



Annual report 2010



Madagascar Programme

HoverAid Madagascar
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1 Introduction

1.1 General

HoverAid Madagascar is a Christian NGO reaching out to people in need that live in remote areas that can only be accessed with hovercrafts. In the programme areas of HoverAid there are no or hardly any roads due to the big rivers that flow from the high plateau in the East to the West. Most time of the year the depth of the rivers is not sufficient for boats to make effective use of the rivers. As a hovercraft flies a few centimetres above the water surface and does not require any specific water depth, HoverAid can work in these areas continuously during about nine to ten months a year. HoverAid's main task is to make the programme area accessible to provide basic health services. To this end HoverAid transports medical teams, medicines, mosquito nets, and other medical supplies into the area. Besides the focus on treating health problems, HoverAid goes further and stimulates good health seeking behaviour. The provision of clean drinking water in the villages in the project areas, using appropriate techniques such as boreholes and bio-sand-filters is a third focus of HoverAid's work. Without the support of HoverAid large population groups would remain without basic medical care, medicines and clean drinking water.



Figure 1: Shallow river in the region of Beroroha



Figure 2: Distributing mosquito nets

HoverAid Madagascar provides logistic support to aid and development organisations, churches and missions. Teams are transported to remote locations in HoverAid's programme areas. HoverAid provides transport, camp facilities, provision of food and clean drinking water, sanitation structures. Besides HoverAid Madagascar arranges power supply using solar panels or generators, and gives the organisations access to communication facilities such as HF radio or satellite telephones. In the programme areas HoverAid arranges all kind of transport facilities. Although transport will take place mainly through the hovercrafts, also 4x4s, quad bikes and even ox cards and canoes are available.

1.2 History and roles within the HoverAid family

HoverAid Madagascar was created in 2006, as an affiliate of the HoverAid Trust in England. Together with the HoverAid Trust in England and Stichting HoverAid Nederland the three organisations form the 'HoverAid family'. The HoverAid Trust in England was established in the seventies of the last century, while Stichting HoverAid Nederland was founded in 2006. Both European HoverAid organisations have an executive board, and provide support in the form of project funds as well as managerial and technical support to HoverAid Madagascar. In 2009 the procedure started to register HoverAid Madagascar as an independent Malagasy NGO, to ensure a solid local rooting in the Malagasy society. Board members were selected and installed in that same year. At the date of writing the registration procedure with the Malagasy government is still in progress. Strategic decision-making concerning HoverAid's international policy and operations is done by representatives of the Stichting HoverAid Nederland and one representing the The HoverAid Trust. A member from the board of HoverAid Madagascar will join in the future.

The main office of HoverAid Madagascar is in Madagascar's capital Antananarivo. This office prepares and supports the field activities. The majority of all commodities and goods can only be purchased in the capital. Also, the financial administration and human resource management take place in the Antananarivo office.

1.3 Programme areas in Madagascar

HoverAid Madagascar mainly works in four regions, of which three are along the west coast of Madagascar. The biggest region is the area of Beroroha, in the south west of the island. In Beroroha HoverAid Madagascar uses the hovercraft on the Mangoky River and its tributaries.

A second programme area is the region of Ankavandra, in the west of Madagascar. In Ankavandra HoverAid Madagascar uses the hovercraft on the Manambolo River. Both programme areas can be reached by car in the dry season, following dirt tracks for more than a hundred kilometres. From there no usable tracks continue into the programme area, only tracks that can be used by foot or ox cart.

HoverAid Madagascar works furthermore in the region of Anjabetrongo; this programme area is situated north of Tulear, next to the famous Mikea forest.

The fourth programme area is the region of Ampasinambo in the east of the island. In the last two programme areas the main focus is on logistic support.

For the exact location of the programme areas see the map of Madagascar (annex 1). The areas are marked. The thick red lines running over the island are the only tarmac roads in Madagascar.

2 Programmes

2.1 Madagascar Medical Safari (MMS)

2.1.1 The set up of MMS

The Madagascar Medical Safari is a joint programme of HoverAid, MAF and volunteer doctors. The majority of the medical teams are Malagasy. An average team exists of surgeons, anaesthesiologists and nurses. Often one or two medical students join the teams. In addition, some expat doctors based in Madagascar assist in the mobile teams. These doctors train the other doctors and students in the teams during their work.

