Situation Overview and Humanitarian Needs

In the first half of 2018, Madagascar was hit by two cyclones with more than 200,000 people affected, including 70,000 people displaced. UNICEF and partners worked together to support the affected communities to recover from the impact of these cyclones. In 2018, UNICEF prioritized the need for continued support to the Government to reinforce community
resilience in the face of disasters in areas that are vulnerable to the effects of recurring cyclones on critical systems. Currently, there is a need to prepare for the upcoming 2019 cyclone season.

In 2018, two Integrated Food Security Phase Classification (IPC) exercises were completed in June and October. As forecasted, the food security situation in one out of 15 (Ampanihy District) southern drought-prone districts (Map 1 and 2) deteriorated, while the situation remains the same in Beloha Districts. In the last quarter of 2018, this represented six per cent (298,000 people) of the total population in Food Security Phase 4 (Emergency), 17 per cent (760,000) in Phase 3 (Crisis) and 26 per cent (1,194,000) in Phase 2 (Stressed).

The IPC results are in line with the information from the Nutrition Surveillance System, which screens about 250,000 children aged six to 59 months every quarter for acute malnutrition at community level in southern Madagascar. The surveillance system, developed by the Nutrition Cluster in 2017 and enhanced in 2018 with UNICEF support, revealed a deterioration in the nutrition situation in some communes in the second quarter in Ampanihy District. However, the nutrition situation remained under control in Beloha Districts due to on-going multi-sectoral food security interventions initiated in early 2018 by different partners, including the World Food Programme (Map 3). Nutrition surveillance results in the first quarter were confirmed by a SMART survey conducted in March and April 2018 in three of the eight drought-prone districts (Ampanihy, Beloha and Tsihombe). In the third quarter, 18 out of 140 (13 per cent) communes were in Nutrition Alert (proxy Global Acute Malnutrition prevalence of 10 – 14.9 per cent) and Nutrition Emergency (proxy Global Acute Malnutrition prevalence of 15 per cent and more). The evolution of the number of SAM admissions in treatment facilities corroborates the analysis with an increasing trend in the third quarter above the two previous years (Graph 1).

Map 1: June to October 2018 district classification, South of Madagascar, IPC Food Security October 2018

Map 2: November 2018 to March 2019 projections of the district classification, South of Madagascar, IPC Food Security October 2018

Map 3: Nutrition situation based on quarterly information from the Nutrition Surveillance System, January to September 2018

Graph 1: Trends in number of admission for severe acute malnutrition in health centers in Southern Madagascar between 2016 and 2018
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, with more than 475,000 people in need of WASH services. Access to health services is also limited in the south with more than 70 per cent of the population living more than 5 km away from basic health centers.

From mid-August 2018, the seasonal plague hit Madagascar, and as of 14 December, 148 cases with 18 deaths were recorded. Due to the recurrence of the plague over the years, Madagascar has basic plague control measures in place and good technical expertise especially via the Institute Pasteur Madagascar (IPM). Based on the current epidemiological situation, the Ministry of Public Health did not declare a plague epidemic but started a regional focused response.

On the other hand, a worrying measles epidemic started in September 2018, including in main urban areas (Antananarivo and Tamatave were the two main conurbations). By the end of December, there were 14,788 notified cases.

**Humanitarian Leadership and Coordination**

Coordination efforts are led by the National Office for Risk and Disaster Management (BNGRC) through the Comité de Réflexion des Intervenants en Catastrophes (CRIC) of which UNICEF is a member. The CRIC meets every three to five days and the clusters conduct sectoral meetings for planning purposes.

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. 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.

The Nutrition cluster ensured the coordination of the nutrition response in areas with increased prevalence of acute malnutrition. To improve communication workflow for results, coordination skills of government counterparts will be strengthened in 2019 with the technical support from the Global Nutrition Cluster.

The plague and measles outbreak responses are coordinated by the Ministry of Public Health (MoH). In coordination with the MoH, partners participate in the five commissions (surveillance, case management, community response, social mobilization and communication, logistics) in which UNICEF provides technical support in health (surveillance, case management, community response) and C4D (social mobilization and communication), and on Education and WASH for response planning. This is in collaboration with partners such as Pasteur Institute of Madagascar, WHO, USAID and National Office for the Management of Risks and Catastrophes (BNGRC).

