

# Madagascar

## Consolidated Emergency Report 2018



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## A. Abbreviations and Acronyms

ACF	Action Against Hunger
ADRA	Adventist Development and Relief Agency
ATR	Regional Technical Assistant
BNGRC	National Office of Disaster and Risk Management
C4D	Communication For Development
CARE	CARE International
CCC	Core Commitments for Children in Humanitarian Action
CERF	Central Emergency Response Fund
CHAT	Communication in Humanitarian Action Toolkit
CHW	Community Health Workers
CMAM	Community Management of Acute Malnutrition
CRS	Catholic Relief Services
DREN	Regional Education Directorate
DRR	Disaster Risk Reduction
ECHO	European Commission Humanitarian Office
FAO	Food and Agricultural Organization
GAM	Global Acute Malnutrition
GRET	Group for Research and Technological Exchanges
HAC	Humanitarian Action for Children
HACT	Harmonized Approach to Cash Transfers
HTH	High Test Hypochlorite
IASC	Inter-Agency Standing Committee
IFAD	International Fund for Agricultural Development
IMCI	Integrated Management of Childhood Illnesses
IPC	Integrated Phase Classification
IYCF	Infant & Young Child Feeding
MNT	Mobile Nutrition Team
MoE	Ministry of Education
MUAC	Mid-Upper Arm Circumference
NGO	Non-governmental organization
NSS	Nutrition Surveillance System
OCHA	Office for Coordination of Humanitarian Affairs
ONN	National Nutrition Office
ORE	Other Resources Emergencies
ORR	Other Resources Regular
RR	Regular Resources
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goal
SIDGS	Great South Integrated Development Strategy
SMART	Standardised Monitoring and Assessment of Relief and Transition
SMS	Short Messaging Service
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

## B. Executive Summary

UNICEF Madagascar's revised 2018 humanitarian appeal of US\$ 13.5 million to meet the needs of 400,000 people and 192,400 children (out of 1,058,589 people and 509,744 children in need of humanitarian assistance) remained severely underfunded with a funding gap of 66 per cent. Consequently, UNICEF Madagascar had to use its Regular Resources and other development funding, to support emergency response activities to reach the most vulnerable people. The significant funding gap partially prevented UNICEF to ensure the Core Commitments for Children and reach its planned results for 2018 despite several emergencies although the political situation was relatively calm, following the second round of the presidential election held on 19 December 2018 and the inauguration of the new Government in early 2019.

Two tropical storms (Ava and Eliakim) made landfall in Madagascar in 2018. Although not having reach cyclonic importance, they prevented more than 50,000 children from attending school and further damaged infrastructure in already fragile areas. While plague epidemics remained under control in 2018 – thanks to preparedness efforts in which UNICEF played an important role – a measles epidemic broke out in early October in mainly urban areas, with 19,000 notified cases as by the end of December and has created additional stress on critical health systems. Although no nutrition or food security crises were declared by the Government in 2018, the nutritional status of the population in southern Madagascar remains precarious mainly in two drought-prone districts and of concern in 6 other districts. The October 2018 Integrated Food Security Phase Classification (IPC) estimated that around 1 million people could be in food security crisis or emergency between November 2018 and March 2019.

With the limited funding available, UNICEF prioritized its support to the Government and partners to reinforce community resilience in the face of disasters in vulnerable areas. The Government of Madagascar, United Nations agencies and NGOs worked together to leverage lessons learned from the cyclone and plague response in 2017 to better plan and coordinate humanitarian responses to be more strategic by carrying out more integrated needs assessments, better targeting and prioritization, and more linked to the national development plan, in particular the “Great South Integrated Development Strategy” (SIDGS) developed by the Ministry of Planning with the support of the UN system.

Throughout the year, UNICEF's emergency response, thanks to the funding from its donors and internal fund mobilization, achieved these results:

- 228,739 children were screened on a quarterly basis for acute malnutrition and 14,782 children under 5 were admitted to nutrition therapeutic treatment sites
- 335,800 people (including 169,900 children) were reached with essential and life-saving health care services
- 25,650 students in 12 regions were able to return to school and continue learning in a safe space
- 1,888 children benefited from psychosocial support after tropical storms
- 290,542 people accessed sufficient quantity of water for drinking, cooking and personal hygiene
- 4,000 households made vulnerable by the prolonged drought received cash transfers
- 969,278 people affected by tropical storms and plague were reached by UNICEF's preventive and recovery communication actions.

### C. Humanitarian Context

The year 2018 in Madagascar was focused upon the presidential elections. In the built-up, in April 2018, following the populations' perceived attempts by the government to modify the constitution in its favour, violent demonstrations broke out in the capital. These demonstrations and a consequent blockade of institutions, creating an atmosphere of political tension, led to the formation of a transitional technocratic government in June 2018. Strikes and public disruption were a feature of this period and major reshuffles took place in key ministries (Health, Water, Education, Justice, Social Protection), leading to a loss or shift of political will, institutional knowledge, and long-term engagement capacity. Andry Rajoelina was declared the winner of the presidential elections on January 8, 2019, which may lead to a new period of stability.



### Drought-prone districts

In this challenging context, Madagascar was further impacted by natural disasters, such as cyclones, drought and epidemics. Over the past decade, Madagascar has been hit by forty-five cyclones and tropical storms. The year 2018 was not an exception, as it started with tropical storm Ava, killing 51 people and displacing more than 54,000. In March, tropical storm Eliakim killed 21 people. These storms affected more than 200,000 people and destroyed hundreds of schools and basic health centers, disrupting the school year for more than 50,000 children. UNICEF and its partners responded to the emergencies, but these short-term natural disasters, despite receiving poor international coverage or mobilization, look pale in comparison to more structural humanitarian issues overstressing the meagre external resources available in the country: the drought in the south.

The drought, locally known as “kere”, not only regularly impacts the 4.5 million people living in the south of Madagascar, but it diverts resources from other regions with great need, and more importantly, diverts resources that could be used for more sustainable development projects that would mitigate the impact of drought over time (for example water pipelines). The drought is a cyclical phenomenon and affects in particular the 3 southernmost regions of the country (known as the “Grand Sud”). For the past four



*The population draws water from the river, when it is not dry, for daily needs. This water is not subjected to any treatment: no filtering or sterilization. © UNICEF/UN0267012/Raodelison*

years, this drought, exacerbated by El Nino, has had a severe impact on food security, water availability and consequently the capacity of children to survive and thrive. This chronic drought continues to fuel food insecurity due to low agricultural output in addition to lack of access to safe water, sanitation and hygiene (WASH) facilities in the south. An analysis of

water cost fluctuation during the drought season showed that still only 50 per cent of the population in the south bought 20l of water for less than US\$6 cents (compared to US\$1 cent in the capital Antananarivo). Access to health services is also limited in the south with over 80 per cent of the population living more than 5 km away from basic health centres. The 2018 initial HAC provisions were aiming at 1.4 million people out of a total potential caseload of 1.9 million people affected by humanitarian crisis, with an estimated 25,000 children likely to suffer from Severe Acute Malnutrition.

According to the two IPC Acute Food Insecurity exercises led by the National Risk and Disaster Management Office and conducted in June and October 2018, the humanitarian situation seems to have deteriorated toward the last quarter of the year in the Southern part of the country:

People living in areas classified in IPC 3 (crisis) and IPC 4 (emergency)		
March to June 2018	770,378	38%
August to October 2018	838,002	39%
November 2018 to March 2019 (projection)	973,202	45%

The impact on children under five years old has been significant with a sharp increase in the number of children suffering from acute malnutrition recorded in the last quarter of the year:

- From 21,340 (8.6 percent) children screened with Global Acute Malnutrition (GAM) in the third quarter to 24,790 (9.2 percent) in the fourth quarter and
- From 1,419 (0.6 percent) children screened with Severe Acute Malnutrition (SAM) in the third quarter to 2,304 (0.9 percent) in the fourth quarter

Frequent epidemic emergencies have also exacerbated Madagascar's fragility. In September 2017, the country faced the beginning of an epidemic of pneumonic plague, that led to a partial collapse of the health system. With around 2,400 cases, a major mobilization was required to bring the epidemic under control. The response came at the cost of halting all other health activities during an entire quarter, while schools were closed for more than a month. Thus, in 2018, the Ministry of Health decided to focus on plague management and prevention, with print media regularly focusing on new cases all the way through September 2018. Yet, while the plague remained under control in 2018, another epidemic – measles – occurred. By the end of December this outbreak has infected more than 19,000 people and required massive international support and a 4-stage nation-wide campaign targeting more than 7 million children.

Thus, development partners operate in an unrecognized crisis: Most indicators are alarming, bringing the scale of the required response for a population that may exceed 25 million people to levels that cannot be reached by development partners alone, especially in a context of severely limited external aid compared to a growing population. Poverty remains a structural problem in a country that has the largest share of people living in extreme poverty (77.6%)<sup>1</sup> and where families' resilience has been continuously lowered during years of political instability, natural disasters, environmental degradation, epidemics and growing insecurity.

<sup>1</sup> [World Bank \(2018\), Poverty and Shared Prosperity 2018 – Piecing together the poverty puzzle](#)



## D. Humanitarian Results

### a) Nutrition

NUTRITION	Cluster/ Sector 2018 targets	Cluster/ Sector total results	UNICEF 2018 target	UNICEF total results
Children under 5 with SAM admitted to therapeutic treatment sites	12,500	14,782	12,500	14,782

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.*

In 2018, UNICEF continued to support the emergency nutrition response in the eight drought-prone districts located in the Great South of Madagascar to ensure the Core Commitments for Children (CCC), notably that the nutritional status of girls, boys and women is protected from the effects of humanitarian crisis. In the Country Office Annual Report 2018, the number of children under 5 with SAM admitted to therapeutic treatment sites was reported as 11,400 children. With additional partner reporting received since, this number has been updated to 14,782 children, surpassing the planned target and demonstrating the tremendous need. The result for the cluster and UNICEF are the same as UNICEF is supporting all facility-based treatment sites, including the provision of ready-to-use therapeutic food for all targeted children.



*A child eating its ready-to-use therapeutic food ration © UNICEF Madagascar/2018/Chamois*

As the drought is continuing to have severe impact on children and mothers, UNICEF's support focused on 1) Emergency nutrition coordination, to ensure all partners were delivering together, 2) Food security and nutrition surveillance, to monitor the development of the situation in the most vulnerable districts, which helped to 3) Strengthen early identification of acute malnutrition at community level and 4) Manage severe acute malnutrition. In alignment with the CCC, UNICEF also supported micronutrient supplementation (Vitamin A) and support to life-saving Infant and Young Child Feeding Practices (IYCF).