HoverAid organises the entire medical trips, which consists of arranging flights with MAF, inviting doctors for the medical teams, hosting the medical teams and transport them to the difficult to reach places. The teams stay mainly in the HoverAid base camps. Sometimes HoverAid makes arrangements in the villages. This approach makes that the medical teams are very mobile and flexible. The duration of an average MMS mission in 2010 was one week.

For the supporting teams of HoverAid an MMS requires more time. It takes a week to make all necessary arrangements and prepare all materials in Antananarivo. HoverAid staff travels in advance by car to the programme area that is to be visited by the MMS. They continue in the programme area by hovercraft. Travel time by car to the programme area and the return is often one week or even more. To set up a base camp and the rest of the infrastructure, and pack up the camp afterwards also



requires a week. Including the stay in the field a team of HoverAid is often occupied for more than a month for one week with the medical MMS team.

Figure 3: Mobile surgery theatre under the tree

2.1.2 The results of MMS

In 2010 HoverAid organised 11 MMS missions. Ankavandra was visited three times, Beroroha five times, Anjabetrongo once and Ampasinambo twice. The teams consisted of different surgeons, doctors and anaesthesiologists. The teams included eye surgeons and dentists. They all gave their time and energy on a voluntary basis to serve the population in need.

One child, Eric Fetison, from Mandritsara and another, Solo Fahely, from Ankavandra could not be operated in the programme area but needed a more specialist surgery. HoverAid decided to organise a medical evacuation and flew these children to Antananarivo to have them operated in a hospital. Both children were blind but after the operation have got their sight back. They can build their own future now.

Month	Date	Location	No.	consultation	big surgery	small surgery	circumcision	dental extract	eye consult	eye surgery	medical evacuation	Community health
Jan.	no trip		0									
Febr.	12.02 - 18.02	Anjabetrongo	1	35	1	5			116	4		
	18.02 - 23.02	Ampasinambo	1	152	2	7			184	26		
March	15.03 - 20.03	Beroroha	1	235	16			8				1
April	no trip		0									
May	10.05 - 20.05	Ankavandra	1	383	11	28		137				1
June	12.06 - 16.06	Ampasinambo	1	230	9	22					1	
July	05.07 - 09.07	Beroroha	1	106		7	39	13				1
Aug.	23.07 - 09.08	Ankavandra	1	318		8		36				1
Sept.	13.09 - 18.09	Beroroha	1	183		2	49	33			1	1
Oct.	04.10 - 07.10	Beroroha	1	23		1						1
	05.10 - 11.10	Ankavandra	1	324	10	10	5	69				1
Nov.	08.11 - 13.11	Beroroha	1	171	4	4	85	9				1
Dec.	no trip		0									
Total			13	2160	53	94	178	305	300	30	2	8

2.2 Community Health (CH)

2.2.1 The set up of CH

In the Ankavandra and Beroroha programme areas a Community Health (CH) programme was started. This programme complements the MMS programme, as MMS is primarily curative in nature, while the CH programme focuses on prevention of the most common diseases. A volunteer CH coordinator has been employed. In the project areas Community Action Groups (CAG's) are formed. These CAGs are trained on prevention and sanitation. They are spreading these messages in the community. The CH coordinator has been several times in Ankavandra and Beroroha to organise meetings between the CAG's and the population. Interviews are held with the community to identify the needs. After gathering this information a programme is developed on clean drinking water, sanitation and hygiene mainly. The CAG's are trained on giving education about these topics in the communities. At the end of the year an evaluation started in Beroroha and in Ankavandra. The results will be available in 2011.

2.2.2 The results of CH

In 2010 5 trips have been made to Ankavandra to establish and train two CAGs. 3 trips have been made to Beroroha and two CAGs have been established and trained. Good relations have been built between the HoverAid CH workers and the communities. The training has mainly focussed on prevention against the most common diseases, focussing specifically on diarrhoea and the importance of good nutrition.

