

**ANNUAL REPORT OF
THE HUMANITARIAN / RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

| | |
|--|---------------------------------------|
| Country | Madagascar |
| Humanitarian / Resident Coordinator | Mr. Xavier Leus |
| Reporting Period | 1 January 2007- 12 August 2007 |

I. Executive Summary

On the 20 February 2007, the Malagasy Government declared a national state of emergency in Madagascar after a succession of particularly severe storms – including Bondo, Clovis, Favio and Gamede – had battered the island since December. By the end of March, the combined effects of extensive floods in the northern part of the country and drought in the south resulted in nearly 500,000 people in need of assistance. Against this backdrop, a new cyclone, Indlala, struck the north-eastern coast of Madagascar on 15th March, with winds of more than 230 km/h. Even after moving inland, it still registered gusts up to 125 km/h.

The storm also continued to unleash torrential rains. Floods washed away villages in the northeast of the country, silted paddy fields and other large agricultural areas, damaged road infrastructure, washed away bridges and made it impossible to reach a number of remote villages where communities remained in dire need of immediate relief aid.

These conditions contributed to extensive flooding in heavily populated and cultivated areas throughout the country, including the capital region, the northwest, the northeast, and the southeast. The food security situation deteriorated dramatically, and the risk of maternal and child mortality linked to lack of access to services, and water- and vector-borne diseases, increased. The situation threatened to deteriorate further were timely assistance not provided to address immediate needs and restore agricultural production and livelihoods before the next cyclone season.

As a result of the large-scale response since late December, in-country resources were exhausted. In February, the Malagasy Government launched an appeal calling for international solidarity and assistance in meeting humanitarian needs stemming from the severe flooding and the lack of access to affected areas. At that time, the Central Emergency Response Fund (CERF) allocated almost US\$ 1 million to respond to the immediate life-saving needs.

In tandem with the Government's appeal, the United Nations Country Team decided to launch a Flash Appeal, requesting the support of the international community. The Appeal was revised on 14 May 2007 to include the new needs created by cyclones Indlala and Jaya, plus refinement of information, needs assessment, and coordinated plans for the areas struck by the preceding storms.

The flooding situation has raised the risk of maternal and child mortality linked to lack of quality of services, and water-borne diseases including cholera across the island. In the southeast region of Vavovavay Fitovinany, 16 counties faced production losses of up to 80% of the upcoming harvest. Immediate targeted food distribution is required to prevent an acute nutritional crisis among 125,235 affected individuals. The cyclone Gamede, passing offshore Madagascar on 26 February, brought further heavy rains to the southeast of the country, where up to 80% of the population is subsistence farmers. Most families have lost the secondary harvest (January), and were entering the February to May lean season with little or no food reserves. The food insecurity in the August to November lean season will furthermore be increased, as predictions show that the principal May/June harvest will also be negatively impacted.

With the CERF grant, the United Nations Children's Fund (UNICEF) provided water and hygiene related non-food items to more than 32,000 people and constructed and improved emergency sanitation facilities for 38 camp sites in Antananarivo. UNICEF also provided nutritional interventions to a total population of more than 278,000 individuals in the Vavovavay Fitovinany Region

The World Health Organization's (WHO) emergency health response sought to reduce mortality and morbidity by ensuring accessibility of displaced persons to quality preventive and curative health services including immunization. WHO is seeking to control outbreaks of communicable diseases, with special attention to mosquito borne diseases, which was crucial due to the overcrowding and current poor living conditions.

The CERF grant allowed the United Nations Population Fund (UNFPA), in collaboration with its partners, to provide reproductive health services by implementing a minimum initial service package, focusing specifically on the prevention of excess neonatal and maternal morbidity and mortality.

The Food and Agriculture Organization of the United Nations (FAO) provided seeds for the most flood impacted populations and coordinated agricultural relief interventions in order to ensure as little disruption to agricultural livelihood activities as possible. In most counties assessed, there is imminent food security risk until at least the end of May, with a potential failure of the principal rice harvest in June prolonging an already early lean season.

The World Food Programme (WFP) prepared a one-month Special Logistical Operation to provide helicopter support to reach the most isolated villages. For example, one Mi8 helicopter moved food and non-food relief items and humanitarian staff to isolated areas

| Total amount of humanitarian funding required and received (per reporting year) | Required: \$9,114,864 | | | | | | | | | | | | | | | | | | |
|---|---|---------|------------------------------|--------------|--|---------|------------------------------|-----------|--------|--------|-------|------|--------|--------|-------|--------|---------|--------|--------|
| Total amount of CERF funding received by funding window | Rapid Response: \$3,431,553 GRAND TOTAL: \$3,431,553 | | | | | | | | | | | | | | | | | | |
| Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners | WFP: \$ 1,220,000 UNICEF: \$ 1,245,559 UNFPA: \$ 137,245 FAO: \$ 432,760 WHO: \$ 395,989 | | | | | | | | | | | | | | | | | | |
| Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age) : | <p>WFP Air Operation Northwest 13,915 beneficiaries (7,023 women and 6,892 men) General Food Distribution Northwest (Land Operations) 65,480 beneficiaries (33,046 women and 32,434 men) Northeast General Food Distribution 154,500 (76,632 men, 77,868 women) Southeast General Food Distribution 189,500 (93,992 men, 95,508 women)</p> <p>UNICEF</p> <table border="1" data-bbox="703 1516 1401 1692"> <thead> <tr> <th rowspan="2">Sector</th> <th rowspan="2">Total</th> <th colspan="2">Of which are</th> </tr> <tr> <th>Under 5</th> <th>Pregnant and lactating women</th> </tr> </thead> <tbody> <tr> <td>Nutrition</td> <td>36,034</td> <td>33,993</td> <td>2,041</td> </tr> <tr> <td>Wash</td> <td>88,240</td> <td>15,883</td> <td>7,500</td> </tr> <tr> <td>Health</td> <td>410,000</td> <td>73,800</td> <td>34,850</td> </tr> </tbody> </table> <p>UNFPA: 4,850 women</p> <p>FAO : Seed Distribution 400,000 targeted / 420,000 reached (218,000 women and 181,600 men)</p> <p>WHO : 140,000 (69,640 men, 70,360 women; 25,560 children under 5,36,960 5-14 years old)</p> | Sector | Total | Of which are | | Under 5 | Pregnant and lactating women | Nutrition | 36,034 | 33,993 | 2,041 | Wash | 88,240 | 15,883 | 7,500 | Health | 410,000 | 73,800 | 34,850 |
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WFP: Sofia and Diana regions, South East, North East.