**Emergency nutrition coordination:** In Madagascar, the National Nutrition Office leads the emergency nutrition sector coordination (Nutrition cluster) in partnership with UNICEF. In 2018, 11 coordination meetings were held at national level and 7 at regional / district level, involving UN agencies (FAO, UNOCHA, WFP and WHO), NGOs (ACF, ADRA, CARE, CRS, GRET) and donors (ECHO, French Embassy, USAID). A mapping of all partner activities was completed and regularly updated to increase service coverage and avoid duplication of efforts. Furthermore, these meetings facilitated information sharing, good practices and lessons learnt and provided inputs for the nutrition sector on the elaboration of the Integrated Development Strategy for the Great South as well as the Cyclone and Flooding Contingency Plan (under the leadership of the National Risk and Disaster Management Office and UNOCHA).

Besides the animation of the nutrition cluster, UNICEF reinforced the government's empowerment on nutrition survey coordination in emergencies by setting up a

SMART (Standardized Monitoring and Assessment of Relief and Transitions) survey technical committee led by National Nutrition Office (ONN). As a capacity strengthening strategy for government counterparts, 36 national and regional monitoring and evaluation focal points were trained as Standardized Monitoring and Assessment of Relief and Transitions (SMART) Nutrition Survey coordinators.

**Food security and nutrition surveillance:** UNICEF provided technical assistance to the National Risk and Disaster Management Office to conduct two IPC Acute Food Insecurity exercises in June and October 2018. Quality and reliable nutrition information required for the completion of the IPC exercises was available thanks to four SMART nutrition surveys (one supported by Action Against Hunger and three supported by UNICEF) conducted in four districts located in Atsimo Andrefana and Androy regions and the Nutrition Surveillance System (NSS).

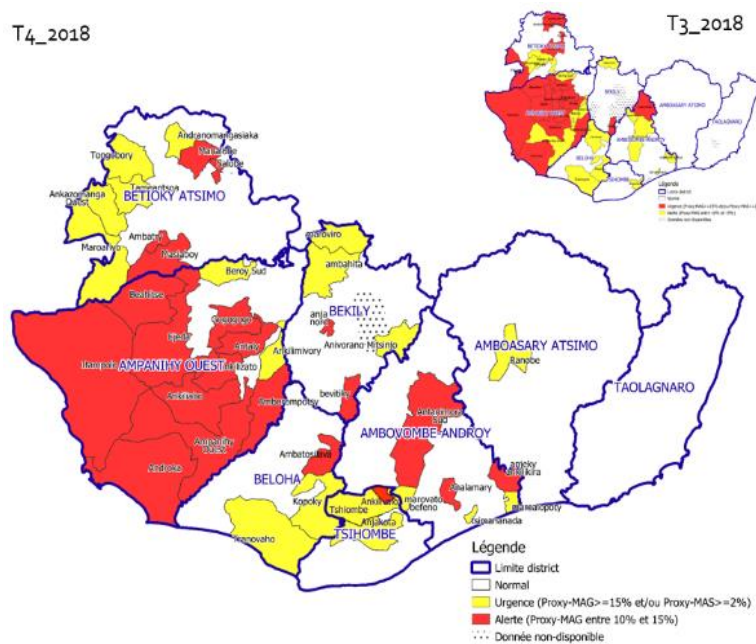
Given the lack of reliable and up-to-date information the nutrition cluster under the leadership and with the technical assistance of UNICEF developed the NSS in 2017. Since the first quarter of 2018, UNICEF supports the Ministry of Health and the National Nutrition Office financially and technically to implement the NSS in the eight drought-affected districts on a quarterly basis. Based on NSS results, at least 228,739 children aged 6 to 59 months were screened every quarter for acute malnutrition in 2018. Following a gradual improvement of the nutrition situation until the third quarter in 2018 (from 9.6 percent proxy-GAM in Q1 to 8.7 and 8.6 percent in Q2 and Q3 respectively), the situation worsened again in the last quarter (9.2 percent proxy-GAM in Q4).

## Nutrition Surveillance System

The Nutrition Surveillance System (NSS) provides information for the completion of the Integrated Food Security Phase Classification (IPC) which requires accurate and reliable data on acute malnutrition. This is supported by the SMART Nutrition Survey data quality assurance system. The NSS together with the IPC in turn inform the Government's, other sectors' and donors' emergency response.

It allows the identification of communities in nutrition emergency (hotspots) requiring special attention which allowed for a better targeting of the emergency response and allocation of available resources (e.g. mobile teams) towards these districts.

Furthermore, the NSS enhances SAM treatment coverage of children by supplementing the routine community screening with exhaustive, quarterly screening exercises.



*Municipalities classified in alert (yellow) and emergency (red), eight drought-prone districts of the Great South, data from the NSS, fourth quarter of 2018*



This represents a total of 24,790 children under five years old screened with GAM and 2,304 children screened with SAM in the last quarter of the year. In that period, out of the eight-affected districts, 18 municipalities (12 percent) have been classified in alert<sup>2</sup> and 22 (15 percent) in emergency<sup>3</sup> nutrition situation. The district most affected by acute malnutrition is Ampanihy in Atsimo Andrefana region with 10 municipalities classified in emergency (59 percent) and 2 in alert (12 percent). The deterioration of the nutrition situation in the Great South toward the end of the year has also been confirmed by the sharp increase in the number of acute malnutrition new admissions recorded in October and November 2018. Although the number of admissions has shown a decreasing trend in December 2018, it is still well above the ones recorded in 2016 and 2017 at the same period reflecting an acute emergency.

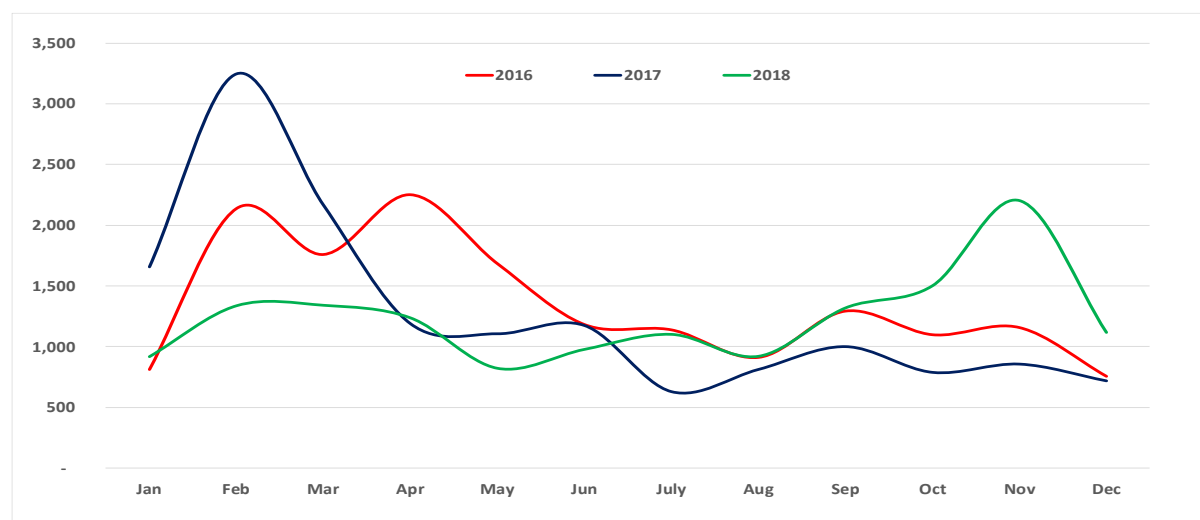


Figure 1: Evolution of the CMAM admission trend, eight drought-prone districts of the Great South, 2016 - 2018

**Strengthened early identification of acute malnutrition at community level:** In addition to routine screening by community health and nutrition workers, UNICEF, in 2018, scaled up the pilot for screening by mothers using Mid-Upper Arm Circumference (MUAC) bands for early identification of acutely malnourished children at household level. MUAC screening by mothers is now in place in 1,012 out of 3,700 communities located in eight drought-prone districts in Southern Madagascar. Thanks to this scale up from 4,100 mothers trained in 2017 to 54,219 women, more children aged six to 59 months benefitted from their parents' new skills using MUAC bands. This activity enabled early identification of acute malnutrition cases and reduces the occurrence of complicated SAM cases requiring hospitalization). An assessment is on-going to document the reliability of this approach and parents' satisfaction. Results will be disseminated in 2019.

**Management of severe acute malnutrition:** Continued close collaboration and coordination between Government entities (Ministry of Health and National Nutrition Office), NGOs, UNICEF and WFP allowed effectiveness in acute malnutrition cases referral (severe and moderate). From January to December 2018, UNICEF supported the Ministry of Health managing SAM cases with no complication in 208 health centres (100 percent of health centres in the 8 drought-prone districts) and SAM cases with complications in 8 hospitals (100 percent of hospitals in the 8 districts). A total of 14,782 severely acute malnourished children were admitted to outpatient treatment facilities/ health centres in 2018. The use of the NSS allowed to ensure an equity approach and deploy 4 mobile nutrition teams (MNT) to 234

<sup>2</sup> Proxy-GAM 10-15% or >20% increased SAM admissions in the past 3 months

<sup>3</sup> Proxy-GAM > 15% or proxy-SAM > 2%

communities located at more than 10km from the nearest health centre in municipalities classified as emergency in Ampanihy and Betioky districts from June to December 2018. This support enabled the out-patient treatment of 3,991 (27 percent) out of the 14,782 severely acute malnourished children. Moreover, 343 complicated cases were

admitted in hospitals among which 90 percent were successfully treated (cured or transferred to outpatient treatment facility). The overall service quality performance for SAM children achieved in 2018 is satisfactory with 94 percent reporting rate from health facilities and remains within SPHERE standards with 84 percent cured, 5.8 percent defaulted, and 0.6 percent deceased. UNICEF's support consisted in technical assistance to the central, regional and district health authorities to ensure high coverage and quality services, procurement and distribution of therapeutic supplies drugs and equipment (15,988 cartons of ready-to-use therapeutic food (RUTF) were distributed in 2018) as well as financial support (e.g. trainings, mobile clinics formative supervision).

Although MNTs proved yet again to be a viable emergency strategy, it is not a sustainable approach. Thus, in collaboration with the local authorities in Beloha district in Androy region which was identified in food security emergency, UNICEF developed an innovative model to provide extended outreach CMAM services to remote/hard-to-reach communities.