2.3 Clean Drinking Water (CDW)

2.3.1 The set up of CDW

On request of local communities wells are constructed. For each water point that is constructed a water committee is formed, to maintain and if necessary repair the pumps. All wells are closed to protect the water source from contamination. After closing the source with a concrete slab Canzee hand pumps are installed.

In the CH programme the CAG's are trained about the effect of Bio Sand Filters (BSF), producing clean drinking water, on health. Sample BSFs have been casted by the Dutch youth group (see next section) and in collaboration with CAGs families have been selected to test and demonstrate them to their neighbours.



Figure 4: Water point with hand pump and concrete slab

2.3.2 The results of CDW

- In 2010 HoverAid Madagascar has constructed five water points in Ankavandra. There are four wells constructed in the town which are handed over to the community. One is constructed on the HoverAid compound to provide the HoverAid staff and medical teams with water.
- HoverAid supplied materials to repair two pumps installed in 2009. As was agreed with the communities, the water committees raised funds to pay for the spare parts.
- Twenty Bio-Sand-Filters (BSF) were casted in Ankavandra and delivered to selected families.

2.4 Special project with youngsters from the Netherlands

In August 2010 a youth group named 'Herrie voor HoverAid' from the Netherlands assisted HoverAid for three weeks in Madagascar. They stayed in the Ankavandra programme area. They renovated the maternity clinic that was destroyed by a cyclone in 2009. In a couple of weeks the roof construction has been renewed and new roof sheets placed; the veranda was redone and the building is repainted. The team tried to drill a well using a technique called hand auguring. This attempt was not successful; the soil conditions were too difficult for this technique. In the end two hand dug wells were made, and two Canzee pumps installed. The group also casted 20 bio-sand-filters and these were placed in selected households for demonstration purposes.



Figure 5: Rehabilitating the maternity clinic in Ankavandra

Everyday a couple of youngsters organised activities with the local youth and children, which was highly appreciated by the community.

HoverAid arranged all transport and food and accommodation. The youth group paid their own costs and also had raised funds for the purchase of the materials to renovate the maternity clinic, the hand dug wells and the bio sand filters in Ankavandra.

Besides being very useful for HoverAid and the communities, the youth group also learned a lot, and for many participating youth it has been a journey with many discoveries.

3 Management

3.1 Transport & logistics

3.1.1 Fleet



Figure 6: River Rover Hovercraft

HoverAid Madagascar operates two hovercrafts. Both Hovercrafts are River Rovers named Jacob (501) and JB (403). One is based in Beroroha, the second in Ankavandra. Basing the hovercraft in the main programme areas saves on travel time, but also has the advantage that the hovercraft are immediate available. On demand the hovercraft can be transported on a trailer to other regions in Madagascar.

The two current hovercrafts are well maintained and kept in shape. However they need to be replaced. As

an addition to the fleet, and as a backup, a new hovercraft, a Vortex 5 TDi, has been purchased in the UK and the manufacturing started in late 2010.

HoverAid has one Landcruiser. This vehicle transports the HoverAid teams and the necessary supplies to the field. In the project area the main mean of transport is the hovercraft, however the Landcruiser is used to reach other difficult to reach places. The office in Antananarivo has no vehicle.

HoverAid Madagascar owns two trailers to transport the hovercraft. One of them is a trailer that loads the hovercraft on a frame, using the winch of the Landcruiser to pull the hovercraft on the trailer. To accommodate the angle of winching the trailer can buckle. The second trailer is a so called hoveron/hoveroff trailer. This is a flatbed trailer and the hovercraft can fly on the trailer with no external help required.



Figure 7: Toyota Landcruiser with a hovercraft on a trailer

Vehicle	Number
Hovercrafts River Rover	2
Trailers	2
Toyota Landcruiser	1

3.1.2 Workshop

HoverAid runs a workshop in Antananarivo. All the vehicles and hovercraft of HoverAid are maintained and repaired in this workshop. Also all camping equipment, communication equipment and power supply materials. In cooperation with the NGO MAF (Mission Aviation Fellowship) vehicles of other organisations are maintained and repaired. Trainee mechanics are trained by the experienced HoverAid mechanics. The workshop staff supports also in the programme with the technical aspects, such as drilling gear, bio sand filter moulds.