UNICEF: Sofia, Diana, Sava, Analajirofo, Analamanga, Vatovavy Fitovinany, Anosy and Androy.

UNFPA : Diana, Sava, Sofia, Boeny, Betsiboka, Alaotra Mangoro, Atsinanana, Analanjirofo, Vatovavy-Fitovinany, Atsimo-Atsinanana

FAO : Sava, Analanjirofo, Atsinanana, Vatovavy Fitovinany

WHO : 17 districts located in the northeast, northwest and southeastern part of the country.

II. Coordination and Partnership-building

The life-saving interventions were prioritized by the Bureau National de Gestion des Risques et Catastrophes (BNGRC) and other UN and non-UN humanitarian actors to cover critical needs for which there were no resources available. All priorities in the request were determined jointly and by sector by groups comprising government agencies, UN agencies and NGOs.

To identify the needs of the affected population, the Government (BNGRC and Ministry of Health) and all the UN agencies worked in close collaboration to plan rapid and effective assessments and interventions in the most-affected areas.

Joint assessments by the Government, the World Food Programme (WFP) and the United Nations Children's Fund (UNICEF) concluded that many remote villages in the regions of Sofia and Diana were completely cut off as floods damaged the already poor road infrastructure. Assessment teams were also deployed on the ground in the affected communities in order to estimate the needs and start immediately with relief assistance. With heavy rains likely to continue, living conditions in the isolated communities were deteriorating rapidly, while access to the villages was not expected to improve in the short-term.

Thus, there was a risk that a substantial number of beneficiaries would not be able to receive the required assistance.

Furthermore, almost 150,000 children had been unable to attend classes since cyclone Indlala brought destruction to their schools in Diana, Sofia, and Maroantsetra. According to Madagascar's Ministry of Education (MoE), 136 schools were completely destroyed, and 591 others were partially destroyed.

Helicopters were the only means of transport that could ensure the delivery of immediate relief items (food and non-food items - NFIs) to vulnerable populations. NGOs were consulted in the process (especially the Malagasy Red Cross, in consultation with IFRC, as they were the sole NGOs working in those regions).

In view of the results of the first assessments and further to the government's declaration of the state of emergency, it was decided by the UNCT to request an allocation from the CERF rapid response grant.

Response plans were developed by the UN Agencies and other humanitarian organisations in consultation with the appropriate government authorities. It was then decided to organise a cluster/sectoral response. UNICEF took the lead for nutrition, water/sanitation/hygiene (WASH), and non-food items (NFIs); the Food and Agriculture Organization of the United Nations (FAO) for agriculture; WFP for logistics and transportations, and World Health Organization (WHO) for health.

The following were the objectives for each of the programmes:

- a. To keep vulnerable populations from becoming food insecure.
- b. To secure better access to people in need.
- c. To mitigate and prevent nutritional deterioration and support early detection and appropriate treatment of malnutrition for children and pregnant or lactating women. UNICEF launched nutritional programmes accordingly.
- d. To prevent the outbreak of communicable disease associated with inadequate and unsafe water supplies, lack of sanitation facilities and poor hygiene practices.
- e. To provide the necessary shelter and NFIs to the affected population.
- f. To replace lost seeds and agricultural tools
- g. To ensure an adequate health response, especially for children
- h. To reduce the reproductive health risks on the vulnerable population.

The local and regional authorities identified shelter, food, drinking water, and sanitation as immediate priorities. In addition, functioning health centres were identified as being essential to ensure the provision of basic health services to the affected population, and to prevent any outbreak of malaria or other infectious diseases.

III. Implementation and Results

The partnership of UN agencies was essential to the success of the operation. WFP and UNICEF set up joint bases in Antsohihy and Ambanja, Sofia and Diana regions respectively that served as bases for the helicopter operations. The government, through its BNGRC and the Civil Protection Unit (CPC), also established bases in Antsohihy and Ambanja in support of the operation.

In particular, the CPC placed small aircrafts (ULM) for use by the UN humanitarian team and were used to fly over isolated communities in order to capture GPS coordinates that were essential for the further deployment of helicopters to affected villages. ULMs were also used to transport WFP and UNICEF staff on the spot in order to distribute relief items. A strict partnership was also established with the Malagasy Red Cross and the International Federation of Red Cross and Red Crescent Societies (IFRC) and acted as cooperating partner of WFP in the distribution of food aid.

FAO established strong relationships with the NGOs German Agro Action and Care International. The coordinated intervention covered areas all along the East Coast, the North-Eastern region of Sava, and the South-Eastern region of Vatovavy Fitovinany. In the region of Vatovavy Fitovinany, the food-for-work programme of WFP allowed for restoration of agricultural lands before seed distribution took place.