Effectively, instead of using

additional staff for mobile teams, 7 health centre staff (out of 14 health centres in Beloha district) were given incentives to offer services in hard to reach communities in their catchment area. This new initiative was implemented only in December 2018 but allowed to reach 77 additional SAM children and thus, increase the total number of children treated in the district by 35 per cent. With the presence of the health worker, this approach offers an opportunity for the promotion of different health services and builds community empowerment and resilience through their active participation. Based on the initial results, it is planned to continue and integrate this approach in the existing health system in 2019. However, if the number of severely acute malnourished children is too high to be managed by the health centre staff involved in outreach services, the mobile nutrition teams become mandatory to be able to reach children in need.

**Micronutrient supplementation:** Children in the drought-affected areas were also covered with Vitamin A supplementation (May and October 2018) as part of the child survival interventions delivered by the Ministry of Health with UNICEF's financial and technical support during two rounds of Mother and Child Health Weeks. Deworming of children and pregnant women and screening for acute malnutrition have also been added to the essential child survival package. In the humanitarian context of southern Madagascar, more than 321,543



UNICEF's drought emergency response helps children to survive and thrive

[Click on the icon to watch the video](#)



*Children lining up to be screened for malnutrition © UNICEF Madagascar/2018/Chamois*

children from 6 to 59 months (99 percent) have been supplemented with vitamin A. Around 289,000 children from 1 to 5 years old (100 percent) have received a deworming tablet and more than 21,800 pregnant women from 4 months of pregnancy (56 percent) were dewormed. In an emergency context, micronutrient supplementation is crucial to protect children and women from the consequences of a mono-diet and ensure their micronutrient needs.

**Infant and young child feeding:** An estimated 36,787 parents and caretakers in the eight southern districts who attended health care services at the health centre level benefited from the promotion of optimal Infant and Young Child Feeding practices (IYCF). In situations where malnutrition rates are high, IYCF is a life-saving component. Through this, UNICEF aims to support optimal feeding for infants and young children in all emergencies. Breastfeeding, combined with appropriate feeding for young children, is crucial for the optimal development of young children and provides a foundation from which to protect infant and young children's nutrition and health within an emergency setting.



*After the passage of the community workers, the mothers are referred to the doctors of the Basic Health Center when the cases are more delicate. © UNICEF/UN0267027/Raelison*



## b) Health

HEALTH	Cluster/ Sector 2018 targets	Cluster/ Sector total results	UNICEF 2018 target	UNICEF total results
People received insecticide treated nets			60,000	56,000
People provided with access to essential and life-saving health care services			300,000	335,800

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.*

During 2018, UNICEF's health emergency response for the cyclones and the drought reached 335,800 people (including 169,900 children) with essential and life-saving health care services.<sup>4</sup> UNICEF supported the emergency response and recovery phase by ensuring availability and accessibility to essential health care services for the most vulnerable people and through the provision of services and inputs for disease prevention. UNICEF is a very active member in the health cluster and coordinates its emergency response closely with the different services within the Ministry of Public Health at central and decentralized levels.

**Cyclones:** For the health response to cyclones in 2018, 56,000 out of 60,000 targeted people benefited from long lasting insecticide treated mosquito nets provided by UNICEF. Furthermore, to contribute to the quick recovery of health services, UNICEF distributed midwifery kits covering 75,000 women for maternity services and medicines covering 37,000 children for the three main diseases (malaria, pneumonia, diarrhoea) among 14 health facilities that were damaged by tropical storms. This supported outreach activities by health workers to treat more than 30,600 people and 5,000 children under 5 years were treated for diarrhoea by Community Health Workers (CHW). - To prepare for the 2019 cyclone season, emergency stocks were pre-positioned for 77,000 people.



UNICEF's health response to malaria outbreak after the tropical storms

*Click on the icon to watch the video*

**Drought:** More than 103,300 cases of childhood diseases were treated in the 8 most-affected districts. To reach this result, UNICEF equipped 198 health centres with medicines and equipment for the management of children's diseases and pregnant women and supported 3,652 Community Health Workers with equipment, medicines and formative supervision for integrated community case management (e.g. diagnostic and treatment for pneumonia, diarrhoea and malaria). Furthermore, in the pursuit of its equity approach, UNICEF deployed 32 mobile clinics which offered primary



*Motorcycles provided by UNICEF allow community health workers to reach remote villages. © UNICEF/UN0267026/Raoelison*

<sup>4</sup> With additional partner reporting, the total number increased compared to the result reported in the last SitRep.

health care services in areas located more than 10km from health centres. The mobile clinics reached 120,500 people with preventive, curative and sensitization services, including 29,600 children under five years treated for childhood diseases and ensured routine activities such as vaccination, prenatal and post-natal consultations. A total of 4,709 children under 5 with a middle-upper arm circumference under 125 cm were referred by the mobile clinics to health centres to confirm their nutritional situation. Access remains an issue, as mobile clinics cannot reach all populations in remote areas and a minimum of sensitization is carried out by CHWs.

To ensure the quality of services, UNICEF in 2018 trained 1,800 community workers and 101 health workers on integrated management of childhood illnesses and another 33 health workers on basic emergency obstetrical and neonatal care. Integrated supervision and periodic reviews were carried out regularly to follow-up on performance management of the emergency response in 198 health centres across 8 districts. This supported the health system strengthening programme and reinforced



*Mampionina is a health worker in southern Madagascar. She was trained on SAM treatment and integrated management of childhood illnesses with the support from UNICEF. © UNICEF/UN0252270/Alida*

community health activities. In addition, to stimulate health demand and support households to manage new shocks, 81,920 families or 459,000 people were reached via the community health workers with key messages on essential family practices and behaviours to be adopted to prevent childhood illness.

UNICEF continued to strengthen the integrated health monitoring system. The heads of 198 health facilities and 3,652 CHW were trained in SMS monitoring and received a mobile phone with solar panel charger to report regularly on the number of children treated for illnesses. This greatly improved community data, which increased from 10 per cent to more than 70 per cent with active community-based surveillance providing indicative information on maternal, neonatal and child health status at the community level. During the measles outbreak, this monitoring system also reinforced community detection of suspected cases of measles in the 8 districts in the South where children were particularly at risk given the drought context. - For the 2019 drought season, emergency stocks were prepositioned to cover 460,000 people.

**Epidemics:** UNICEF continued building government capacities to ensure uninterrupted access to health services in the face of epidemics leveraging lessons learned from the past plague response. The plague season in 2018 did not escalate as in the previous year and UNICEF provided medicines to plague treatment centres for the prevention and management of 2,600 cases. Rather, the focus was on the measles outbreak, which started in September 2018 and is ongoing at the time of reporting. In 2018, UNICEF prioritised support to the MoH for a needs assessment and provided 300,00 doses of measles vaccine with 195,000 vitamin A capsules, covering at least 65,000 cases. Due to a lack of resources and political timing, a national campaign could not be launched at the end of the year, as the 2<sup>nd</sup> round of the presidential election was scheduled for December.

## c) Education

EDUCATION	Cluster/ Sector 2018 targets	Cluster/ Sector total results	UNICEF 2018 target	UNICEF total results
Children accessed formal and non-formal pre-school, primary or secondary education	50,000	25,650	50,000	25,650

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.*

**Cyclones:** In 2018, more than 45,000 children were affected by two intense tropical storms. About 25,650 students in 12 regions were able to return to school and continue learning in a safe space following the rapid response of the education cluster co-chaired by UNICEF, the logistics cluster and the National Office of Disaster Risk Management (BNGRC). The results for the cluster and UNICEF are the same because the responses from different cluster members are complementary and target the same students (e.g. partners divide the responsibilities, one taking care of construction, another of materials, another of equipment etc.). UNICEF as the cluster lead for education ensures the coordination for planning and response and improves national leadership through capacity building of the national unit for DRR. In the event of a disaster, UNICEF thus consolidates the planned responses from the different partners and submits proposals to raise the required funding for the different components.

A total of 508 temporary classrooms, 205 recreational kits (one kit for 90 students), and 436 school in a box (one box for 40 students) were distributed to support children's return to school. This area in the north-east of Madagascar is very vulnerable to cyclones and access remains a challenge post-disaster. To mitigate this issue and reduce response time, UNICEF and the members of the education cluster had prepared for the 2017/2018 cyclone season by



*Students are happy and continue their education in the temporary classroom at Maroantsetra after tropical storm Ava ©UNICEF Madagascar/2018/ Ralaivita*

prepositioning key supplies close to risk areas. This stock was used to deliver tarpaulins, recreation kits and school-in-a-box purchased with funding from Education Cannot Wait to affected areas. The same prepositioning preparedness strategy has been applied to 11 regions where supplies were prepositioned in the event of a disaster. UNICEF Madagascar has prepositioned stock ready for distribution for 50,000 children at all times. As no further major cyclones occurred, the achieved result remained below the planned target, both for the cluster and for UNICEF.

**Epidemics:** Other than the response to cyclones, UNICEF has also supported the education sector with the plague and measles responses. For the plague, UNICEF produced and distributed posters and pamphlets on prevention and preparation for school children in nine plague-affected regions, covering 7,000 schools before the start of the 2018/2019 school



year. Furthermore, UNICEF in coordination with the School Health Division and the Disaster Risk Reduction Unit of the Ministry of Education developed a plan for responding to suspected plague or measles cases in schools.



UNICEF's Disaster  
Risk Reduction  
Education

[Click on the icon to watch the video](#)

**Drought:** With regard to the drought in the southern region, UNICEF is keeping children in school by reducing the burden on families through the distribution of learning materials in 3,958 schools for 712,231 children and maintaining teacher motivation through the provision of teaching materials. A catch-up and levelling course program has also been implemented to help 15,785 children return to school after dropping out in the difficult context of poverty and food insecurity.

**Preparation and Resilience:** UNICEF supported the Ministry of Education (MoE) to improve data collection processes and alert mechanisms for future emergencies. As co-lead of the Education in Emergencies Cluster, by supporting the MoE and its regional and local offices, working with partners and other sectors, UNICEF is building capacity to make the education system more resilient and prepared. This resulted in a concerted national Education Sector Contingency Plan which was updated and shared with all cluster members and regions. The regional contingency plans were updated with support from the UNICEF Regional Technical Assistants who are embedded in the decentralized government structures. Furthermore, in 2018, the 16 regions identified by the government as the most vulnerable to natural disasters and diseases continued their training on Disaster Risk Reduction at the decentralized level<sup>5</sup>. From 2016 to date, 852,869 students, 27,137 teachers, 759 school principals and 99 regional trainers have benefited from DRR training. In addition to this DRR training, a specific module on risk-based planning, in collaboration with UNESCO was organized by UNICEF for the DRR focal points of all 22 regions and all the central directorates of the Ministry of Education. UNICEF also provided financial support for the rehabilitation of 4 warehouses for Education Directorates in 4 regions to ensure the storage of educational materials.



