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# MADAGASCAR



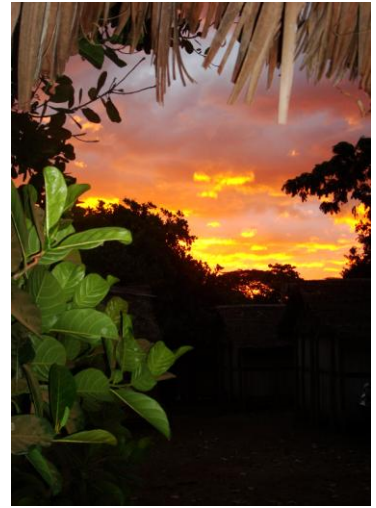


DreamWorks Animation

When we (Ishani Choksi and Jency Daniel) told our friends and family that we would be heading to Madagascar for our Summer of Service, we were unequivocally met with incredulity. “You mean like the animated movie? Where *is* Madagascar, anyway? Do people even *live* there?”

Before our departure, all we knew was that we would be working through the Mada Clinics organization and dividing our eight weeks among three different sites in northern Madagascar, doing both clinical work and teaching English. We could barely even pronounce the names of the sites that we would be working at. And shortly after our arrival, we started to realize the challenges we might face, given our lack of French and Malagasy language skills; our deep-seated terror of all things creepy-crawly; and our knowledge that we would not have the luxuries of running water or electricity for about half of our trip. What we did have, however, were hope, open hearts and minds, and a genuine desire to help in whatever small way possible.

Eight weeks later, we were conversing with the Malagasy people; hopping on and off taxi-brousses along National Route 6; sleeping peacefully in the safety of our mosquito nets despite the monstrous bugs that most likely surrounded our hut; showering and going to the bathroom with the unwelcome company of frogs and cockroaches; relishing in hot water bucket baths beneath the stars and moonlight; providing medications and vaccinations like pros. We also discovered that the country of Madagascar only resembles the animated movie with regard to the scenery; that it is an island off the coast of Mozambique, Africa; and that people do indeed live there—they are a diverse, welcoming, beautiful people with French, Arabic, African, Asian, and Indian influences.



We spent three weeks in the clinic and school at Maventibao, a tiny village nestled atop a mountain 8 km above the main road. Our next site was a rural market town called Anivorano, where we spent two weeks and administered the first vaccines of our medical careers during the hospital's baby vaccination days. The remaining three weeks were spent at Mahamasina, a village located near Ankarana Special Reserve, where we taught English to the schoolchildren and park guides, and also helped the staff of Chez Aurelien to cook, prepare, and serve food to tourists.

## MAVENTIBAO



The village of Maventibao



The Maventibao main clinic storage room



Ishani checks a patient's blood pressure during one of our mobile clinic days in Matsara



Jency playing with Tans, Olive, Daniella, Nambine, Francisco, and Jacqueline after school



(left) There is no running water in the mountaintop village of Maventibao, so our toilet was a wooden seat above a deep hole in the ground  
(below) Our “showers” were hot bucket baths using excess rice water, typically enjoyed under the moonlit sky



## ANIVORANO

(below) Our friend Fatima helps us with our laundry in the courtyard  
(right) The courtyard view from our room





The Anivorano market center



Baby vaccination clinic supplies



(left) Ishani administers an oral polio vaccine during baby vaccination day  
(below) Jency vaccinates a baby against diphtheria, pertussis, and tetanus



## MAHAMASINA



The inside of our hut





The schoolchildren of Mahamasina were always eager to learn English

(below) Us with Franckie, a dear friend and a park guide for the Ankarana Special Reserve

(right) The food preparation area at Chez Aurelien where we waited to serve tourists and enjoyed leftovers with the staff





(left) Jency stirs a boiling pot of coconut milk, sugar, vanilla, and bananas which will be cooled to make pudding cakes called “godro-godro”

(below) Ishani helps Marie to shred green papaya for dinner



Mada Clinics logo

Diversity was a recurring theme that we encountered. From the people we met, to the geography and microclimates, the wildlife, the scenery, the different types of service work we engaged in, the foods we ate, and the living conditions, Madagascar was a source of endless learning experiences. Being volunteers enabled us to fully immerse ourselves in the village life and culture of Madagascar. Despite the communication and cultural barriers, we were welcomed eagerly and lovingly as one of their own. We came to love teaching and playing with the children of Maventibao; became market regulars in Anivorano, visiting our favorite food stalls everyday; and celebrated Madagascar’s Independence Day with the people of Mahamasina village at the local “discotheque.” And everywhere that we went, we had the privilege of forging deep and lasting bonds with the incredible people that we met. We call Melodie and Marie our sisters; Nurse Didier calls us his daughters.

We went to Madagascar to help its people, to gain clinical experience, and to sacrifice our luxuries for the sake of service. We left Madagascar with an extended Malagasy family and newfound understandings: an unexpected sense of joy in simplicity, a truer understanding of resourcefulness, and a realization of the universal and unconditional nature of genuine love. We will not soon forget living in a hut without running water or electricity; bathing and brushing our teeth with the excess water after preparing rice, or seeing how the people of these remote villages lead perhaps fuller and richer lives than those who own so much more than they; or when our dear friend Mbotao selflessly

made dinner for us despite the large number of tourists he also had to serve one evening. These are only glimpses of the simplicity, resourcefulness, and love that we were blessed to be a part of everyday for two months. What we experienced in Madagascar will surely shape not only our medical careers in the future, but has already begun to nurture a deeper sense of gratitude in us and has altered the lens through which we view the world and its people.