WHO conducted its activities in close partnership with the Ministry of Health, in particular with the Emergency and Disaster Service (SUCA) as well as the decentralised services of the Ministry (Regional Rapid Intervention Teams). An attempt to revive the cluster approach in health was initiated in mid-April and has helped to take into account the contributions of NGOs in responses on the ground.

UNFPA worked closely with the BNGRC, responsible for coordinating the response with support from the UN and other partners, and line ministries (such as Ministry of Health and Ministry of Defense). These strategic partnerships enabled the identification of vulnerable populations as well as their urgent reproductive health needs. Collected data was analyzed and used for the prioritization of the present CERF project, in addition to identifying major gaps in this area to be addressed.

The Project "Implementation of Minimum Initial Service Package" was implemented by UNFPA in coordination with the Ministries of Health, Family, Social Planning and Protection at both the central and local level, and focused on the provision of health services. Strategic partnerships were put in place with national NGOs (such as Red Cross Malagasy, SALAMA, Transpost Company) and local authorities to provide support to community sensitization activities and logistical services.

In collaboration with local authorities, community sensitization activities were undertaken by medical focal points of the UNFPA and the Malagasy Red Cross in the following way:

- Preliminary contact for census and preparation of the distribution with the local authorities and health providers;
- Meetings to sensitize pregnant women; visiting women that had just been confined; sensitizing groups of young people.

The training of health providers was carried out by the medical focal points and the focal point for humanitarian emergencies at UNFPA.

The establishment of joint WFP-UNICEF bases in Antsohihy and Ambanja facilitated the coordination on the ground with local authorities and partners, ensured a more cohesive response, and enabled a smooth flow of information between the affected areas and the capital, where the main coordination of all humanitarian actors was taking place. It also allowed for sharing of the resources and costs.

Partnerships between the UN agencies and international and local NGOs were all essential in enabling a response in a timely and adequate manner to relieve immediate needs and thus had a considerable impact on the CERF-funded projects.

WHO

Medical and health kits, forming the bulk of the use of the CERF, did not arrive until August till December. Their use thus exceeded the required period and distribution will therefore be postponed to the next season. However, the revitalization of health cluster during the off-season projects good utilization and impact of these resources acquired through the fund.

FAO

Partnership between FAO and implementing NGOs, CARE and German Agro Action, facilitated coordination with local authorities and Ministry of Agriculture and Environmental Protection (MAEP); the WFP food-for-work programme allowed farmers to prepare fields before receiving seeds for planting in affected areas.

UNFPA

The inter-agency collaboration, under the UN Resident Coordinator, led to the mobilization of a French Army plane which ensured the routing of the initial round of commodities towards disaster's victims in the most inaccessible zones. This operation presented the opportunity for a joint evaluation of post-crisis needs. Inter-agency cooperation facilitated the mobilization of support from the National and French army planes for timely assistance of dispatching emergency commodities such as reproductive health and hygiene kits. These items are specifically needed to assist pregnant women and prevent sexually transmitted infections and diseases.

All partnerships represent an added value to the UN System's activities; without such partnerships, the UN System would not be able to implement its activities.

WFP was the sole beneficiary of the CERF funding in logistics. The helicopter operation served for the transport of WFP food aid and UNICEF NFIs. WFP had good relations with its implementing partners, CARE International and German Agro Action. These partners enabled WFP to achieve the results as per the desired project results and the mandate of the Fund. In the Sofia and Diana regions, the Regional authorities provided warehouses at no cost. In these regions WFP collaborated for the first time in recent years with the Malagasy Red Cross as well as with local NGO, CRADES. Although some minor delays were experienced in the preparation of beneficiary lists, this did not have a significant impact on the achievement of project results or the mandate of the Fund. Following the completion of activities, WFP did have to invest resources to ensure that reporting was done correctly, delaying the consolidation of official information on activities. However, both of these NGOs are based in this zone and their knowledge of the region facilitated the implementation of activities.

FAO worked in close collaboration with MAEP and with NGOs German Agro Action and CARE in the restoration of agriculture through seed distribution in the flood affected districts of Madagascar. FAO's intervention focused on the most vulnerable populations of the south east districts of Mananjary, Nosy Varika and Mahanoro, and in the north east districts of Maroantsetra, Sambava and Antalaha. A letter of agreement was signed by the NGO German Agro Action for a seed distribution of beans and rice. Distribution to 30,000 vulnerable rural households was completed in the districts of Mananjary and Nosy Varika. The NGO CARE distributed horticultural seeds, pulses, ground beans and maize.

Although no funding was involved, the French Army is regarded as one of the implementing partners of the project. All humanitarian agencies active on the response could benefit from air cargo transportation.

The Malagasy Red Cross, the French Red Cross and IFRC partnered on NFI distribution, water and sanitation supply and rehabilitation, and logistics supply. The Malagasy government and the Ministry of Defence provided logistical assets such as trucks.

