HEAL Medical Outreach Report
Emergency Relief Mission – Toamasina, Madagascar
27 February – 6 March

Introduction

We received an urgent call from our sister organisation, **CMDA LIOKA Madagascar**, informing us that Cyclone Gezani had made landfall on the eastern coast of Madagascar, striking the island's main port city, Toamasina. The destruction was severe. Houses collapsed across the impact zone, and early reports indicated that at least 35 lives had been lost at that stage. Entire neighbourhoods were plunged into darkness as power lines snapped, trees were uprooted, and roofs were torn off homes and buildings.

An estimated **250,000 people were affected or displaced** by the cyclone.

Two major hospitals in the city — **CHU Morafeno Toamasina** and **CHU Hôpitaly Be** — were also badly damaged, with sections of their roofs ripped off. Patients had to be urgently transferred to other facilities. One of the hospitals that continued receiving patients despite significant challenges was **Bethany Hospital**, a mission hospital that became a critical point of care during the crisis.

As Scripture reminds us:

"Carry each other's burdens, and in this way you will fulfil the law of Christ."
— *Galatians 6:2*

This call to share in the suffering of others became the motivation for our response.

Team and Mission Objectives

Our immediate question was simple: **How could we support the local teams who were already responding with very limited resources?**

A small emergency response team was assembled consisting of:

- **Dr Augustin Lutakwa (HEAL)**
- **Dr Sahondra (CMDA LIOKA Madagascar)**
- **Dr Raissa (CMDA LIOKA Madagascar)**
- **Alex – Anaesthetic Nurse from Malawi**

This mission was made possible with the encouragement and logistical support of Victor Freuland, **Ngitume Nkosi**.

Our objectives were:

1. **Assess the medical needs on the ground**
2. **Support overwhelmed local medical teams**
3. **Provide emergency clinical care**
4. **Reach vulnerable patients unable to access hospitals**
5. **Evaluate longer-term needs for support**

Interestingly, the timing made this mission possible. I had been scheduled to travel to Lesotho to conduct laparoscopic surgical training for local doctors, but that program was postponed and later rescheduled in Pretoria. This unexpected opening allowed me to join the Madagascar relief effort.

We decided to deploy a **small assessment and response team first**, with the possibility of sending additional personnel depending on the situation on the ground.

Arrival and First Impressions

As our plane approached Toamasina, the devastation was visible even from the air. Roofs had been stripped away, trees lay scattered across the landscape, and large sections of the city appeared severely damaged.

From the airport we went directly to **Bethany Hospital**, where we would be based. It quickly became clear that the situation was more serious than expected. Not only had the hospital itself suffered damage, but it was also receiving patients redirected from other hospitals that had been partially disabled by the cyclone.

The local doctors team led by Dr Fabruce and Dr Iasy had been working **around the clock with very little rest**. Exhaustion was visible on their faces. Our immediate role became clear: **to relieve the overwhelmed staff and help sustain the response.**

As the Bible reminds us:

“Two are better than one, because they have a good return for their labour. ”
— *Ecclesiastes 4:9*

Medical Response

We divided the team into two operational groups:

1. Hospital Support Team
One part of the team remained at Bethany Hospital to assist the local doctors with ward rounds, surgical procedures, and emergency calls. I joined the surgical team to help relieve the three surgeons who had been working continuously since the cyclone struck. This included assisting in theatre, covering calls, and running outpatient consultations.

2. Community Outreach Team
The second team travelled daily into different parts of the city to reach patients who were unable to come to the hospital. Many families were dealing with competing priorities: repairing their homes, finding food, or securing shelter. Healthcare was often postponed because survival needs came first.

The outreach clinics saw **between 80 and 100 patients per day**, visiting different communities each day.

Because we had not brought medications—due to uncertainties around customs clearance—we reached an agreement with **Bethany Hospital** to use their pharmacy stock for the outreach clinics. HEAL and supporting partners later committed to **replacing all medications used**.

Over **four days of outreach**, the team treated **more than 450 patients**.

Bethany Hospital also strengthened the team by assigning **Dr Iasy and several nurses** to assist in the outreach clinics.

Witnessing Sacrificial Service

One of the most powerful aspects of this mission was witnessing the dedication of the Bethany Hospital staff.