**Humanitarian Strategy**

The Government of Madagascar, BNGRC, United Nations agencies (UNICEF, WFP, OCHA) and NGOs (ODDIT, Red Cross) work together to mobilize and rapidly respond to the immediate needs of populations affected by current crises. Partners are leveraging lessons learned from the Enawo response in 2017 and the plague in 2017 to better plan and coordinate humanitarian responses. Through lessons learned from previous crises, UNICEF pre-positioned stocks enabling a rapid response to identified needs during the Ava/Eliakim period, including direct support to relocation centres, WASH, tarpaulins, drug kits, pep kits, school in a box, temporary learning structures and hospital tents. A focus of current efforts is to ensure the humanitarian response is more strategic by carrying out more integrated needs assessments, better targeting and prioritization (joint mission to Beloha in September 2018), and more linked to the national development plans, in particular the “Great South Integrated Development Strategy” (SIDGS) developed by the Ministry of Planning.

**Summary Analysis of Programme Response**

While UNICEF’s response to Ava and Eliakim was completed in June 2018, the Country Office continued to prepare for the 2019 cyclone season. UNICEF also continues to respond to the drought in the south particularly in the areas of WASH, health, nutrition and education. For the plague and measles epidemics, UNICEF is currently focusing on partner coordination, reinforcing technical capacities at the Ministry of Health and internally, prepositioning stock, raising awareness through dissemination of communication materials and working together with partners to finalize a detailed needs assessment.
Nutrition: In 2018, 11,400 Severe Acute Malnutrition (SAM) cases were treated in eight drought-prone districts, including 9,173 cases in health facilities and 2,227 cases reached through the mobile clinics. Of the 11,400 cases, 4,982 were referred following mass screening, including via the innovative mother-led MUAC approach (see below). Among these children, 82 per cent were cured, 0.7 per cent died and 5.7 per cent defaulted treatment, which is in line with national and SPHERE standards. Although there are life-saving interventions to reach the most vulnerable children in remote areas, a large funding gap remains to rapidly scale-up mobile clinics in communes presenting nutrition emergency. In 2019, UNICEF will explore different approaches for further integration of mobile clinics into the existing health system toward increased sustainability in some targeted districts and to reach more cost-effectively the SAM children. In addition, a pool of 37 trainers (15 physicians and 22 regional nutrition focal points) will contribute to the dissemination of the revised national protocol for the management of acute malnutrition in 2019.

UNICEF technical support was key for the integration of the management of SAM into the District Health Information System (DHIS2), which is being scaled-up at the facility level. Meanwhile, monitoring relies on SMS based reporting for admission and discharge information and supply tracking. A total of 36,787 mothers benefited from nutrition counselling in infant and young child feeding practices through the health centres. In 2018, 41,200 children aged six to 59 months benefitted from early identification of acutely malnourished children through the training of caregivers in the use of mid-upper arm circumference (MUAC). This represents an addition of 43,600 trained caregivers, including an estimated 12,400 adolescent girls aged 15 to 19 years old, compared to the 4,100 caregivers trained in 2017. MUAC screening by parents is in place in 1,012 out of 3,700 communities located in eight drought-prone districts in southern Madagascar. An assessment is on-going to document the reliability of this approach and parents' satisfaction, with results disseminated in 2019.

Health: During 2018, UNICEF continued building government capacities to ensure uninterrupted access to health services in the face of cyclones and epidemics leveraging lessons learned from past plague and cyclone/flood responses. UNICEF supported the emergency response and recovery phase by ensuring availability and accessibility to quality health care services for the most vulnerable people through mobile clinics providing primary health care in remote area and by community health workers (CHWs) who provide integrated community case management such as diagnostic and treatment for illnesses specifically pneumonia, diarrhea and malaria.

For the response to cyclones in 2018, 56,000 out of 60,000 targeted families benefited from long lasting insecticide treated mosquito nets that were provided by UNICEF, and 5,000 children under five years were treated for diarrhea by CHWs during the cyclones. To prepare for the 2019 cyclone season, emergency stocks pre-positioned for 77,000 people.

