

MADAGASCAR MEDICAL SAFARI (MMS)

with FIAINANA BE DIA BE in

# MITSinJO

May 4<sup>th</sup>-9<sup>th</sup> 2015

"I tell you the truth, unless a kernel of wheat falls to the ground and dies, it remains only a single seed. But if it dies, it produces many seeds."  
- John 12.24

## MONOGRAPHY

Mitsinjo (meaning "from where we can perceive", because of its high position) is an isolated Commune of 5000 Zafindravola Bara inhabitants in the big majority, spread out in the four Fokontany of Mitsinjo (2000 people), Ankilibemahony (1000), Soatanimbary II (600) and Mahiamaly (1400), located about 100 km North-North-East of Tulear, and accessible mainly by foot and from the airs. The best option for an access by car is from Tsianisiha on the way to Ankililaoka yet the "road" condition makes the access practically impossible.

Mitsinjo was part of the Commune of Mikoboka of the District of Sakaraha, South-Western Region until 2003, when it became a Commune of its own due to the growth of its population and the possibilities of new infrastructures. The Commune is limited on the East by the Communes of Mikoboka and Mahaboboka of the District of Sakaraha, on the South by the Commune of Maromiandra of the District of Tulear 2, and along the West from the North by the Communes of Analamisampy, Ankililaoka and Ankilimalinika of the District of Tulear 2.

In the likeness of most Bara areas, the community is focused on the herding of cows at the expense of education. Though changes can be noticed in daily lifestyle compared to 20 years ago, the **values and beliefs** are still strongly held. Cultural beliefs and taboos (wild pig, goat, working days...), consulting "mpanandro" (seer) for big events in life, keeping rituals to get benediction from ancestors are kept by the grand majority and even sometimes by some Christians who are not yet mature in their faith.

**Christianity** came to the area since 1975 and only through the Lutheran Church. Today there can be counted approximately 200 churchgoers spread in 13 churches in the Commune of Mitsinjo.

**Education** has always been a big challenge in Bara areas



and Mitsinjo is not an exception. Yet this has a big impact on the population's living. The schooling rate is only about 40% and still parents are far from considering education as a priority. Many do not even sense the need of sending their children to school even though there is a public primary school (EPP) in each of the four Fokontany. There is already a middle-school in the head-village of Mitsinjo which had its first graduates in 2011. God willing the Mitsinjo expects to have its first few students to graduate from high school (in Sakaraha) in the couple of years to come.

This state of their beliefs and education has repercussions on their economy and health condition. Their **economy** based on cattle rising (and sometimes sheep and poultry) and very basic agriculture (rice, cassava, maize and sweet potatoes) apart from the wild fruit growing in their area (oranges...) is barely enough for their autosubsistence. Thus **health** issues easily get to horrifying states. Bilharzia is said to be the most common disease in the area, followed by Sexually transmitted diseases and malaria. And amplified by the fact that they barely had any health worker many women die during delivery.

Facing this desperate situation, local authorities have been elaborating **development projects**, help from outside was brought forth (especially through the SOFABA - Soritr'Asa Fampandrosoana ny Bara/ Development Plans for the Bara) yet these did not attain yet the formulated goals and expectations.

According to the current Mayor, M.Tolojanahary Aimé, the development priorities are first the road access, then health infrastructure and workers, electricity and clean-water provision, as well as infrastructure for farming.

## CONTEXT OF THE MISSION

For the past 10 years (until 2014), a young couple (Masoandro and Patricia) sent by the FLM Church brought light and hope to this desolate community. Masoandro serving as a nurse became the "doctor" of the community and was a powerful instrument to introduce Jesus to the people. These Bara people "started to understand who Jesus is and have acquired much of that understanding through the constant health work in the village of Mitsinjo". Meanwhile SOFABA, an integrated project to the Bara (covering health, agriculture, education and evangelism) was started by the Malagasy Lutheran Church in collaboration with the Norwegian Mission Society and NORAD. The cooperation culminated in the setting up of a successful Lutheran dispensary, where Masoandro the nurse took care of the roughly 5000 people around. With his wife Patricia they also fulfilled a leadership role in the young church which grew from the ministry of the Norwegian missionaries.

Yet after many months of absence, Masoandro died on March 8<sup>th</sup> 2015 when he was expected to go to Mitsinjo for a visit after having almost completed his chemotherapy treatment.

The area has been without medical help since June 2014 except the two days in April 2015 when a medical doctor from Salfa Toliara came to the area... to announce the death of Masoandro. The people were reluctant to come to the consultations mostly because of the grief yet the need was getting more and more serious.

Famine and the result of natural disasters in the area made their situation more precarious.

Fiainana Be Dia Be (FBDB) Association was contacted by MAF to come to respond to the needy community through the Mobile Medical Safari programmed on May 4<sup>th</sup>-9<sup>th</sup> 2015.