| PARTNERS | SECTORS | PRIMARY ACTIVITY |
|---|-------------------------|--|
| French army | Government counterparts | Air Cargo support (All partners) |
| MoH | Government counterparts | Transport (All partners) |
| MoH | Government counterparts | Custom clearances (All partners) |
| BNGRC | Government counterparts | Needs evaluation, temporary stocks, custom clearances. (All partners) |
| Malagasy Red Cross | NGO | Distribution of hygiene kits in remote areas. Communautary sensitization (UNFPA) |
| SALAMA (Central purchase centre for medical items) | NGO | Transport of medical items. (UNFPA) |
| TRANSPPOST | Private contractors | Transport (UNFPA) |
| Mentally disabled people association | | Packaging (UNFPA) |
| Military Health Services Antsiranana | Government counterparts | Prestation de service – Reproductive health (UNFPA) |
| SALFA | NGO | Prestation de service – Reproductive health (UNFPA) |
| Centre Hospitalier Catholique d'Ampasimanjeva | Private contractors | Prestation de service – Reproductive health (UNFPA) |
| German Agro Action | NGO | General Food Distribution (WFP) Seeds distribution (FAO) |
| CARE International | NGO | General Food Distribution (WFP) Seeds distribution (FAO) |
| MEDAIR | NGO | General Food Distribution (WFP) |
| Malagasy Red Cross | NGO | General Food Distribution (WFP) |

| | | |
|--|-------------------------|---|
| CRADES | NGO | General Food Distribution (WFP) |
| ECAR | Private contractors | General Food Distribution (WFP) |
| Ministère de la Santé et du Planning Familial (SUCA) | Government counterparts | |
| BNGRC | Government counterparts | Needs evaluation, temporary stocks, and custom clearances. (All partners) |
| MoH (central level and decentralized services) | Government counterparts | Assessment, survey, implementation of nutrition and health activities, monitoring and evaluation (UNICEF) |
| Ministry of Energy (central level and decentralized services) | Government counterparts | Sanitation infrastructures (UNICEF) |
| Region | Government counterparts | Assessment, survey, monitoring evaluation (UNICEF) |
| Office National de la Nutrition | Government counterparts | Logistic support (UNICEF) |
| Malagasy Red Cross | NGO | NFI Distribution (UNICEF) |
| MEDAIR | French NGO | Sanitation activities, NFI Distribution (UNICEF) |
| ONG SAHI | National NGO | Water infrastructures (UNICEF) |
| ONG PRIMAS | National NGO | Water infrastructures (UNICEF) |

IV. Results

| SECTOR/ CLUSTER | PLANNED RESULTS | RESULTS ACHIEVED |
|--------------------|--|--|
| HEALTH | <p>UNFPA</p> <p><u>07-FPA-011</u> <u>\$137,245</u></p> <ul style="list-style-type: none"> ▪ Identification of needs in collaboration with BNGRC/UNCT ▪ Distribution of SR urgency kits ▪ Distribution of hygienic and reproductive health kits ▪ Training of the beneficiaries on usage of kits ▪ Rehabilitation of sanitary infrastructures | <ul style="list-style-type: none"> ▪ 3,880 pregnant women were equipped with hygiene kits to prevent IST transmission. ▪ 18 CSBII were equipped with kits N°6 for medicalized childbirth, targeting 405 births at health centres. The first reports of August (one month after the effective use of the kits) showed the figure of 110 births operated free of charge. ▪ Eight hospital complexes of reference level II facilitated safe blood transfusions. ▪ 20 deliveries by caesarean sections were operated free of charge. ▪ Rehabilitation of three health centres in the most affected areas. ▪ Dispatch of an initial round of emergency kits and adjustment of priority interventions and needs on the ground through a rapid assessment (see attached the distribution plan). |
| | <p>WHO</p> <p><u>07-WHO-020</u> <u>\$395,989</u></p> <ul style="list-style-type: none"> ▪ Conducted health needs assessments on a continuing basis in all | <ul style="list-style-type: none"> ▪ Monitoring of the situation and supervision of the activities of regional and district health staff. ▪ Post-emergency evaluation showing absence of |

| | | |
|--|---|--|
| | flood affected districts <ul style="list-style-type: none"> ▪ Dispatch of essential drugs, kits, supplies and equipment to flood affected districts ▪ Support to strengthening health information system and disease surveillance | epidemics in the affected areas. |
| | <p style="text-align: center;">UNICEF</p> <p><u>07-CEF-039</u> \$558,540</p> <ul style="list-style-type: none"> ▪ Reinforce the capacity of care centres to ensure the continuity of basic health services ▪ Ensure the functionality of the cold chain in disaster affected zones | <ul style="list-style-type: none"> ▪ Rehabilitation of the cold chain in 161 Health Centres, 15 Regional Health Offices, 10 District Health Offices through the acquisition of 281 refrigerators, which made it possible to improve the population's access to vaccination services. ▪ The supply of 14 medical emergency kits, which ensured appropriate care was available to close to 70,000 inhabitants. ▪ Reinforcement of vaccination coverage, particularly at the time of the Mother and Child Health Week vaccination campaign, during which 95 percent of children under five years of age received Measles vaccinations and Vitamin A supplements. |

The availability of reproductive health kits, in addition to training on their use and community sensitization, greatly contributed to local efforts to save lives and reduce vulnerability of women, children and young people in a context where health services were not accessible and functional.

Cyclones increased families' vulnerability as many had no income; hence the provision of free reproductive health commodities under the CERF allowed families to overcome this financial constraint. Also, by making kits six and eleven available, deliveries continued at nearly the same level as normal.

Assessments also allowed the identification of a vital need to reinforce the vaccination cold chain. Many health centres, although not greatly damaged, were flooded and lost their medical equipment. During the month of June, 221 refrigerators and 20 cold boxes were purchased. They have been distributed to the affected health centres in the target areas and vulnerable zones. Damaged health centres have been rehabilitated with the support provided by ECHO funds.