Regarding the drought, 103,300 cases of childhood diseases were treated and 4,709 children under five with a middle-arm circumference under 125 cm were referred to health centres to confirm their nutritional situation. To reach these children, fifteen operational “mobile clinics” offered health services in areas located more than 10 km from health centres. The mobile clinics reached 120,500 people including 29,600 children under five years treated for childhood diseases. Diarrhea treatment targets were also upgraded.

In addition, 459,000 people were reached with key messages on essential family practices and behaviours to be adopted to prevent childhood illness. A technical platform supported by UNICEF was set up to strengthen integrated M&E health system and computerization of the reporting system. Eight districts, 198 heads of health facilities and 3,652 CHW were trained in SMS monitoring and received a mobile phone with solar panel charger. For the 2019 drought season, emergency stocks were pre-positioned in Androy, Anosy, Atsimo Andrefana regions in the south to cover 460,000. While UNICEF provided medicines to plague treatment centres for the prevention and management of 2,500 cases of plague.

The Measles outbreak, which started in September 2018, was ongoing at the time of reporting. UNICEF prioritised support to the MoH for a needs assessment and the provision of additional doses of measles vaccine. Based on administrative surveillance data and the recent risk analysis, it is estimated that an immediate vaccination response should be organized for the entire country. An estimated 195,000 capsules of vitamin A will be provided alongside the vaccination and Community Health SMS Monitoring system allowed reinforcement of the community detection of suspected case of measles in the eight districts in the South.

WASH: During 2018, UNICEF provided safe water (water makers, borehole disinfection and infrastructure rehabilitation) for 104,142 people affected by Ava and Eliakim cyclones, including 27,000 people who received WASH kits and 11,500 people assisted with sanitation access.
During the year, a total of 211,400 people affected by the drought in the south were provided with access to safe water, including 174,400 people through ongoing water trucking and 37,000 people through rehabilitation of 129 boreholes and construction of 19 new boreholes on which UNICEF Supported 186,400 people (149,400 for water trucking and 37,000 for WASH infrastructure).

UNICEF also supported efforts to control the plague through the provision of supplies to Arivonimamo District (Itasy Region), Tsiranoanomandidy (Bongolava region) and Ambositra (Amoron’i Mania region) 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, the procurement and prepositioning of essential WASH supplies for 10 I Plague Testing and Treatment Centres was carried out in Analanjirofo, Atsinanana, Vakinakaratra, Haute Matsiatra and Analamanga regions where infrastructure was also assessed to ensure adequate care environment for plague cases.

**Education:** UNICEF continued to work with the Ministry of Education to prepare for the 2018-2019 cyclone season by providing technical support to strengthen risk-based programming and disaster risk reduction capacity and logistical support. The Education Sector Contingency Plan was updated and shared with all cluster members and regions, and the regional contingency plans were updated, with support from the ATRs. In 2018, all 22 DRR focal points in regions and all directorates of the Ministry of Education were trained in risk-based planning, in collaboration with UNESCO and the data collection frameworks were updated, following lessons learned from the past. The capacity building of 44 regional teams and 354 CISCO teams, for better coordination of emergencies at national and regional levels planned for November was delayed due to the unavailability of all participants and for organizational reasons with the Ministry. It is rescheduled for January. However, although training has not yet taken place, the DRR Department’s Service communicates extensively with DREN DRR focal points for better preparation and rapid data reporting. Education materials for 50,000 children are available in 11 cyclone-prone areas and the two districts at-risk (Maroantsetra, Mananara) to allow for a rapid response in the case of another cyclone.

For the plague and measles responses UNICEF has developed a plan for responding to suspected cases in schools in coordination with the School Health Division and the Disaster Risk Reduction Unit of the Ministry of Education. Training in six vulnerable regions will soon be carried out in 2019. Specifically for plague, UNICEF pre-positioned 4,500 kg of Calcium Hypochlorite (HTH) in nine plague-affected areas to disinfect classrooms before the start of the school year.

**Child Protection:** In the first half of the year, 1,888 children benefited from psychosocial support in the response to cyclones Ava and Eliakim. Lessons from these cyclone responses are being leveraged to improve the child protection response in the event of other cyclones.