3.1.3 Base camps

In Ankavandra HoverAid is using a house and a plot of land offered by the local government. HoverAid restored the building and in exchange can use the house for free. The disadvantage is that it's very hard to reach by hovercraft. The steep climb from the river to the town is difficult to take. The hovercraft has to be pulled by a group of people in order to reach the town.



Figure 8: Tented camp on the river bank in Beroroha

In Beroroha HoverAid rented a

building in town. The hovercraft is parked in the compound on a trailer. A field worker in Beroroha lives in the building, it contains also a store room for tools and fuel and camp equipment. The visiting teams are hosted in a tented camp on the river bank. The house hasn't enough space to host a team. In Anjabetrongo and Ampasinambo HoverAid does not have a base. The medical teams stay in tents.



Figure 9: MAF airplane

3.1.4 Air transport

HoverAid works in a close relationship with MAF (Mission Aviation Fellowship). All project areas have an airstrip. Either constructed or rehabilitated by MAF. This enables HoverAid to fly all programme staff in and out the area. The team saves many days of travelling.

3.2 Human Resources

3.2.1 Medical teams

In the MMS programme HoverAid Madagascar works with medical staff on a voluntary base. No salaries or indemnities are paid. The majority of the medical staff are Malagasy doctors from Antananarivo. Most of them have a paid job or run a private clinic. A few weeks per year they are available to assist the medical mobile teams in the remote areas of Madagascar.

3.2.2 Employees and volunteers

HoverAid Madagascar employs local staff and a few expats. HoverAid expats all depend on private funding, as HoverAid Madagascar does not pay salaries to expat staff. They are advised to form a fundraising committee of friends in their home country. This committee raises the required amount for subsistence and living costs of the volunteer (and his family). Local staff receives a salary, according to local standards. HoverAid Madagascar's MMS programme manager is the only exception; he is Malagasy and offered his services partly as a volunteer. He received the last quarter a small allowance. Below is the staff list of HoverAid Madagascar in 2010:

Position	Personnel/volunteer	Fte
Country director (NL)	Volunteer	0.5
Logistic & Financial Manager (NL)	Volunteer	0.5
Office Manager (NL)	Volunteer	0.5
Medical Programme Manager (MG)	Volunteer	0.3
Programme Coordinator Tana	Employee	1.0
Secretary & cashier	Employee	1.0
Hovercraft pilot and driver	Employee	1.0
Technical Manager (NL)	Volunteer	0.8
Community Health Coordinator	Volunteer	0.4
Trainee (UK) (until May 2010)	Volunteer	1.0
Junior mechanic	Employee	1.0
Field worker	Employee	2.0
Translator	Casual labour	0.0

The position of Country Director and Logistic & Financial Manager is currently taken by one person. The office manager is also responsible for the financial administration and human resources.

3.2.3 Training

In the workshop, one junior mechanic works alongside a skilled mechanic and receives on-the-job training.

3.3 Finances

3.3.1 Sources of income

The majority of the activities of HoverAid Madagascar are financed by donations from Europe. The MMS and Community Health programme depend solely on funding from abroad. The main flow of income in 2010 came from The HoverAid Trust. And the Stichting HoverAid Nederland. Next to these donations the youth group 'Herrie voor HoverAid' raised project funding which was doubled by a Dutch donor called Wilde Ganzen. All income is shown in the financial report 2010.



Figure 10: Fundraising in the Netherlands

In Madagascar HoverAid provides logistical services to other organisations. This creates another source of income. In 2010 the results of these services were negatively influenced by the cancelation of contracts due to the political crisis. HoverAid Madagascar is an NGO and therefore does not

make any profit. HoverAid Madagascar generated some income by maintaining vehicles from other organisations and accomplished water project with local donations.

3.3.2 Expenses 2010

HoverAid Madagascar's annual budget 2010 was higher than the realised income. A cut in income was due to the political crisis in Madagascar, as the budget was based on some contracts with partner organisations that were cancelled. MMS missions were rationalised according to incoming donations. Investments in replacement or extra equipment have been postponed. An overview of income and expenses can be found in annex 2.

