintsika.org

BON DE LIVRAISON

Date: 24/10/2019

Projet: EAGLE MAMOLIFOLY

Désignation	Qté	Unité	Observation
Bassin de lit inox avec manche	1,00	Unité	
Boîte à instrument avec couvercle	1,00	Unité	
Boîte à instrument inox avec couvercle	1,00	Unité	
Chariot brancard	1,00	Unité	
Ciseau droit mousse Inox	1,00	Unité	
Ciseaux dauphin à pansement Inox 14 cm	1,00	Unité	
Ciseaux droits mousses Inox	1,00	Unité	
Garrot en latex	1,00	Unité	
Haricot inox 500 ml	1,00	Unité	
Pince à disséquer à griffes inox 14 cm	1,00	Unité	
Pince de Kocher à griffes Inox 14 cm	1,00	Unité	
Pince de Kocher sans griffe Inox 124 cm	1,00	Unité	
Pince hémostatique Inox	2,00	Unité	
Poire énéma avec canule	1,00	Unité	
Sonde cannelée	1,00	Unité	
Sonde cannelée 14 cm	1,00	Unité	
Spéculum vaginal GM	1,00	Unité	
Spéculum vaginal grand modèle	1,00	Unité	
Sterilisateur à vapeur	1,00	Unité	
Sterilisateur à vapeur	1,00	Unité	
Sterilisateur à vapeur	1,00	Unité	
Boîte à coton	1,00	Unité	
Boîte à coton	1,00	Unité	
Echelles de vision	1,00	Unité	
Gants latex réutilisables bte de 100	300,00	Unité	
Pèse personne	1,00	Unité	
Spéculum vaginal moyen modèle	1,00	Unité	
Tambour à compresses Inox diam 200 mm	1,00	Unité	
Tensiomètre anéroïde 300 mm avec jeu de brassard	1,00	Unité	
Tensiomètre anéroïde avec jeu de brassards	1,00	Unité	
Vessie eau chaude 2 L	1,00	Unité	
Balance pèse bébé	1,00	Unité	
Ciseau à disséquer courbe Inox	1,00	Unité	
Ciseau droit à bouts mousses 200 mm	1,00	Unité	
Fils de suture catgut serti (bte de 36,2/0)	1,00	Unité	
Pelvimètre type collyer externe grappe			
CM/Pouces	1,00	Unité	
Perce membrane	1,00	Unité	
Pissette plastique 200 ml	1,00	Unité	
Plateau à instrument Inox sans couvercle	1,00	Unité	
Spéculum auriculaire inox (3 dimensions)	3,00	Unité	
Stéthoscope de pinard	1,00	Unité	

Le remettant,

El Xavier



Le receveur,

Christine Rosette
Femme diplômée d'Etat



NY TANINTSIKA

Lot II M 98 I Antsakaviro,
Antananarivo 101
Lot 089/3606-02 Ivory Avaratra,
BP 1345, Fianarantsoa 301
Tel: 75 512 43
Email: nt.fnr@moov.mg
www.nytanintsika.org

BON DE LIVRAISON

Date: 02/10/2019

Projet: EAGLE MAMOLIFOLY

Désignations	Qté	Unité	Observations
Abaisse langue en bois (Boite de 100)	2,00	Unité	
Fil suture résorbable OPTIME 3/0 Déc.3 Aiguille 1/2 C 75 cm (boite de 36)	1,00	Unité	
Fil suture non résorbable 3/0 Déc.2 Aiguille 1/2 C 75 cm Boite de 36)	2,00	Unité	Isy tonga.
Gant latex à usage unique (Ste par 100)	4,00	Unité	
Lame bistouri n°10 sachet de 100	5,00	Unité	
Manche bistouri n°3	2,00	Unité	
Plateau à instrument sans couvercle	1,00	Unité	
Spéculum vaginal grand modèle	2,00	Unité	
Spéculum vaginal moyen modèle	2,00	Unité	
Stéthoscope, péroriculaire	1,00	Unité	
Tahle d'examen	1,00	Unité	
Tamibour inch diam 200 mm (180 mm)	2,00	Unité	
Tensiomètre anéroïde sans jeu de brassard	2,00	Unité	
Thermomètre médical rectal électronique	5,00	Unité	

Le remettant,



Bolemo Heman

Le recevant,



Christine Rosette
Femme diplômée d'Etat

Sera vi la Maurice



Charles Pastor

**NY TANINTSIKA**

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www.nytanintsika.org

BON DE LIVRAISON

Date: 02/10/2019

Projet: EAGLE MAMOLIFOLY

Désignations	Qté	Unité	Observations
Bassin de lit inox avec manche	2	Unité	
Stéthoscope obstétrical de Pinard	1	Unité	
Balance pèse bébé	1	Unité	
Haricot inox 500 ml	1	Unité	
Cupule en inox	1	Unité	
Extracteur de mucosité	1	Unité	
Haricot inox 500 ML	2	Unité	
Minuterie 60 min xls	1	Unité	
Pissette portable 250 cc	1	Unité	
Spéculum inox	1	Unité	

Le remettant,



Le recevant,



RAZAFINDRINA Corinne Rosette
Sage-Femme diplômée d'Etat



[Signature]
Botoason Heleny

[Signature]
Razafindranga

[Signature]
soavita Maurice

**NY TANINTSIKA**

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BON DE LIVRAISON

Date: 02/10/2019

Projet: EAGLE MAMOLIFOLY

Désignations	Qté	Unité	Observations
Bassin de lit inox avec manche	2	Unité	
Stéthoscope obstétrical de Pinard	1	Unité	
Balance pèse bébé	1	Unité	
Haricot inox 500 ml	1	Unité	
Cupule en inox	1	Unité	
Extracteur de mucosité	1	Unité	
Haricot inox 500 ML	2	Unité	
Minuterie 60 mm xls	1	Unité	
Pissette plastique 250 cc	1	Unité	
Spéculum nasal inox	1	Unité	

Le remettant,



Le recevant,



FENDRINA
Sage-Femme diplômée d'Etat



Boboison Hlemon

Razafindramaga

Savita Maurice