*Students in the affected district of Maroantsetra help transport School-in-a-Box and other materials that will help them resume classes rapidly. ©UNICEF Madagascar/2017/Ralaivo*

<sup>5</sup> These activities are funded via ORR. In 2018, trainings took place without financial support from UNICEF as the Ministry continued its cascaded approach.

## d) Child Protection

CHILD PROTECTION	Cluster/ Sector 2018 targets	Cluster/ Sector total results	UNICEF 2018 target	UNICEF total results
Children reached with psychosocial support			4,000	1,888

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.*

UNICEF's child protection emergency response in 2018 was small but essential to ensure core commitments for children, ensuring effective leadership of the child protection cluster area of responsibility and the linkages to critical inter-sectoral issues. Particularly during the past year, UNICEF focused on the provision of psychosocial support to children.

**Cyclones:** A total of 1,888 children (960 boys and 928 girls) benefited from psychosocial support provided by social workers linked to the Ministry of Population after the two tropical storms, Ava and Eliakim, hit Madagascar. These are all the children assessed as needing this support, but fewer than the targeted 4,000, since the impact of these tropical storms was less severe than in 2017, which was the basis used for targeting, and available local capacities were largely sufficient to respond. There is no separate sub-cluster target as UNICEF co-leads the child protection area of responsibility with the Ministry of Population, Social Protection and the Promotion of Women, under the umbrella of the Protection cluster which has other targets that go beyond child protection. - A key strategy of UNICEF's child protection humanitarian programming is strengthening the preparedness and capacity of actors to respond. In this regard, UNICEF provided technical and financial assistance in 2018 to train 106 child protection network members on child protection, including in emergencies. Most significant was the training undertaken in the region of Sava, which is usually hardest hit by cyclones, and where 25 child protection network members and 30 community mobilisers were trained. Also, with a view to strengthen preparedness, UNICEF participated in the elaboration of the national contingency plan as well as regional plans and ensured that child protection elements were included. Furthermore, in UNICEF target regions, child protection in emergencies is integrated in six existing regional child protection framework plans.

**Drought:** As a follow-up to the 2017 humanitarian cash transfer interventions<sup>6</sup>, UNICEF together with the Ministry of Youth and Sports reflected on the importance of empowering children and adolescents to promote longer-term resilience. It led to the review of the national life skills training curriculum, which was rolled out during 2018 reaching 2,266 adolescents (1,207 girls and 1,059 boys) in drought affected regions.<sup>7</sup> Its aim is to provide vulnerable children with the necessary skills to cope with



*A life skills session in Amboasary commune during which drop-out of school young children are taught about skills needed for life. © UNICEF/UN0279348/Alida*

<sup>6</sup> The families who benefited from this programme have now been integrated into the longer term national cash transfer programme, ensuring longer term protection for these vulnerable children.

<sup>7</sup> This was not part of the Child Protection Emergency Response but integrated into development programming.

the various challenges they may face. This was also the key lesson learnt in 2018 for child protection emergency interventions; to prevent and respond to negative coping mechanisms it is critical to integrate resilience building approaches such as cash transfers and life skills training in a context of perpetual vulnerability exacerbated by humanitarian shocks.

Furthermore, UNICEF supported literacy classes in the south for 573 adolescents who were victims of or at risk of exploitation. These classes were jointly set up by the Ministry of Population (which identified the children), the Ministry of Education (which validated the curricula, and supervision of teachers) and civil society organizations (which recruited teachers and provided supervision of day to day lessons). Each child attended a half day class every weekday for three months and received a snack as well as a few learning materials. Upon completion of the classes, those students able to do so were progressively reintegrated into public schools.

UNICEF continued to work with Child Protection Networks and increased their knowledge on child rights, violence against children, and community dialogues in areas where reporting of children victims of violence is underreported. In the Androy region 30 victims (24 girls and 6 boys) and in the Anosy region 145 victims (121 girls and 24 boys) were supported by local Child Protection Network members to access child protection services including psychosocial support, legal and medical services.

**Epidemics:** As part of UNICEF's response to the measles outbreak, the child protection programme supported the national mobilization and targeting of children by facilitating the identification and awareness raising activities for most vulnerable children in Antananarivo, especially for children living in the street.



*Meeting of members of the child protection network. © UNICEF/UN0285195/Ralaivita*



## e) Water, Sanitation and Hygiene (WASH)

WASH	Cluster/ Sector 2018 targets	Cluster/ Sector total results	UNICEF 2018 target	UNICEF total results
People accessed the agreed quantity of water for drinking, cooking and personal hygiene	450,000	328,122	400,000	290,542
People in humanitarian situations supported to adopt appropriate hygiene practices	270,000	208,689	200,000	181,142

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.*

In 2018, UNICEF provided a WASH response for cyclones, drought and epidemics. The overall cluster target for access to safe water was 450,000 people, with the final result reaching 328,122 people (73 per cent). Among these beneficiaries, 116,722 were assisted as part of the cyclone response and the WASH cluster, notably CARE international and UNICEF, supported a total of 211,400 people out of which UNICEF covered 186,400 people (149,400 for water trucking and 37,000 for WASH infrastructure) with the drought response. While UNICEF had planned to reach 400,00 people to provide access to safe water, the final result was 290,542.

Regarding the adoption of good hygienic practices, 208,689 out of 270,000 targeted people (77%) adopted and practiced appropriate hygiene. Especially for the drought response in areas where UNICEF was already operating it was possible to make the link between emergency and development programming by applying the Community-led Total Sanitation approach. In affected areas, hygienic practices were promoted through mass media campaigns.



*UNICEF has put in place infrastructures enabling children and families in the South to have access to safe and potable water. © UNICEF/UN0267014/Raoelison*

UNICEF's WASH response was able to reach 100% of people affected by tropical storms Ava and Eliakim in early 2018 and provide access to water, sanitation and handwashing facilities. For the drought, the WASH response focused on the two districts classified in emergency phase (Ampanihy, Beloha). Yet, the result achieved by the WASH cluster makes up only 46 per cent of the affected population in need of WASH services in the south. Thus, the overall planned result for access to water could not be achieved, mostly due to a lack of funding for the response to the drought and because the number and impact of cyclones in 2018 was less severe than expected.

As the lead agency for the WASH cluster, UNICEF coordinated the emergency preparedness and response of all actors (Helvetas, Care International, Catholic Relief Services, Action Against Hunger, Medair and national NGOs such as the Malagasy Red Cross) and provided technical assistance, monitoring and evaluation of the WASH cluster's response via the UNICEF regional technical assistants and the WASH emergency specialist. Particularly for the response to the drought in the south, it was crucial to organize regular meetings to ensure an effective overall coordination and harmonization of the approach at national and regional level.

**Prepositioning:** UNICEF strengthened the Ministry of Water's preparedness and capacity to respond quickly to a disaster by prepositioning WASH supplies for the needs of 80,000 people following a cyclone or flood in 16 warehouses across 11 high-risk regions. Stock was also prepositioned in 8 regions at high-risk of epidemics and in 3 regions for the drought response. Based on the agreement UNICEF has with the Ministry of Water and the regional directorates as well as the standby agreements with several NGOs (e.g. ACF, Medair), this stock can be quickly distributed in the event of a disaster. Furthermore, to ensure preparedness of national actors, UNICEF provided technical and financial assistance to update the national and 11 regional contingency plans for high-risk regions.

**Epidemics:** For the preparedness of national authorities to future epidemics, given the recent plague outbreak in the previous year, 106 directors and technicians (43 women, 63 men) from central and regional level of the Ministry of Health, Ministry of Water, Ministry of Education and NGOs were trained by UNICEF's technical experts on WASH-related actions to ensure infection management (prevention and control) in treatment centres. UNICEF also provided supplies including chlorine to disinfect treatment centres, public offices, prisons and other public places such as bus stations, and personal protection kits to be used by hygienists and health personnel in treatment and diagnosis centres. For the prevention of future outbreaks, UNICEF procured and prepositioned essential WASH supplies for 10 Plague Testing and Treatment Centres high-risk regions where infrastructure was also assessed to ensure an adequate care environment for plague cases.



A 360° video on UNICEF's WASH drought interventions to bring water to the south

[Click on the icon to watch the video](#)

**Drought:** As in the past years, the drought in the south has been the main emergency that required a humanitarian response. Given the protracted character of the crisis, UNICEF and its partners explored several initiatives to address the root causes.

- UNICEF, in partnership with IFAD and FAO aims to increase resilience by providing micro-irrigation kits and training to communities surrounding the water points constructed by UNICEF. To date, more than 102 sites with 3,000 households (15,000 persons) in three districts in the south are benefiting from this initiative.
- Given the challenge to raise sufficient humanitarian funding, UNICEF developed a broader vision to develop resilience, rehabilitating and installing pipelines to bring water into areas that have no other access to safe water (given the geological context, boreholes often have elevated levels of salinity).



*Improving sustainable access to drinking water through the expansion of pipelines. © UNICEF/UN0267028/Raelison*



- As the WASH response is closely linked to the nutrition assistance for children suffering from SAM, an integrated approach has proven very effective, distributing WASH kits to encourage mothers to bring their children for treatment to the healthcare facilities while reinforcing messages about the value of proper sanitation, clean hands, and the importance of drinking clean water.
- The UNICEF WASH programme has also incorporated other lessons learnt based on the experiences from previous years. These include the mapping of groundwater suitability areas with satellite imagery, exploring deep groundwater using high-precision geophysical surveys and drought and groundwater monitoring systems for early warning.



*A mother working in her vegetable field next to the UNICEF-built water point © UNICEF/UN0269089/Ralaivita*



## f) Social Protection

SOCIAL PROTECTION	Cluster/ Sector 2018 targets	Cluster/ Sector total results	UNICEF 2018 target	UNICEF total results
Number of vulnerable households receive cash transfers			14,000	4,000

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.*

UNICEF Madagascar continued to support the Fiavota (*Recovery with dignity*) cash transfers<sup>8</sup> in the Anosy region for around 4,000 households<sup>9</sup> that were still very vulnerable due to the prolonged crisis that caused depletion of livelihood assets and reduced productive activities. The target of 14,000 was not met as it was based on the occurrence of a cyclone at the beginning of the season which did not happen.