Despite the cyclone affecting their own homes and families, they continued to serve their community faithfully.

One particularly moving example was the **hospital driver**, who worked almost continuously transporting patients and staff. His own house had been completely destroyed, forcing him to stay temporarily with neighbours, yet he continued serving without hesitation.

This reminded me of the words of Jesus:

“Greater love has no one than this: to lay down one’s life for one’s friends.”
— *John 15:13*

The same spirit was visible throughout the hospital.

Even **Thomas**, one of the Swiss missionary doctors, became seriously ill with gastroenteritis during our stay. Despite being unwell, he felt guilty staying at home and wanted to continue working. I strongly encouraged him to rest, assuring him that we could cover his duties until he recovered.

Such commitment reflects the words often attributed to missionary physician **Dr. Albert Schweitzer**:

"The purpose of human life is to serve, and to show compassion and the will to help others."

Observations from the Ground

The scale of devastation across the city was striking.

An estimated **85% of homes were affected** in some way:

- Some lost only their roofs
- Others suffered structural damage
- Some were completely destroyed

Electricity remained unavailable in large parts of the city, leaving most residents dependent on generators or small solar systems.

Many families were forced to make painful decisions:

Should they repair their roof?
Buy food for their children?
Or seek medical care?

As one walks through these communities, the reality becomes clear: **every need feels urgent.**

Several NGOs had already begun responding. Community kitchens were distributing food, while other organisations provided simple wood stoves to help families cook despite the power outages.

Recovery will take time.

As Helen Keller once wrote:

"Although the world is full of suffering, it is also full of the overcoming of it."

Assessment of the Medical Situation

By the time we concluded our mission, the **acute emergency phase of the health crisis had largely stabilized**.

Bethany Hospital had returned close to its normal patient volume, although the workload remained extremely heavy. The hospital operates with:

- **11 doctors**
- **85 staff members**
- **35 inpatient beds**

Since opening in **2018**, it has become an essential healthcare provider for the region.

While additional emergency medical teams were not immediately required, the **ongoing needs are significant**, particularly in strengthening local capacity and resilience.

Looking Ahead: Medium and Long-Term Needs

Recovery in Toamasina will unfold in phases.

Intermediate Phase

- Continued community health support
- Replacement of medical supplies used during the emergency
- Strengthening hospital capacity

Long-Term Phase

1. **Healthcare Capacity Building**
    - Training and mentorship of local doctors
    - Continued collaboration with Bethany Hospital
2. **Community Welfare Support**
    - Support for vulnerable families affected by the cyclone
3. **Infrastructure Reconstruction**
    - Homes and community structures need rebuilding
    - Hospitals require repairs and improved resilience

As Scripture reminds us:

"Let us not grow weary of doing good, for at the proper time we will reap a harvest if we do not give up."
— *Galatians 6:9*

Fellowship and Encouragement

During the mission I also had the opportunity to meet with Christian healthcare workers.

- An **ICMDA gathering in Toamasina**
- A **Sunday morning meeting in Antananarivo**

We shared the vision of Christian medical mission and encouraged one another in faith and service.

These moments of fellowship were deeply meaningful.

Conclusion

This mission reminded us that we are truly **one family in Christ**.

"If one part suffers, every part suffers with it."
— *1 Corinthians 12:26*

Our time in Madagascar was short, and we recognise that a week or two cannot solve the immense challenges faced by the people of Toamasina. Yet presence matters. Standing with our brothers and sisters in their moment of suffering is itself a powerful testimony of God's love.

We return home physically tired but spiritually encouraged.

We are deeply grateful to:

- **CMDA LIOKA Madagascar**
- **Bethany Hospital staff**
- **Ngitume Nkosi**
- **HEAL partners and supporters**
- **ICMDA and CMF South Africa**
- Many generous individuals who supported this response

Without their help, this mission would not have been possible.

Our hearts and prayers remain with the people of **Toamasina and Madagascar**.

May God bring comfort, restoration, and hope in the midst of this difficult season.

"God is our refuge and strength, an ever-present help in trouble."
— Psalm 46:1

Thank you to the people of Madagascar for your remarkable hospitality, even in the midst of suffering.

May we continue to walk together in service, faith, and compassion.

God bless you.

For Photos of the Madagascar Relief, please Click HERE

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