4 Monitoring & Adaptation

4.1 Monitoring and reporting

Monitoring of project activities is done on a monthly base. Project staff reports on the conducted MMS as well as CH and CDW activities. The results are discussed with the management. When activities have not been performed as planned, correction measures are taken. Quarterly Stichting HoverAid Nederland and the HoverAid Trust in England receive a progress report.

4.2 Lessons learned

Working with volunteer doctors has its limitations. We found that a bigger database of volunteer medical staff is required to guarantee the trips. In the past with fewer trips planned a mission could be postponed to accommodate the schedule of medics. In 2010 we've started to contact doctors associations and hospitals to increase the number of volunteers. This process will be continued in 2011.

5 Planning 2011

5.1 Expected results and outputs

In 2011 18 MMS missions are planned. The programme will focus on the same five regions as in 2010. An increase of the patients reached with 30% is expected. The base in Beroroha will be permanently staffed in 2011. Having a hovercraft year round available will increase the impact of the programme in the region. HoverAid is better able to respond directly on medical needs. We can support the local government with transport facilities. And we will be able to partner with the local churches. A group of volunteers from the UK will reconstruct the market building which was destroyed in the last cyclone season. A start will be made with a Bio Sand filter in Beroroha. At least one clean drinking water point will be constructed in Ankavandra.

5.2 New developments

5.2.1 Sustainable approach

Collaboration is sought and found with grass root level partners in the regions. HoverAid also collaborates with existing government bodies. HoverAid has a long term vision for the regions. Knowing from experience that much of the programmes involve behaviour change of the population, which is a long term process.

5.2.2 Measuring impact

A base line survey has started in the last months of 2010, and will be finalised in 2011. The results will be measured against the outcome of this study.

5.2.3 Human Resources

A programme coordinator will be based in Beroroha in 2011. This person will be responsible for the coordination of the programmes in the district. The PC will also be responsible for extending the collaboration with local entities. Four community health workers will be employed in the district of Beroroha to expand the impact of the Community health programme.

5.3 Required funding

Budget **€115.000**

1. Staff		35.340
10. National staff	18.660	P
11. Casual labour	1.500	P
12. International staff	5.208	P
13. Field & travel expenses	9.972	P
2. Office costs		10.440
20. Office costs	6.960	O
21. Communication	3.480	D
3. Training & Supplies		41.200
30. Base expenses	3.600	D
31. MMS	25.450	D
32. Community Health	12.150	D
4. Transport & Travel		8.200
41. Transport & Travel costs	8.200	T
5. Operating costs		19.820
51. Hovercraft 501 Jacob	8.000	D
50. Vehicles (excl. Hovercrafts)	11.820	T

Budget lines	%	Euro
Personnel (project related)	31%	35.340
Direct project costs	46%	52.680
Transport	17%	20.020
Overhead	6%	6.960
Total		115.000

Annex 1: Map of Madagascar



Annex 2: Annual accounts 2010

Income and expenses in Euro		1000	
1/01/10	Cash AR		0
	Bank AR		2
	Cash Euro		0
	Bank Euro		0
	Bank GBP		0
Asset	Loans		1
Asset	Families		-3
Liability	Vehicle MAF		0
Liability	In Kind		0
Liability	CNaPS		0
Liability	OSTIE		0
Liability	Hovercrafts		0
Liability	Landcruiser		0
	Total bank & cash		1
	Income 2010	NL	61%
		UK	28%
		Mada	11%
			101
	Total income		102
	Expenses 2010	Mada	30%
		HA Mada	37%
		HvH	11%
		Wide Ganzen	18%
		GIC	3%
	Total expenses		81
31/12/10	Balance		21
31/12/10	Cash AR		0
	Bank AR		2
	Cash Euro		0
	Bank Euro		10
	Bank GBP		0
Asset	Loans		2
Asset	Received items from NL		7
Asset	Received items from UK		1
Asset	Families		-2
Liability	Vehicle MAF		0
Liability	In Kind		-1
Liability	CNaPS		0
Liability	OSTIE		0
Liability	Hovercrafts		0
Liability	Landcruiser		0
	Total bank & cash		20
	Balance		0