However, in 2018 efforts were made to transition from pure emergency support to longer-term resilience building. In this context, UNICEF's social protection program helped households to recover and stabilize under the coordination of the Ministry in charge of social protection. In agreement with all partners involved in the cash transfer assistance, Unconditional Cash Transfers were pursued until March 2018 to support the transition from emergency to development phase. The targeted 4,000 households benefited from 30,000 Ariary per month during this initial period (January – March), about half of them financed by thematic humanitarian funding. In addition, UNICEF provided financial support to partners on the ground to organize sensitization sessions in beneficiary villages to promote behavioural changes on child health, hygiene, nutrition. From April 2018 cash transfers became conditional to children enrolment in primary school. Adaptive social protection programs (long term, predictable, cash+ models) contribute to longer term resilience and to shrinking humanitarian needs over the long term and their expansion in areas exposed to frequent shocks is a national priority for the Government of Madagascar and will be supported by the donor community.

Furthermore, UNICEF efforts on cash interventions in 2018 have concentrated on technical assistance and coordination between development and humanitarian partners:

- Support through a national and an international consultant for the elaboration of the national social protection strategy, which includes key steps to reinforce the shock responsiveness of the system and rely more systematically on the expansion of national programs to respond to crises (when/where feasible)
- Technical assistance in the design of the expansion of the national cash transfer program in Beloha district during the drought
- A technical group (sub group of the national Cash Working Group) has been established and is working on the definition of a Minimum Expenditure Basket to define the transfer amount to cover for multipurpose needs after a crisis.

<sup>8</sup> The Fiavota emergency and recovery cash programme is a vertical and horizontal expansion of the national cash transfer programme. Through Fiavota, UNICEF together with its implementing partners, including the Ministry of Population, Social Protection and Women, the National Nutrition Office, the Fund for Development Interventions and the World Bank aimed to support families, particularly mothers of young children.

<sup>9</sup> This is different from the final SitRep as additional data has become available since then.

## g) Communication For Development

C4D	Cluster/ Sector 2018 targets	Cluster/ Sector total results	UNICEF 2018 target	UNICEF total results
People reached with key life-saving and behaviour change messages on health, nutrition and safe and appropriate sanitation and hygiene practices contextualized to the emergency scenario			1,000,000	969,278

*Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.*

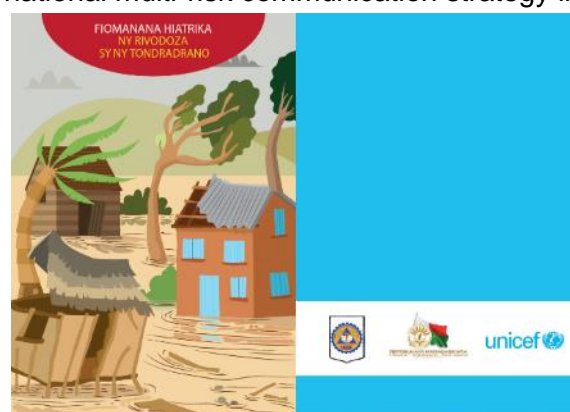
Through the implementation of three main strategies (advocacy, social mobilization and behaviour change communication), 969,278 people in 15 targeted districts affected by tropical storms and plague were reached by UNICEF's communication actions. This result was achieved by involving 80 community leaders, 1,175 volunteers and 23 local radio stations to promote key emergency-related messages before, during and after emergencies. These stakeholders were equipped with diverse types of communication tools (e.g. quiz cards, comic strips, board game) which were developed based on the Communication for Humanitarian Action Toolkit (CHAT) adapted for the context of Madagascar.

### Communication for Humanitarian Action Toolkit (CHAT)

The CHAT provides guidance on emergency communication strategy design, implementation, monitoring and evaluation. It addresses several important aspects of communication during emergencies. These include a focus on providing essential emergency warnings, as well as communication that promotes behaviour change, community mobilization and action, which together help to promote community resilience and reduce vulnerability to a wide range of disasters and emergency situations.

UNICEF worked with government organizations, implementing partners and community networks to design all C4D interventions. This included the National Office of Disaster and Risk Management (BNGRC), the Ministry of Communication, the Emergency Communication Networks (at central and regional level) composed by governmental and non-governmental institutions (e.g. Red Cross, CARE, CRS etc.), United Nations agencies (UNICEF, WFP, WHO), private sector, civil society, local authorities, sectorial ministries/service providers (Health, Nutrition, WASH, Education, Protection). Beyond the different responses to specific emergencies, UNICEF's C4D interventions in 2018 aimed to strengthen the communication preparedness in collaboration with the Emergency Communication Networks. To support this process, UNICEF initiated the development of a national multi-risk communication strategy in collaboration with BNGRC and the members of the National Emergency Communication Network. This will help to reinforce the foundation of the emergency communication networks at local level.

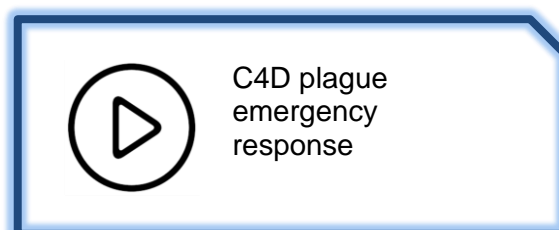
**Cyclones:** A total of 334,803 people in affected regions were reached by post-cyclone C4D interventions implemented by the National Emergency Communication Network led by BNGRC and with the support from UNICEF. Activities included the dissemination of



*Communication material on cyclones and floods*

communication materials, mass media coverage via national and local radios/TV stations, listening group sessions facilitated by community agents, advocacy activities with key community leaders and influencers, and reinforcement/support to the local emergency communication networks. These interventions were aligned with the C4D response plan for cyclones and floods. This plan was adjusted in March 2018 by a joint rapid assessment (UNICEF, BNGRC, Emergency communication network) to update the evidence base on communication networks and behaviours in a total of 8 affected districts.

**Plague:** The plague outbreak in 2018 was not as critical as in 2017. UNICEF continued to co-lead the plague communication response with the Ministry of Health to provide vital information to communities regarding prevention and treatment. A total of 634,475 people were reached in 7 affected districts through a number of activities such as the 910-plague hotline where people were able to call in for free, receive advice and report any information around the plague. Key messages were also conveyed through media programs, community dialogues, advocacy meetings to engage key community networks, and dissemination of communication materials such as flipchart and posters. A tailored plague communication took place in schools to engage and raise the awareness of children and adolescents. This included quiz cards, cartoons and a board game, called “DIO” (which means “clean”), which was adapted for Infant learning styles in schools, and for street children reception centres. A total of 1,450 games were distributed to facilitate sensitization plague prevention. The game also includes vital information on good health and WASH practices vital for children. These innovative materials were developed by the emergency communication network to combine information with entertainment with the financial support from UNICEF.



[Click on the icon to watch the video](#)



*The DIO board game to sensitize children on the plague*

A rapid assessment including KAP (knowledge, attitude and practice) and social norms analysis was conducted by the emergency communication network in affected regions under the lead of the Ministry of Health and UNICEF. This information fed into the messages bank, a database that collects and categorizes different messages to communicate on various aspects concerning the plague (e.g. funeral rites, protection needs, etc.). It is regularly updated to align communication activities with the prevailing situation at community level.

**Measles:** To support the measles outbreak, a partnership agreement was signed with a Malagasy NGO (COMARESS) to strengthen social mobilization in the four high prevalent districts the Greater Antananarivo area. These were the initial districts where the outbreak occurred in 2018. UNICEF’s C4D section also supported the development of a national communication plan to prevent further spread of the disease and the 910 hotline which was previously used for the plague was extended to cover questions on the measles epidemic as well.

## **h) Case study – Water Price Analysis**

*Nine WASH rapid assessment surveys have been conducted to provide information on the price of water, quality and quantity of water used by the population. This data informed the WASH cluster coordination and response to target the costly and non-sustainable water trucking operations better as a last resort strategy for vulnerable populations. The survey data also informed the development programming of all partners to strengthen the long-term resilience of the affected populations and address the root causes of the drought.*

### **Background**

The southern part of Madagascar is an arid zone with an average rainfall of only 500mm per year. During years of acute drought, it does not even reach 300mm and the few big rivers in the area stop carrying water during every dry season. This affects around 1.6 million people who live in the 8 most vulnerable districts across three regions (Anosy, Atsimo Andrefana and Androy). The population in the south counts among the poorest in all of Madagascar, the country with the largest share of people living in extreme poverty (77.6%).<sup>10</sup> Families' resilience has been continuously lowered during years of drought and people often have no choice but to adopt negative coping strategies, such as stopping consultations at the health centre for financial reasons or taking their children out of school to contribute to the household income.

One of the root causes of the drought is the lack of water. The proportion of access to safe water in the eight districts most at risk is below 20 per cent. This is due to the hydrologic situation, with high levels of salinity and water scarcity but also because of a lack or insufficiency of infrastructure such as water points. The prolonged drought (since 2015), aggravated by El Nino, has reduced the availability of water both in quality and quantity and one of the first effects of an emerging drought is a hike in prices for water sold by informal operators to communities. Thus, the water price for a 20liter jerry can reaches 3 times the normal price (from US\$6 cents to US\$20 cents but can go up to US\$60 cents) depriving families of financial resources for other essential needs. Given far-spread poverty, people are obliged to consume open surface water from puddles or other non-safe sources and reduce their daily water intake due to the distances they need to walk to find water. These fluctuations in water prices and the concomitant consequences pose a severe threat to the well-being of children and women. In 2016, UNICEF together with regional directorate of Water started quarterly surveys among a sample of 1,050 households in 70 municipalities of the drought affected districts to evaluate the variation of water prices.