**Cash-based programming:** UNICEF efforts on cash interventions in 2018 have concentrated on technical assistance and coordination between development and humanitarian partners: i) support for 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), ii) technical assistance in the design of the expansion of the national cash transfer program in Beloha during the drought (expansion financed by the WFP), iii) a technical group (sub group of the national CWG) has been established and is working on the definition of a minimum expenditure basket to define the amount of transfer to cover for multipurpose needs after a crisis. No humanitarian cash transfer has been financed directly by UNICEF in 2018.

**Communication for Development (C4D):** C4D is critical for resilience building and reinforced response. UNICEF continues to support the National Emergency Communication Network led by BNGRC in implementing the post-cyclone C4D interventions in five districts affected by the tropical storm Eliakim. Interventions consist of revitalizing the local communication network, enhancing community and media engagement and strengthening capacities of the listening group by providing radio sets with pre-recorded programmes. For the two regions affected by cyclone Ava, UNICEF interventions consisted of supporting rapid communication assessment to guide the development of local communication plan, collaboration with media, and mobilization of local authorities.

For the plague, UNICEF supported the coordination of the Communication Commission that supports the communication aspects of plague management. UNICEF also prepared communication materials for public awareness/education materials. Posters (36,800), brochures (30,000), radio/TV spots and clip have been produced and widely disseminated and displayed across affected areas. In addition, UNICEF developed innovative and interactive communications material,
including a plague board game, which was adapted for infant learning styles in schools, and for street children reception centres. A total of 1450 games were distributed to facilitate sensitization for plague prevention. The games also include vital information on good health and WASH practices for children. Other activities included support for updating the message database and the development of a safe and dignified burial communication strategy and plan, and rapid communication assessment in eight districts affected by plague to guide communication actions. To support the measles outbreak, a partnership agreement was signed with a Malagasy COMARESS NGO to strengthen social mobilization in the four high prevalent districts of Grand Tana (Antananarivo city, Antananarivo South, Antananarivo North and Ambodihadratrimo). UNICEF also supported the development of a national response plan to prevent further spread of the disease.

Supply and Logistics

During 2018, Supply and Logistics focused on its programme and project implementation support function, including support for the plague and measles emergencies. The peer review in quarter one provided relevant feedback and constructive input to improve processes and compliance to our rules, regulations and procedures. All 19 recommendations were given ample attention and all corrective actions were implemented by the end of the year. Supply also focussed on the implementation of the emergency supply and logistics preparedness and response strategy. To allow for prepositioning of supplies in emergency prone areas, 28 MoU’s were established with implementing partners. The 2018 supply plan was fully implemented, and the combined value of supplies, institutional services and procurement services amounted to around USD 27 million; a slight decrease compared to 2017. The procurement of quality supplies and services locally remained a considerable challenge throughout the year. The ongoing structured local market survey should allow increase the local suppliers’ base from early 2019.

Media and External Communication

In order to document drought-related interventions in southern Madagascar, the Media and External Relations section produced many materials including videos on the responses of UNICEF and its partners, particularly the Government of Japan. Some of the videos are highlighted below:

- In September a UNICEF drought related video was broadcast on national television and social networks. This video can be accessed here.
- A video on the UNICEF-DFID partnership in response to drought in the south was produced and published on social media. Recently, UNICEF produced a 360° video that describes the different interventions that UNICEF WASH - in partnership with the Ministry of Water, Sanitation and Hygiene - is undertaking to support water supply in communities, schools and healthcare facilities, through the construction or rehabilitation of infrastructures such as pipelines, solar water pumping, and boreholes.
- A video focused on C4D interventions, published on May 2018 was viewed 74,000 times between July and October 2018.
- In early January 2018, in collaboration with the national office for disaster management, UNICEF produced few videos of spot to inform people in risk preparedness and on flood preventions.
- In addition, a One Minute Junior Video workshop was held from 6 - 12 August in Fort Dauphin. The aim of this workshop was to give 15 adolescents an opportunity to express themselves through a one-minute video. The theme of the environment and its degradation was discussed during this workshop. The 15 videos will also be broadcast on social media and will participate in the international competition organized by the One Minutes Jr. Foundation.

The Media and External Relations section faced difficulties organising media field trips to cyclone affected areas in need due to logistical constraints.