FOOD

| SECTOR/CLUSTER | PLANNED RESULTS | RESULTS ACHIEVED |
|------------------------------------|---|---|
| Nutrition and Food Security | <p style="text-align: center;">WFP</p> <p><u>07-WFP-033</u> \$1,000,000</p> <ul style="list-style-type: none"> ▪ Provision of immediate food assistance to up to 328,250 flood affected victims | <ul style="list-style-type: none"> ▪ WFP general food distribution provided immediate food assistance for 10-30 days to: <ul style="list-style-type: none"> ○ 79,395 beneficiaries in the northwest (108 percent of planned) ○ 154,000 beneficiaries in the northeast (205 percent of planned) ○ 189,500 beneficiaries in the southeast (105 percent of planned) |
| | <p style="text-align: center;">UNICEF</p> <p><u>07-CEF-034</u></p> | |

| | | |
|--|---|---|
| | <p>\$300,000</p> <ul style="list-style-type: none"> ▪ Mitigate and prevent nutritional deterioration, and support the detection and appropriate treatment of malnutrition for 50,852 children under the age of five and pregnant and lactating women in two flood affected districts | <ul style="list-style-type: none"> ▪ 33,993 children under the age of five screened for malnutrition, of which 133 have been diagnosed and treated for severe malnourishment. ▪ 2,091 were diagnosed as moderately malnourished and admitted to the Supplementary Feeding Programme. ▪ 2,041 pregnant and lactating women at risk of malnutrition have received supplementary food and medical care. |
|--|---|---|

Details of each general food distribution are as follows:

- **Northwest Air Operation:** 13,915 beneficiaries (7,023 women and 6,892 men)
- **Northwest Land Operations:** 65,480 beneficiaries (33,046 women and 32,434 men)
- **Northeast:** 154 000 beneficiaries (76,632 men, 77,868 women)
- **Southeast¹:** 189,500 beneficiaries (93,992 men, 95,508 women)

The number of beneficiaries reached exceeded planned figures in all cases as WFP reduced the ration duration to respond to higher than expected needs. The desired results of normal mortality rates, absence of malnutrition, and stable rice prices in areas with general food distribution were achieved. SMART anthropometric surveys conducted by UNICEF in the southeast and the northwest demonstrated malnutrition rates fewer than eight percent, representing “normal” rates in Madagascar. In addition, WFP food aid monitors based in the field observed that rice prices remained stable over the reporting period.

Soon after the nutrition proposal was submitted to the CERF, UNICEF received funds from ECHO in response to the emergency. Both grants complemented each other and were therefore used in conjunction to rapidly respond to the nutritional emergency in Vatovavy Fitovinany region (south-east region - 33,993 children under the age of five, and 11,330 pregnant and lactating women). This included the procurement of PlumpyNut (a therapeutic food used for the management of severe acute malnutrition at the community level), distributed in the affected areas in the south (drought) and the south-east (floods). Anthropometric kits for screening of acute malnutrition and nutrition surveillance in emergency affected areas were also purchased and distributed in the south and south east regions.

In addition, the CERF funds were also used to conduct nutrition surveys in May in three of the most drought-prone regions of Atsimo Andrefana, Anosy and Androy, where an emergency nutrition response had been implemented since January. The results of these surveys showed levels of global acute malnutrition ranging from four percent to ten percent and indicated that due to timely interventions during the past few months, the nutritional status of children in these areas had not deteriorated since the last survey was conducted in December 2006.

I. Major activities and results:

General food distributions were conducted in three areas impacted by flooding and cyclones. The southeast with 189,500 beneficiaries (93,992 men, 95,508 women), the northwest with 70,145 beneficiaries (34,782 men, 35,363 women) (air and land operations), and the northeast with 154,000 beneficiaries (76,632 men, 77,868 women). In the south east, general food distributions provided family rations for 10 days or 20 days depending on the severity of the impact as determined by the assessment mission. In the north east, general food distributions provided family rations for 15-30 days depending on the severity of the impact. In the North West, family rations for 30 days were provided. In all three zones, general food distributions were followed by food-for-work (financing from

¹ Southeast is comprised of the regions of Vatovavy Fitovinany, the northeast are the regions of Diana and Sofia, and northwest by the regions of Analajrofo and Sava.

other sources) both to ensure recovery of impacted areas as well as to ensure that food security did not deteriorate following immediate relief efforts.

- (a) CERF funding was essential to WFP in providing a rapid response to emergency needs. WFP had already exhausted all of its in country stocks in response to earlier emergencies confirmed and had to acquire food aid from other partners. WFP borrowed 550 metric tons of rice normally allocated to development activities from CARE International and 100 tons of rice from the BNGRC. These in country stocks were immediately deployed to serve the needs of cyclone impacted victims.
- (b) Project monitoring and evaluation was conducted by WFP field staff based in Antsohihy for operations in the North West. Four food aid monitors and two heads of sub-offices followed the progress of general food distributions in this zone. In the south east and the north east, supervisory missions by Antananarivo-based WFP staff monitored the activities of German Agro Action and Care International. In addition, a post distribution monitoring survey was conducted in the south east to evaluate the general food distribution.
- (c) The CERF funding represented an important contribution in the overall response to the sector, particularly given its relative rapidity. No particular media attention was generated as a result of the CERF funding.

LOGISTICS

The United Nations Humanitarian Air Services (UNHAS) Air Transport Officer ensured timely tasking of the helicopter and movement control. This Air Transport Officer liaised with the WFP Logistics officers coordinating the cargo request and prioritization with all potential users. A user group was not mandatory considering the limited size and duration of the operation.