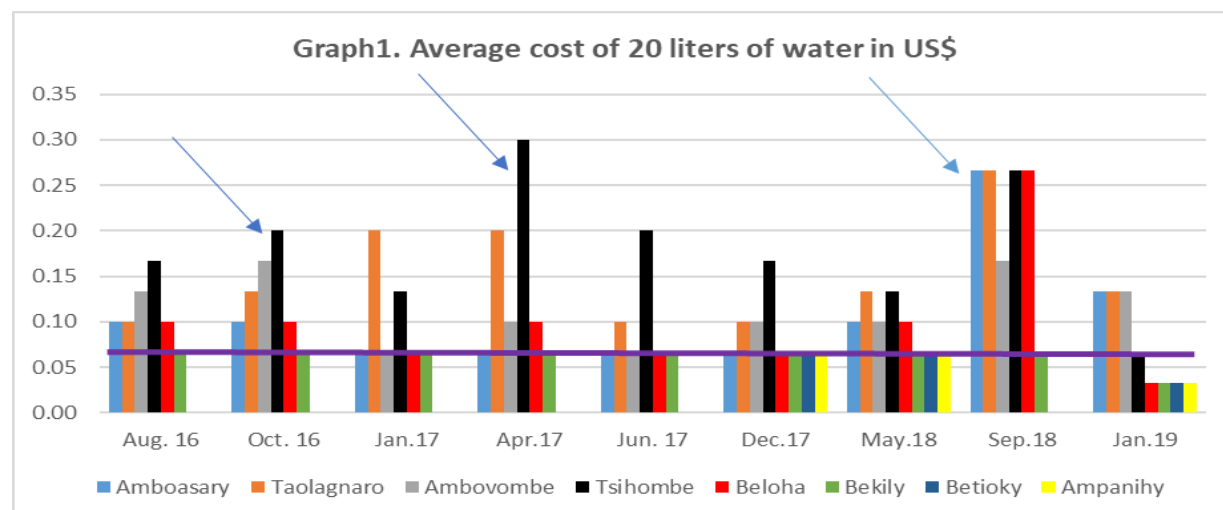
### **Progress and Results**

The water price analysis allows to detect communities that face challenges to access safe water in quality and quantity due to water price speculation. Since August 2016, nine WASH rapid assessment surveys have been conducted in the eight districts to provide information on the price of water, quality and quantity of water used by the population. Graph 1 shows that the average price of US\$6 cents during non-drought times (purple line) is frequently surpassed in most districts and more than 50% of the population buy 20l of water at a higher price during the dry season from July to January. In general, the peak in water prices is during September

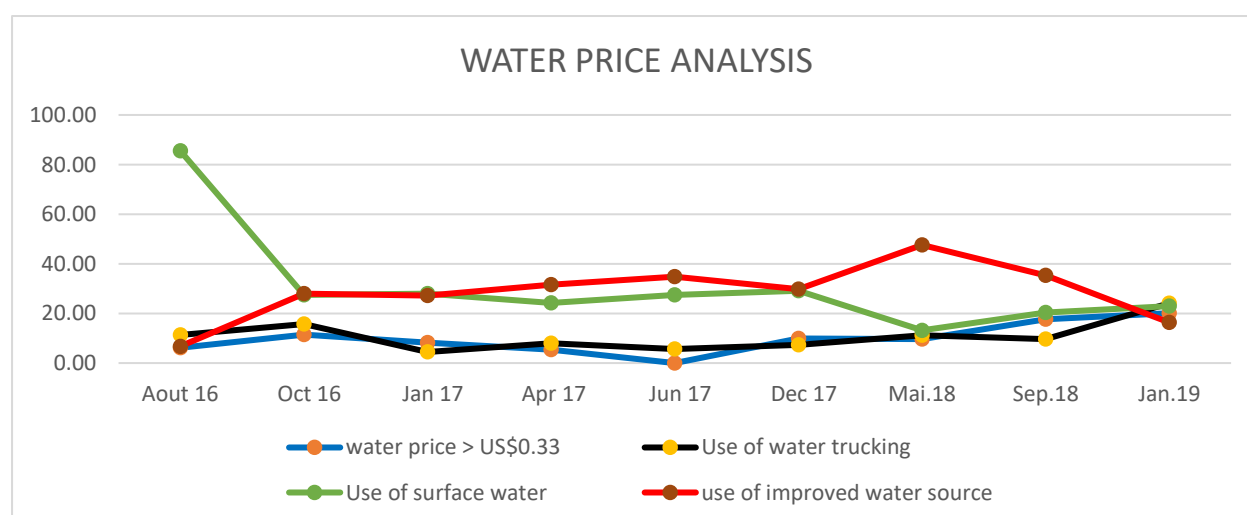
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<sup>10</sup> [World Bank \(2018\), Poverty and Shared Prosperity 2018 – Piecing together the poverty puzzle](#)

and October when groundwater levels have been depleted. This was particularly the case in 2016 and in 2018. In both years, very limited funding was available for the emergency response. The situation in 2017 was more under control because of the available funding for humanitarian interventions (e.g. water trucking) and the start of development work (e.g. water point construction) to mitigate the impact of the drought. The two exceptions in 2017 in Tsihombe and Taolagnaro are due to a pipeline leak in Tsihombe which challenged water trucking (operation had to shift to more distant water sources) and insufficient rain in Taolagnaro.



Graph 2 shows the evolution of water prices in relation to different modes of consumption (water trucking, open surface water, improved water source). Based on the average prices during the drought season (US\$33 cents), the blue graph shows the variation in percentage from this amount. With humanitarian funding in 2016, UNICEF built several water points and sensitized the population on the risks which contributed to reduce the consumption of surface water in the long run. Water trucking was used by not more than 20 per cent of the population until September 2018 when a slight increase was noted that will be monitored closely. With the continued construction/ rehabilitation of water points and the distribution of WASH kits in 2017, the use of improved water sources increased and stabilized above 30 per cent, with a decreasing tendency since September 2018 due to abundant rainfall and people reverting to this source.





## Criticality and value addition

These regular surveys have been critical for UNICEF and the WASH to monitor the situation across the eight districts. Based on this information the WASH cluster coordinated and quickly initiated its strategic response through a subsidized water trucking operation to control water prices and provide sufficient quantity of drinking water to affected populations. This allowed to target the costly and non-sustainable water trucking operations better as a last resort strategy for vulnerable populations. In a view to work on the long-term resilience of the affected populations, efforts were made to invest in durable solutions. The survey data informed the development programming of all partners as it clearly indicated the areas with the biggest needs for sustainable WASH infrastructures such as pipeline access, boreholes, water systems etc. This helped UNICEF to make the best use of the very limited available resources for the drought response and address its root causes.

## Challenges and Lesson Learned

The water price survey has proven to be an important monitoring and decision-making tool. However, by itself it cannot control or take action against water price speculation. Therefore, it is important that resources are available to act on the data and intervene with



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appropriate measures (e.g. water trucking, WASH infrastructure). As the past year, 2018, has shown, a severe funding gap for UNICEF Madagascar's HAC also meant very limited flexibility to address the situation in the south to provide either immediate assistance or more structural responses aiming to provide sustainable access to water and increase the resilience of communities.

### **Moving Forward**

In 2019, the water price surveys will continue as all humanitarian partners, especially in the WASH cluster, have appreciated the added value of this analysis. To ensure the sustainability of this approach, UNICEF collaborates with the Ministry of Water to integrate the survey into the Early Warning System which the National Office for Disaster and Risk Management is currently putting in place.

## E. Results Achieved from Humanitarian Thematic Funding

### Health

- 36,500 people were reached by 4 mobile clinics financed with thematic funding to scale up this approach and reach more vulnerable populations in remote areas more than 10km from a health facility.
- 30,600 people (including 11,300 women and 19,300 children under 5) affected by tropical storms and living between 5 and 10km from a health centre were covered by outreach activities to treat a number of cases (e.g. malaria, diarrhoea, pneumonia).
- Almost 300,000 children had access to measles vaccine as thematic funds enabled UNICEF to react quickly as the situation deteriorated and before donor support could be mobilized.
- 52,200 cases of malaria among children under 5 in areas affected by drought or tropical storms were diagnosed and managed as thematic funding allowed for an effective integrated response.
- Thematic funds were complementary to other emergency resources and supported to bridge the humanitarian – development nexus, contributing to health system strengthening as the Ministry of Health was able to monitor performance management and supervise 198 health centres and 32 mobile clinics to ensure quality results.



*Members of a mobile clinic team verify the status of a child.*  
© UNICEF/2017/Chamois

### Child Protection

- Child protection interventions for the drought response were severely underfunded. The Country Office has mitigated this, recurring, challenge by integrating emergency support and resilience-building into its development programming. The flexibility of thematic funding was very helpful to complement ongoing initiatives and increase the scope of interventions to cater for the needs of children in the context of the protracted crisis in the south. This was mostly done through strengthening the Child Protection Networks to support the reporting of children victims of violence and enable them to support child victims of violence and exploitation to access child protection services including psychosocial support, legal and medical services. A total of 175 victims (145 girls, 30 boys) received care and support in 2018.

### WASH

- 2,665 persons including 1,333 girls and women had access to safe water as thematic funding enabled UNICEF to provide fast delivery of life-saving items following the tropical storms in the north of Madagascar through air transport of 25,000 water makers.

- 19,800 students had access to safe water and could practice good hygiene as UNICEF could reduce the large funding gap thanks to thematic funding and cover the most important needs of more children in schools
- Stock for additional 2,200 households (11,000 people) could be prepositioned thanks to the complementarity of thematic funding to other resources available. This included 2,000 buckets of 15 litre, 2,000 cups, 1,200 water filters, 2,000 water taps, 800 hand washing disposals, 28 drums of chlorine HTH and 2,406 cartons of soap.

### **Social Protection**

- About 2,000 households benefited from 30,000 Ariary per month over three months before the *Fiavota* emergency cash transfers transitioned to development programming.

### **Planning**

See Thematic Funding Case Study



*A young boy uses the WASH kit to wash his hands © UNICEF/UN0266997/Raelison*

## a) Thematic Funding Case Study – A strong disaster management system

*Country-specific and global humanitarian thematic funding was of tremendous help for UNICEF Madagascar to strengthen national capacities for the delivery of faster, more effective and at-scale humanitarian responses in line with the Core Commitments for Children (CCC) in Humanitarian Action. Results achieved in 2018 included updated contingency plans, covering the needs of 500,000 people, improving management and response capacities in 9 districts at risk of frequent disaster, introducing a new approach to ensure first response by improving surge capacity and strengthening early recovery capacities via drone imagery for real-time monitoring.*

### Background

Madagascar is highly vulnerable to natural disasters and has high average recorded economic damage compared to peers. The average direct annual loss from earthquake, floods, and cyclones is approximately \$100 million. Over the past years, Madagascar was hit every year by at least one cyclone and one epidemic (Plague in 2017, Measles in 2018) further to the ongoing drought in the south (since 2015). Anticipating this regular exposure to natural disasters, UNICEF had planned for a number of scenarios put forth in the 2018 appeal which remained however severely underfunded.