## MISSION PLAN and TEAM

During the month of April, the FBDB team started to plan the best configuration of the team that will go for the health-rescue mission. A key part was in the finding of the right person to serve as a link/contact with the local people. Patricia would have been the best person,

but due to her health condition, Pasteur Razafindrakoto Solo was contacted to « introduce » the team and work in Mitsinjo.

After confirmations, the team was constituted of 14 members including 4 doctors (Dr. Jonathan Lee, Dr. Fernand, Dr. Sylvain and Dr. Natanaela), 5 Nurses (Miora, Tantely, Julie, Rova and Floria), 1 Anesthetist (José), 2 logisticians (M.Dunamis and Toubon), 1 Administrator (Manoa) in addition to Pastor Solo.

## TRIP and PROGRAM

The team was split in two groups: the first group, going by car to later be shuttled from Tulear to Mitsinjo, left on Sunday 3<sup>rd</sup> and arrived at Tulear airport on Monday 4<sup>th</sup> in the morning; the 2<sup>nd</sup> group took a direct 2-hour flight by MAF from Ivato Airport to Mitsinjo airstrip.

**1st Day- Monday 4<sup>th</sup>:** on the arrival of all the team in Mitsinjo by 3:00pm, after the official greetings with village elders the team focused on the set-up and received its first patient, a young girl with already a serious state of malaria and who unfortunately passed away during the night. Dealing with malaria patients was just starting...

**2nd Day- Tuesday 5<sup>th</sup>:** The death of the overnight's patient and hearing about the many other cases (over 19 according to people) of children who died because of high fever/malaria within the last 3 months convinced the team to take opportunity of the official launching of the work in the morning to sensitize the patients gathered about how to prevent malaria. And as a matter of fact, after 191 patients were received by the medical



team, all the malaria medicine was given out. Malaria unexpectedly appeared to be the major health issue, at least in the village of Mitsinjo. Two other children were hospitalized. We had to bring in more medicine...

**3rd Day - Wednesday 6th:** The education program focused on hand-washing, and use of latrines always related to the malaria plague. Some team members went mountain-climbing to get signal to call MAF Office to send malaria medicine with the plane coming to take the team on Saturday. Mission accomplished. However the flow of malaria victims was far from stopping. By sunset, after another 162 registered patients, 6 more children were hospitalized.

**4th Day - Thursday 7th:** Circumcision cases poured in having started the previous day (Wednesday) although the people had asked to have the operations on Tuesday said to be a better day according to the "mpanandro" - yet that was practically impossible for the team who still had to finish the set up then. 152 new patients were



registered during that day. Many people still expecting to be received had to come back the following day, supposed to be the last working day - and that would only be half-day according to the plan in order to have time to pack.

**5th Day - Friday 8th:** Last working day. Knowing still many patients would come, especially those from farther villages, the team tried to work earlier and faster in order to treat the maximum. The team worked non-stop until 3:30 pm when we "had" to close in order to have time to pack before dark. 150 patients were registered

for that last day. Some members of the team, accompanied by village boys went to prepare the airstrip while the other part finished the packing. This was somehow delayed by the last patient: a suffocating child who was suggested to be evacuated to Antananarivo. Unfortunately, the parents considered themselves not to be able to take the decision alone and were somehow blocked by their beliefs... yet they had already lost 2 children in the previous years.

It seems like the people are almost passive regarding the death of their young ones... still much work needs to be done in all aspects (health, educational, spiritual...)

**6th Day - Saturday 9th:** The team left the village for the airstrip by 8:00AM. One half would take the road, staying in Ambalavao for the night to arrive in Tana by Sunday evening, while the other took a straight flight from Tulear to Tana on that same day.

A desperately needy remote community has perhaps started to get a longer-term assistance after the personal and life-consuming investment of a man who dared to serve God in a place where non other had ever dared.



## MEDICAL INTERVENTIONS DATA

During the 3 and a half day of work, the medical team registered **655 patients**. Those consisted of: **6 Surgery cases, 38 circumcisions, 2 dental cases and 609 consultations.**

## NOTES

1. The health care need is more than obvious, and even though the people were said to be distant from "foreign" help, they came in great numbers. They are thirsty for health. The main issue: there is no medical person in the community. The malaria medicines that the MAF plane brought on the departure day (Saturday 9<sup>th</sup>) were entrusted to middle-school teachers. ***PRAY FOR permanent health-workers for the community, and easier and more frequent access of medical assistance from outside.***

2.

3. There were around 200 positive cases of malaria registered during the first two days of work. That needs strong and consistent follow-up, rigor of the local community in preventive actions, otherwise it is the lives of the population which will pay the price. ***PRAY that these actions may indeed come to be.***

4. Although planned, the team did not really get in touch with the church responsible in Mitsinjo. The Catechist was away for some days during the mission period, and otherwise did not show up to the team. The spiritual aspect of people's lives being very important regarding the belief and the medical context, we hope to have more contact and exchanges with the spiritual leadership of the community in the following opportunities. ***PRAY for that very important aspect, especially that the Light of the Gospel may penetrate and shine in people's hearts and lives leading a fruitful harvest for the Kingdom of God from Mitsinjo.***