The Special operation also provided additional technical capacity to strengthen the existing Logistics Information Management through the deployment of:

- One logistics officer based in Antananarivo whose main tasks were the gathering, analysis and dissemination of logistics information at the capital level.
- One field-based logistics officer who focused on updating progress in accessibility (local infrastructure repairs, road blocked by land slides, roads re-opened, etc.). He also monitored relief items that were transported to EDP by different actors in order to maximise the readiness of the goods to be transported by helicopter. He liaised with the UNHAS Officer on pipeline planning, arrival at EDP, and relief items allocation per final destination.
- One GIS officer enhanced local staff's GIS skills within the humanitarian organizations and government counterparts, particularly the Bureau National pour la Gestion des Risques et Catastrophes (BNGRC). The aim was to provide standardized quality maps used by all stakeholders and regularly updated by processing information feed-back from the field. To this end, a plotter was also provided.
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Villagers discharging food commodities © (WFP/Volana Rarivoson)

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CERF funding to the WFP special operation allowed for prompt action in response to life-saving needs and time critical requirements.

AGRICULTURE

| RESULTS/ SECTOR | PLANNED RESULTS | RESULTS ACHIEVED |
|--------------------|---|--|
| Agriculture | <p style="text-align: center;">FAO</p> <p><u>07-FAO-014</u> \$230,000</p> <p><u>07-FAO-016</u> \$202,760</p> <p><i>Regions of Vatovavy Fitovinany, Districts of Nosy Varika and Mananjary</i></p> <p>Production of rice for 50,000 families</p> <ul style="list-style-type: none"> ▪ 50,000 families receive and plant 0.8 kg of paddy from April 2007 ▪ 50,000 families produce and harvest between 100 and 200 kg of rice (representing 70 to 140 kg of consumable rice) ▪ 50,000 families have rice in stock for a period of one to three months (average consumption of 54 kg per month for a family of six) <p>Production of legumes for 10,000 families as a complement to paddy</p> <ul style="list-style-type: none"> ▪ 10,000 families out of the targeted 50,000 receive and plant one kg of beans from April 2007 ▪ 10,000 families out of the targeted 50,000 produce and harvest around ten kg of beans ▪ 10,000 families out of the targeted 50,000 have beans in stock for a period of 6 to 12 months (consumption as a complement of rice staple food, 400 kg per family, 15 days per month) | <p>FAO – Vatovavy Fitovinany</p> <ul style="list-style-type: none"> ▪ A total of 40,789 families have received and planted 0.8 kg of seed rice ▪ Each family harvested an average 150 Kg of rice ▪ Each family has stocks for a period of up to three months ▪ 37,789 families have received 1 kg of bean seed, enabling them to harvest around 10Kg ▪ 37,789 families have stocks for a period of 6 to 12 months, depending on consumption as complement to staple food. ▪ More than 250,000 beneficiaries have directly benefited from this distribution. |

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| | <p><i>Regions of Sava, Atsinanana, Analanjirifo; Districts of Antalaha, Andapa, Sambava, Maroantsetra, Fenerive Est, Vtomandry, Mahanoro</i></p> <ul style="list-style-type: none"> ▪ A total of 16,000 households receive and plant maize, rice, groundnuts and beans; quantities per household varies according to the region within a range from one to five kg of QDS seeds ▪ A total of 13,446 hectare are planted ▪ A total of 16,000 families harvest and have stocks of staple food for a period of up to three months | <p>FAO - Sava, Analanjirifo, Atsinanana</p> <ul style="list-style-type: none"> ▪ A total of 25,785 households have received and planted maize, rice, groundnuts and beans; quantities per household varies according to the region within a range of one to five kg of QDS seeds ▪ A total of 11,465 have been planted ▪ A total of 25,785 families have harvested and have stocks of staple food for a period of up to three months <p>More than 170,000 beneficiaries have directly benefited from this distribution.</p> |
|--|---|---|

The seeds provided through this project allowed the flood affected households that lost part or all of their agricultural livelihoods to promptly take advantage of the second agricultural season over the period of June through August 2007. WFP has implemented food-for-work activities in the districts of Mananjary and Nosy Varika through the NGO German Agro Action; fields and irrigation structures have been rehabilitated and have allowed a timely seed distribution. Both activities have been tailored to the agricultural calendar; field rehabilitation has permitted that seed distribution be followed by sowing.

Four field monitors have been placed in the districts of Mananjary, Nosy Varika, Sambava, and Vtomandry/Mahanoro to assist and monitor seed distribution.

WATER AND SANITATION

| RESULTS/ SECTOR | PLANNED RESULTS | RESULTS ACHIEVED |
|------------------------------------|--|--|
| <p>Water and Sanitation</p> | <p style="text-align: center;">UNICEF</p> <p><u>07-CEF-038</u> \$219,350 <u>07-CEF-033</u> \$167,669</p> <ul style="list-style-type: none"> ▪ Improvement in access to safe drinking water, sanitation and hygiene for the affected and/or displaced population. | <ul style="list-style-type: none"> ▪ Setting up of the WASH cluster, organisation of Water and Sanitation Response ▪ Access to safe drinking water for 18,000 affected and displaced people in Antananarivo and 36,763 people in other regions. ▪ Cleaning of wells and rehabilitation of 24 wells and 10 public water points ▪ Construction/rehabilitation of seven AEPG systems. More than 80 percent of the displaced population living in accommodation camps had improved access to hygiene and sanitation. ▪ Increase in the practice of hand washing and hygiene behaviour after using latrines in all the affected areas. ▪ 76 schools cleaned and disinfected. ▪ Supply of soap, buckets, mugs, tarpaulins, jerry cans and plastic squatting plates for latrines to 14,212 households (71,060 people). |

CERF funds, combined with grants from other donors, were also used to purchase non-food items such as soap, buckets, mugs, tarpaulins, jerry-cans and plastic squatting plates (for latrines) that were distributed to those who were displaced and those who had lost their belongings during the cyclones and

tropical storms mainly in the Northern regions. A total of 14,212 households (71,060 people) were assisted with one non-food item kit per family. This included 10,776 households (53,880 people) in seven districts of Sofia region and 3,436 households (17,180 people) in Ambanja district of Diana region. Each kit consists of a bucket, two jerry cans, one cup, and two bars of soap all purchased under this ECHO grant. In addition, families were also given two blankets, two bottles of Sur'Eau and a cooking set, procured by UNICEF. Distributions were organised in partnership with the Red Cross. It is important to add that the standard basic kit was adapted to local needs when and where needed, and was also not always distributed all together due to operational constraints.