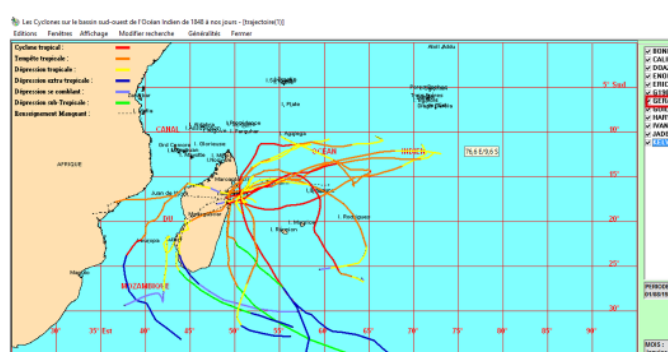
### Resources Required/Allocated

In its annual work plan with the National Office of Disaster and Risk Management (BNGRC) for 2018, UNICEF required around US\$ 200,000 to reinforce the support for DRR interventions, improve decentralized emergency planning, and ensure the implementation of emergency interventions in alignment with the CCC.

### Progress and Results

500,000 people are covered by the updated 3 contingency plans: UNICEF, in support of the Humanitarian Country Team plan, organized three workshops for government focal points at decentralized level to strengthen preparedness of national counterparts to respond quickly to disasters. The multi-risk contingency plans for two regions (Analanjirifo, Boeny) were updated, covering almost 480,000 people. For the district of Sainte Marie, an island located on the east coast of Madagascar and particularly vulnerable to disasters, a dedicated multi-hazard contingency plan was developed, covering more than 25,000 people.

Tempêtes et cyclones s'étant rapprochés à **moins de 100 km** de Sainte Marie (= > Avril)



TA monitoring map of thunderstorms and cyclones less than 100km from the island of Sainte Marie

9 districts at risk of frequent disasters have improved management and response capacities: UNICEF facilitated an exercise to improve the management of prepositioned inventory and conduct a practical application of the contingency plan in the event of an emergency. The training included 22 logisticians from the National Disaster Risk Management Office at both



central and decentralized level, the latter from the 9 districts at risk in Analamanga, Analanjirofo Atsimo Andrefana, Boeny, Menabe, and Sava region.

### 300 volunteers trained to improve surge capacity:

This is a new approach to improve surge capacity in the event of a disaster. In a first step, more than 300 volunteers were trained by the BNGRC and the Malagasy Red Cross with the financial support from UNICEF. Following these trainings, a volunteer manual and sector plan were established to guide these volunteers who are now available for quick mobilization as needed to support the implementation of an emergency response. This approach will be brought to scale in 2019.



*Scouts participating in the training for volunteers © UNICEF Madagascar/2018/Randimbiarison*

Drone imagery for real-time monitoring: UNICEF invested thematic funding in strengthening the BNGRC's rapid assessment and early recovery competencies. The acquisition of ICT equipment allows to process drone imagery for real-time monitoring and inform the emergency planning and response of the different clusters. In the past, UNICEF with support from DFID provided 4 drones to the BNGRC and coordinated training with the French Civil Protection. Since 2015, these drones have been tried and tested in 5 cyclones and more than 35 flood responses as well as annual landslide assessments in urban areas during the rainy season.

### **Criticality and value addition**

Madagascar regularly experiences disasters and epidemics. Yet, in a context of entrenched poverty over years, families' resilience levels have continuously lowered, pushing them to resort to negative coping strategies and exposing them even more to future disasters. It is thus essential to strengthen the overall disaster management system and capacities in the country. If the national capacities for disaster preparedness and early response are strengthened, it will be possible to reduce the impact of disasters and epidemics on children, families and their livelihoods, reduced humanitarian needs in the future, increased prevention, mitigation and long-term resilience. The results achieved with thematic humanitarian funding in 2018 were critical to contribute to this objective and allowed UNICEF to ensure a minimum of support for preparedness and disaster risk reduction. Furthermore, given the overall underfunded situation of the sector which concerns also other actors in Madagascar, UNICEF was able to provide support to the Humanitarian Country Team thanks to thematic funding. This also allowed UNICEF to position itself as a reliable partner to other UN agencies and national counterparts.

### **Challenges and Lesson Learned**

As UNICEF Madagascar was involved in several emergency responses over the course of the year, it was also deemed necessary to ensure that internal capacities were up to date and available in all target regions to reinforce the decentralized level. UNICEF's Regional Technical Assistants have a supportive role at regional level to prepare meetings and organize emergency responses based on the application of the CCC and standards on education, hygiene, health, child protection, nutrition, social protection and communication for

development. Therefore, a training was organized for UNICEF's Regional Technical Assistants (24 men, 11 women), covering 9 regions vulnerable to disaster to improve and maintain UNICEF's internal preparedness levels.

### **Moving Forward**

The activities described above will continue in 2019, notably the scale up of the surge capacity initiative and regular capacity strengthening and preparedness exercises. UNICEF is also looking into opportunities for south-south cooperation to share experiences with other countries facing similar challenges (Comoros, Mozambique, Malawi) and knowledge exchange with La Reunion on shared risks and possible mitigation measures.



*March 15 in Ankoalabe Antalaha (North-East of Madagascar), the population was alerted that storm Eliakim is going to hit the town in the next days and people are preparing their homes with sandbags to be protected against the impact of the storm. © UNICEF/UN0262994/Andrinivo*



## **F. Assessment, Monitoring and Evaluation**

UNICEF continues to play a key role in developing humanitarian response strategies with partners, as the cluster lead for WASH, Education and Nutrition, in addition to having strong presence in Health, and as co-lead for the Child Protection area of responsibility (sub-cluster) and for the Social Protection Working Group (cash). In this capacity, UNICEF also plays a key role in organizing humanitarian response coordination meetings and regularly reinforcing the capacities of the BNGRC in humanitarian response, including in the field. UNICEF also co-led the coordination meetings of the Emergency Cash Group, which included the private sector.

All programme sections' strategies place a high priority on UNICEF's field presence in the form of regional technical assistants and their support to both field monitoring and the regional clusters, who are the interface between the field and regional planning and response mechanisms. Similarly, Country Programme Action Plans and Annual work plans are developed and monitored by all programme sections in close collaboration with national and regional stakeholders and serve as the basis for all reporting against results.

### **Nutrition**

The assessment and monitoring of the nutrition situation and response has been implemented through several components, all of which contribute to the resilience-building of the national nutrition service:

- UNICEF provided financial and technical support for the implementation of three SMART nutrition surveys in three drought-affected districts in the Great South and the NSS (one additional SMART survey was financed by ACF).
- The monthly monitoring of the in- and out-patient therapeutic feeding sites' performance (cure, defaulting and mortality rates) uses the SMS monitoring system set up by UNICEF (through a contract with external partner Viamo). It also alerts on abnormal increases of admissions, up-coming stock-outs and low performances.
- Quality assurance through joint field visits, monitoring and supervision with government partners, the UNICEF Technical Assistant and with central authorities (on average one visit per quarter in all districts).
- UNICEF is the main supplier of ready-to-use therapeutic food (RUTF), which is being produced in Madagascar, and supports each step, from forecasting, procuring, warehousing to distributing and monitoring. The UNICEF vertical nutrition supply chain will be integrated into the Government's central supply and distribution agency for health commodities. Therefore, terms of reference have been developed together with the Ministry of Health in 2018 to assess in 2019 the current nutrition supply chain systems in Madagascar to facilitate the integration process. In addition, the use of RUTF will be assessed and documented to measure the extent and points of leakage from central level down to beneficiary level.

### **Health**

As an active member of the health cluster, UNICEF was involved in iterative planning (e.g. multi-risk plans, sectorial plans for cyclones and floods), implementation and monitoring at central and decentralized levels together with the Government. In the event of disaster, the cluster is involved in carrying out needs assessments, preparing situation reports, and resource mobilization via mechanisms such as the flash appeal and the CERF. UNICEF

ensured the coordination of emergency responses related to maternal, neonatal and child health. Monitoring of activities on the ground is ensured through the field presence of UNICEF's Regional Technical Assistants. Assessments and evaluations of epidemic-related responses take place through the five commissions (surveillance, case management, community response, social mobilization and communication, logistics) under the lead of the Ministry of Health and with UNICEF's participation in all commissions except for surveillance.

## **Education**

UNICEF's field presence provides direct support to the decentralisation process in Madagascar and is in line with IASC recommendations to support localisation. Local pedagogical zone chiefs are trained to collect and share information from the school communities in their zones on a regular basis via SMS as part of their DRR training. Any complaints are evaluated and shared with regional ministry offices and with the UNICEF technical assistants based in the region. Urgent matters are reported directly to UNICEF and Ministry authorities, who follow up accordingly.

A qualitative assessment of the effect of DRR training in the Analanjirofo region was conducted in January 2018. Results showed that while children retained much of the DRR training lessons, education authorities required refresher trainings due to turnover. Furthermore, this evaluation collected feedback from the DREN, which included:

- provide schools with rapid repair kits for partially destroyed schools
- increase the DRR manual/ student ratio so each student can keep their own manual
- revisit cascade training approach which is not always effective as the quality of information that is transmitted is reduced at each stage

UNICEF, together with the Ministry is looking into options to address these recommendations. The point on providing repair kits has already been taken up and UNICEF will preposition in each region 15 batches of repair kits and tent kits (to install the tents) to improve responses.

## **WASH**

The WASH cluster conducted monitoring field visits to evaluate sector performance and systematically gathered monthly updates from partners. Also, UNICEF and the WASH cluster participated regularly in the interagency evaluation exercises in the South such as the lesson learnt workshop post El Nino or the IPC exercises, both of which informed the development of the Government's Plan for the South to find a long-term solution for this protracted crisis. Furthermore, the cluster used the data from WASH rapid assessments carried out every three months by regional directors and assistants at municipal level to monitor family water consumption and water costs (see case study for more details).

The pipeline project required particular attention and monitoring efforts. A pipeline task force was set up at central level, consisting of UNICEF staff, the consulting company and the Ministry to discuss the status of work progress, purchase and material delivery, constraints and solutions to be taken. This task force held weekly meetings. Furthermore, UNICEF worked with other partners such as the World Bank and UNDP and actively management the dissemination of knowledge, providing orientation in their reflections on long-term solutions for the protracted crisis in the south. This included sharing the different studies which were prepared, and other data from the south, e.g. salinity mapping, negative borehole mapping, hydrogeological and geophysical survey reports.

## **Social Protection**

The cash assistance implemented by UNICEF in the South of Madagascar has the double objective of sustaining household consumption in the short term but also to promote increased resilience and poverty reduction in the long term. An impact evaluation (mid-term results) of the emergency cash transfer program *Fiavota* has been carried out in 2018 and the results shows that the project has positive impacts:

- Household food consumption is positively affected with an increase in food expenditure (+84 Ariary in food expenditures for 100 Ariary transferred) and higher food diversity score (2 points higher than 2016)
- The cash transfers granted have favoured the creation of family production units (e.g. animal farming, small commerce etc.) among beneficiary households
- In terms of children's education, the effects of the FIAVOTA program are largely positive. The net primary school enrolment rate exceeds by 12.4 percentage points in beneficiary households compared to control households
- On the social level, the FIAVOTA program has a significant positive impact on the health and nutrition of beneficiary household children. Disease incidence rate among beneficiaries is 8 percentage points lower than the control household situations. The proportion of children in a situation of global acute malnutrition (GAM) is lower among beneficiary households, by -1.8 percentage points below that of control households.