Security

The security situation has remained generally calm during the election period, despite initial concerns. Insecurity in the field due to the dahalo systems where zebu thieves attack remote villages is a growing concern with up to 4,000 people (bandits, villagers, police forces) killed in the past five years. To date, these localized security concerns do not have a large impact on UNICEF interventions but may temporarily block them or contribute to further isolation of remote communities.
Funding

UNICEF Madagascar’s revised humanitarian appeal of US$ 13.5 million to meet the needs of children and their families remains severely underfunded with a funding gap of 70 per cent. Consequently, UNICEF Madagascar has been forced to use its Regular Resources and other development funding to support emergency response activities to reach the most vulnerable people. Such a significant funding gap will seriously hamper UNICEF’s ability to respond quickly to emergencies in the remaining part of the year since stocks have been largely depleted - owing to the fact that the two crises (Ava and Eliakim) in the first six months of 2018 were generally managed using pre-positioned stocks. The plague continues to spread to new regions and the risks of cyclones, increased malnutrition due to the drought in the south, remain for the rest of 2018. The recent measles epidemic might furthermore stretch the country office’s already limited resources for humanitarian response. Therefore, UNICEF will pursue in 2019 its call on donors to provide flexible and timely support for the continued humanitarian response in the country.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received</td>
<td>Carry-Over</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current Year</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,000,000</td>
<td>2,233,929</td>
<td>482,451</td>
</tr>
<tr>
<td>Health</td>
<td>2,000,000</td>
<td>60,000</td>
<td>651,937</td>
</tr>
<tr>
<td>WASH</td>
<td>7,500,000</td>
<td>261,953</td>
<td>768,497</td>
</tr>
<tr>
<td>Education</td>
<td>500,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Social Policy / Social Protection</td>
<td>414,000</td>
<td>-</td>
<td>85,212</td>
</tr>
<tr>
<td>Child Protection</td>
<td>450,000</td>
<td>-</td>
<td>28,507</td>
</tr>
<tr>
<td>Cross sectorial / Cluster coordination</td>
<td>600,000</td>
<td>516,780</td>
<td>515,648</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13,464,000</strong></td>
<td><strong>2,070,662</strong></td>
<td><strong>2,532,752</strong></td>
</tr>
</tbody>
</table>

* Funds available includes funding received against current appeal as well as carry-forward from the previous year.

Next Sit Rep: 15 February 2019

UNICEF Madagascar: https://www.unicef.org/madagascar/fr/
UNICEF Madagascar Facebook: https://web.facebook.com/UNICEF.Madagascar

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### Annex A
#### SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>UNICEF Target</th>
<th>UNICEF Total Results</th>
<th>Cluster Target</th>
<th>Sector/Cluster Total Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition: #Children under 5 with SAM admitted to therapeutic treatment sites</td>
<td>12,500</td>
<td>11,400**</td>
<td>12,500</td>
<td>11,400**</td>
</tr>
<tr>
<td>Health: #People received insecticide treated nets</td>
<td>60,000</td>
<td>56,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health: #People provided with access to essential and life-saving health care services</td>
<td>300,000</td>
<td>283,344**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH: #People accessed the agreed quantity of water for drinking, cooking and personal hygiene</td>
<td>400,000</td>
<td>290,542***</td>
<td>450,000</td>
<td>328,122</td>
</tr>
<tr>
<td>Education: #Children accessed formal and non-formal pre-school, primary or secondary education</td>
<td>50,000</td>
<td>25,650</td>
<td>50,000</td>
<td>25,650</td>
</tr>
<tr>
<td>Child Protection: #Children reached with psychosocial support</td>
<td>4,000</td>
<td>1,888</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Protection: #Number of vulnerable households receive cash transfers</td>
<td>14,000</td>
<td>0 ****</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C4D: #people reached with key life-saving and behavior change messages on health, nutrition and safe and appropriate sanitation and hygiene practices contextualized to the emergency scenario</td>
<td>1,000,000</td>
<td>969,278 *****</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Data from January to December 2018
** These are users of basic health centers and mobile clinics supported by UNICEF in crisis affected regions.
*** Total number of people that accessed water as a result of Ava, Eliakim and drought interventions by UNICEF from January to December 2018.
**** The Country Office has not funded specific cash transfers in the emergency context so far, this year. The target of 14,000 was based on the occurrence of a cyclone at the beginning of the season that did not happen. The CO focused more on technical assistance and coordination among stakeholders rather than funding cash intervention.

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1 Data does not include plague response yet.