The organisation and monitoring of all delivered assistance was under the responsibility of the Chief of Fokontany to ensure that ownership is created and there is a quick transition to normality. Monitoring and evaluation activities were carried out through field visits, monthly progress reports, supervision missions.

Project monitoring and evaluation was conducted by WFP field staff based in Antsohihy for operations in the North West. Four food aid monitors and two heads of sub-offices followed the progress of general food distributions in this zone. In the south east and the north east, supervisory missions by Antananarivo-based WFP staff monitored the activities of German Agro Action and Care International. In addition, in the south east, a post-distribution monitoring survey was conducted to evaluate general food distribution.

UNFPA participated in a joint visit organized by the IASC Country Team in the aftermath of the crisis to update the needs of the affected population. These findings enabled adjustments of further assistance and culminated in lessons learned for the speedy efficiency of future emergency response. Community mobilizers were trained and provided with MISP's tools for monitoring, tracking the use of emergency reproductive health commodities and kits, and for reporting on reproductive health events such as pregnancy, delivery, sexual violence, and maternal deaths. The project benefited from two technical missions from UNFPA headquarters' efforts to support the implementation and the evaluating of the CERF project.

FAO participated in a joint UN visit one month after the cyclones in order to evaluate actual loss in cultures and global impact on food security; two additional field visits in affected areas have taken place during the pre-implementation and implementation phase. The assessment was carried out using the food security form for rapid evaluation and by using the following targeting criteria:

- Farming families who had lost all or most of their harvest
- Farming families without seed to restart the agricultural season
- Farming families with no seed and no money for buying them
- Farming families with no seeds and living in areas too remote to access seeds
- Families composed of eight people or more
- Families with a child under yellow or red level according to SEECALINE evaluation.

During the implementation phase, the FAO Emergency Coordination together with the field monitor agronomists visited the areas where distributions took place in order to further assess affected areas, varieties to be distributed, implementing partners, and total number of beneficiaries to be involved in these distributions. At present, one assessment is underway in order to evaluate the result of distributions in terms of the use of harvest (e.g. percent for consumption; percent for sale) and the satisfaction of farmers on the distributed seed.

UNICEF

According to the results specified in emergency response plans, all activities have built-in mechanisms to monitor the progress of each component. UNICEF's emergency staff members on the ground were regularly monitored following the implementation of operations. These were carried out in collaboration with regional teams, DRS and with SSD and DEPA, who identified the changing needs and priorities of the targeted beneficiaries. Adjustments were made accordingly.

WHO

The monitoring and evaluation of the programme was conducted from August 2007 with a valuation survey in a sample of districts and health sectors of the eight most affected regions by the Ministry of Health supported by the WHO Office. This assessment has not revealed outbreaks or deterioration of the health situation of people in affected areas.

CERF funding was essential to WFP in providing a rapid response to emergency needs. As WFP had already exhausted all of its in country stocks in response to earlier emergencies, confirmed funding enabled WFP to borrow food from other partners: 550 metric tons of rice normally allocated to development activities from CARE International, and 100 tons of rice from the BNGRC. These in country stocks could be immediately deployed to serve the needs of cyclone impacted victims. The CERF funding represented an important contribution in the overall response to the sector, particularly given its relative rapidity.

To UNFPA, the combination of the availability of reproductive health kits, training on their usage, and community sensitization, contributed greatly to local efforts in saving lives and reducing vulnerability of women, children and young people in a context where health services were not accessible or functional. Even if the acute phase was gone, accessing CERF funding was decisive for UNFPA to respond adequately and in a timely manner to reproductive health needs of affected populations, the distribution of available emergency kits, and the renovation of health facilities. Further, the CERF funding gave to UNFPA the opportunity for the first time ever to be recognized as a key player in emergencies.

UNICEF

Provided reinforcement of vaccination services, improvement of vaccination coverage, improvement of access to safe drinking water and the promotion of hygiene and sanitation within the disaster-stricken population. In addition, CERF funding made it possible to clarify and to familiarize the various interventions on the concept and to support the effective application of the cluster approach, in particular in the WASH and Nutrition sectors. It should also be noted that these experiences are now available to guide the development of Education and Shelter and Protection sectors.

FAO

Distribution of seeds and agricultural tools provided by FAO and implementing partners allowed the introduction of good quality seeds in the agricultural system of the affected areas. These improved seeds have enhanced the production and the productivity in affected areas, proving a long term impact in vulnerability reduction in terms of seed and food security.

WHO

In the health sector, CERF funding has mainly enabled the WHO team, in collaboration with its partners in other agencies, NGOs and the government (Ministry of Health), to become familiar with this source of funding on emergencies. The Ministry of Health has been supported through these funds in its monitoring activities, supervision of health districts affected by the disaster, and in securing its emergency stockpile.