## **Communication for Development**

In 2018, the emergency communication network under the lead of the Ministry of Health and UNICEF conducted two rapid assessments on the plague outbreak. The first exercise in June 2018 was a final qualitative assessment of the plague outbreak in 2017. Main findings included a significant increase in knowledge of the plague (risks, symptoms, strategies for prevention, etc.) among families in affected regions. It also showed that the population continued to be hesitant to search for help from health services and contact health workers. The second exercise in November 2018 was the initial rapid assessment for the 2018 plague outbreak, including KAP (knowledge, attitude and practice) and social norms analysis. This information allowed to update the messages bank to align communication activities with the prevailing situation at community level.

Similar to the plague outbreak, initial and final C4D rapid assessments were systematically carried out for other emergencies, notably the cyclone response. No specific assessment took place for the drought (due to a lack of funding). For the measles outbreak, an assessment has been planned for 2019.

## G. Financial Analysis

UNICEF Madagascar's revised humanitarian appeal of US\$ 13.5 million to meet the needs of 400,000 people and 192,400 children (out of 1,058,589 people and 509,744 children in need of humanitarian assistance) remained severely underfunded with a funding gap of 66 per cent. Funds received in 2018 made up only 14 per cent and thus, the funding gap would have been even larger if there had not been a carry-over from the previous year. With resource mobilization seriously challenged in 2018 mostly because of the political situation, thematic humanitarian funds were critical to allow the Country Office to deliver a minimum of support. Thematic funds contributed almost 14 per cent of the funded amount of UNICEF Madagascar's appeal in 2018. This funding proved to be very valuable, as it provided the Country Office with considerable flexibility in its emergency programming. Thus, thematic humanitarian contributions were utilized in particular to reinforce Health, WASH, Social Protection and cross-sectoral preparedness interventions.

The severe funding gap in 2018 required UNICEF Madagascar to use a substantial amount of its Regular Resources and other development funding to support emergency response and preparedness activities to reach the most vulnerable people. As in the previous year, the country office searched for cost-efficient solutions to achieve optimal value for money, combining proven and innovative approaches and investing more than US\$ 2million (16 per cent of the 2018 appeal) of its own resources (RR, ORR) to support the emergency response.

Acknowledging that improved preparedness and DRR activities can significantly lower the plight of children and mothers as well as the economic cost of providing life-saving support, UNICEF Madagascar continued the successful implementation of emergency preparedness and resilience-building interventions, addressing where possible root causes to mitigate future disasters and spent the funds received from its public and private donors effectively.

**Table 1: 2018 Funding Status against the Appeal by Sector (Revenue in USD)**

Sector	Requirements	Funds Available Against Appeal as of 31 December 2018		Funding gap
		Funds Received Current Year	Carry-Over	%
Nutrition	2,000,000	1,210,929	500,916	14%
Health	2,000,000	60,000	651,088	64%
WASH	7,500,000	247,500	890,812	85%
Education	500,000	-	-	100%
Social Policy /Social Protection	414,000	-	51,093	88%
Child Protection	450,000	-	12,962	97%
Cross sectoral / Cluster coordination	600,000	410,541	516,603	0%
<b>Total</b>	<b>13,464,000</b>	<b>1,928,970</b>	<b>2,623,474</b>	<b>66%</b>

*\* Funds available includes funds received against current appeal and carry-forward from previous year.*

**Table 2: Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)**



**Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)**

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
<b>I. Humanitarian funds received in 2018</b>		
<b>a) Thematic Humanitarian Funds</b>		
See details in Table 3	SM/18/9910	200,000
<b>b) Non-Thematic Humanitarian Funds</b>		
USAID/Food for Peace	SM/18/0439	881,460
European Commission / ECHO	SM/18/0215	654,657
Monaco	SM/18/0542	52,669
<b>Total Non-Thematic Humanitarian Funds</b>		<b>1,588,786</b>
<b>c) Pooled Funding</b>		
UNOCHA/CERF	SM/18/0494	140,184
<b>d) Other types of humanitarian funds</b>		
./.		
<b>Total humanitarian funds received in 2018 (a+b+c+d)</b>		<b>1,928,970</b>
<b>II. Carry-over of humanitarian funds available in 2018</b>		
<b>e) Carry over Thematic Humanitarian Funds</b>		
Thematic Humanitarian Funds	SM/14/9910	<b>434,809</b>
<b>f) Carry-over of non-Thematic Humanitarian Funds</b>		
European Commission / ECHO	SM/17/0078	95,922
Japan	SM/17/0106	1,029,104
USA (USAID) OFDA	SM/17/0248	830,835
UNDP-MDTF	SM/17/0519	116,428
European Commission / ECHO	SM/17/0565	116,376
<b>Total carry-over non-Thematic Humanitarian Funds</b>		<b>2,188,474</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>2,623,474</b>
<b>III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)</b>		
Regular resources diverted to emergency	NON-GRANT (GC)	1,064,689
Regular resources set-aside	GS/17/0021	51,482
ORR	SC/14/1069 & SC/14/9904 & SC/14/9905 & SC/15/0699 & SC/16/0018 & SC/17/0385 & SC/17/0476	1,001,549
EPF	GE/17/0024 & GE/17/0028	35,889
<b>Total other resources</b>		<b>2,153,608</b>

\* Programmable amounts of donor contributions, excluding recovery cost.

**Table 3: Thematic Humanitarian Contributions Received in 2018 (in USD)**

<b>Thematic Humanitarian Contributions Received in 2018 (in USD): Donor</b>	<b>Grant Number<sup>11</sup></b>	<b>Programmable Amount (in USD)</b>	<b>Total Contribution Amount (in USD)</b>
Allocation from global Thematic Humanitarian*	SM/18/9910	200,000	200,000
<b>Total</b>		<b>200,000</b>	<b>200,000</b>

*\*Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2018 Humanitarian Action Annual Results Reports.*

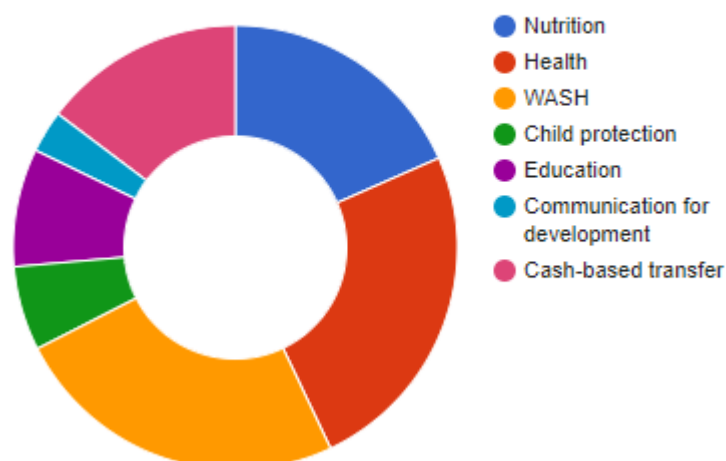
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<sup>11</sup> International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting.  
<http://iatistandard.org/>

## H. Future Work Plan

A range of climate- and health-related emergencies continue to affect Madagascar and pose serious risks for vulnerable children and their families. The ongoing El Niño weather phenomenon has resulted in lower than average rainfall in Madagascar, especially in the south. Due to evolving climatic stresses that have deepened food insecurity and made water increasingly scarce, an estimated 1.2 million people may be food insecure in 2019, including over 366,000 people facing emergency levels of food insecurity. The number of children suffering from acute malnutrition is set to increase, with the majority of cases expected to occur in the food insecure southern districts. Madagascar's 2019 cyclone season may affect an estimated 270,000 people, including nearly 130,000 children. Health emergencies affecting Madagascar include the plague outbreak, as well as the recent measles outbreak, with some 15,000 measles cases reported as of December 2018, and 74 per cent of reported cases among children aged 1 to 14 years. UNICEF is requesting US\$8.2 million to reach 1.3 million people, including 1.15 million children, likely to be affected by crises such as cyclones, epidemics, drought and socio-political unrest in Madagascar in 2019. Funds will be used to address the nutrition, health, WASH, child protection, education, communication for development and emergency cash needs of affected populations.

2019 requirements: US\$8,150,000



2019 Programme targets by sector		Requirements (in USD)
Nutrition	10,000 children under 5 years with SAM admitted to therapeutic treatment sites	1,500,000
Health	1 million children under 5 years immunized against measles	2,000,000
WASH	300,000 people accessing the agreed quantity of water for drinking, cooking and personal hygiene	2,000,000
Child Protection	5,000 children reached with psychosocial support	500,000
Education	55,000 children benefiting from pedagogical supplies	700,000
C4D	1.2 million people reached with key life-saving and behaviour change messages through the use of mass media, advocacy and social mobilization and community engagement	250,000
Cash-based transfers	15,000 households receiving cash transfers in emergencies to access essential goods	1,200,000
<b>TOTAL</b>		<b>8,150,000</b>

## I. Expression of Thanks

The valuable contributions of the Governments of Japan and Monaco, the US Government via FFP and OFDA, the support from the European Commission/ ECHO, and the CERF, from National committees for UNICEF, multilateral partners and the private sector made it possible for UNICEF Madagascar in partnership with the Government of Madagascar to provide timely and efficient support to respond to the multiple disasters affecting children and families in 2018 through both emergency assistance and continuing the longer-term efforts of building resilience and disaster risk preparedness. On behalf of the children of Madagascar, UNICEF expresses its gratitude to the donors who chose to contribute their funds flexibly and thematically to support our emergency interventions in Madagascar. These thematic funds were crucial to ensure UNICEF's response to be effective and equitable, reaching children with an integrated response in areas that were critically underfunded to realize the rights of every child.



*Thanks to your support children like Axel can thrive to pursue their dreams. Axel, who is in fourth grade, wants to become a taxi driver because he likes to explore his city and meet new people. © UNICEF/UN0263040/Andrinivo*



## J. Annexes to the CER

- I. Two-pagers & Donor Statements (separate)
- II. Human Interest Story (separate)
- III. Donor Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions following this link. Thank you!

- [Online Feedback form](#)