Various news agencies and TV news channels (such as IRIN or Japanese TV NHK) conducted media field trips to observe and report on the emergency response of the United Nations System in Madagascar, supported by CERF funding. (Please see the report below.) Stories such as the ones detailed below have helped keep the media interested and involved in the situation. As a result, UNICEF has received many valuable contributions in support of its activities to assist and protect children and families affected by the cyclones.

V. Lessons Learned

| GAPS, CONSTRAINTS AND LESSONS LEARNT | CONSEQUENCES | PROPOSED SOLUTIONS | COMMENTS |
|--|---|--|---|
| PROGRAMME / COORDINATION | | | |
| Lack of understanding, particularly by the NGO sector, of the functioning of the CERF process. | Reduced ability of partner NGOs to request funds through CERF and reduced coordination of programmes. | It is recommended that the NGO and UN sector is provided with a brief training on the funding mechanism and application process prior to the next cyclone season. | Such explanation on CERF has now been provided to most partners. Implementation of IASC Sectoral Working Groups (clusters) will also allow a better sectoral appropriation of available tools. |
| During the CERF appeal process, the format to be used changed mid stream. | Delays in the process as Agencies were obliged to rewrite submissions. | Wide distribution of one precise and user friendly CERF application guideline and proposal format. Information provided on whether the CERF application should be linked with the redaction of a Flash Appeal. | Additional pressure by the Resident Coordinator to ensure that all UN agencies respect deadlines. Minimum quality standards in their proposals would have reduced delays in the submission of the proposal. |
| Before and at the beginning of the cyclonic season, Agriculture Sectoral Group actors didn't know each other and didn't have any coordinated action. | It took a very long time to coordinate a common intervention strategy. It also took more time for all stakeholders to search for seeds providers as well as transporters. | It is mandatory that the Agriculture Sectoral Group meets regularly in the pre-cyclonic season and plans for response by sharing available information. | The difficulty to find appropriate seeds in Madagascar became an issue for all stakeholders. Such a difficulty is now tackled thanks to seed reproduction programmes. |
| Lack of coordination within the Health Sectoral Group (despite the fact that this group existed before the cyclonic season) | Initial (Health) assessments missed coordination. Lack of consensus on figures and results. No information sharing. | Officialising (in April 2007) of the cluster approach and subsequent reinforcement of the Sectoral Working Groups. Setting up of a Health Sectoral Group emergency response plan. Need of more human resources to support the WHO office during emergency response and the MoH in the implementation of emergency relief operation. | The Health sectoral groups should benefit in the next cyclonic season from the experience of the past years. |

| COMMUNICATION | | | |
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| HF radio network (BLU) very limited of non operational | Inefficient information sharing and communication of information on the field. Lack of operational communication. | Improvement of the national HF communication system. | HF communication is theoretically used as a first communication mean on emergency relief operations. |
| No Thuraya Sat Phone network coverage. | Non-compatibility between Sat Phone networks and mobile phone networks. Security information is not transmitted. Gap in the security and information network. | Mandatory use of Iridium and InmarSat networks. Mandatory use ensures redundancy of communication systems to ensure security. | Large impact on programme costs. |
| Lack of Internet communication | Lack of coordination with Air Ops / Crew members. Lack of appropriate meteorological information for Air Operations. Implications on air safety. Lack of information reporting. | Communication problems could be sorted by using a BEGAN IMARSAT. System attached to the UNHAs coordinator. | Proper email communication allows: For Air Safety by visiting ICAO meteo sites. To send Daily Flight Reports and programme reports. To get information from the base. |
| SECURITY | | | |
| Outside of main cities, impossibility for rescue teams to be quickly informed of an incident and to swiftly respond. | Very large risk, in case of an incident happening in a remote area, of having the victim obliged to rely only on him/herself. | Systematised implementation of MOSS. | Very large impact on operational costs. |
| Decrease of security situation in certain locations of the country. | Ensuring protection of people and goods, convoys and stocks considered as an issue. | Reinforcement of preventive measures and communication. Better information provided to local populations about our humanitarian programmes. | Local and national authorities feel concerned and have a positive impact. |
| Maintenance of Helicopter: Despite constraints, the helicopter received an appropriate maintenance. | Four days of maintenance. | During an operation, maintenance is mandatory and maintenance schedules must be respected. | At the end of the operation in Sofia Region, the helicopter was sent for four days to Nosy Be International Airport for a Technical Inspection made by Ukrainian Technical Inspectors. |

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| Finding appropriate landing pads for helicopter. | As certain locations do not have a proper airport, air operation was operated, on the second phase of the programme, from a stadium where helicopter and fuel drums could be secured. | Stadium area was easier to secure during landing, refuelling and take off processes. Local authorities supported the operation by providing a security team. | A proper fire extinguisher was provided by TOTAL for fire fighting during the refuelling of the helicopter with a refuelling pump from the drums. A wind sock has been fixed on the side of the stadium to indicate the wind direction. |
| ACCESS / LOGISTICS / TRANSPORTS | | | |
| In cyclone season, access by sea to littoral areas is made impossible because of waves. | On the Malagasy East coast, access to most vulnerable areas is made difficult or impossible. | Considering that road access is also near impossible and considering the long distances between locations, there is often no other appropriate solution for relief supply than by helicopter. | Relatively heavy impact on operational costs. However, the efficiency and speed of helicopter transportation largely compensates its costs over truck transportation. Truck transportation is, in certain conditions, not necessarily cheaper. |
| In cyclone season, on the East coast, access to locations via Canal des Pangalanes (river transport channel) is made risky because of water hyacinth invasion. | | | |
| Airstrips are often flooded for days after a cyclone. | | | |
| Access by train: Very limited network. No operative in rainy season because of mudslides. | Freight transport cannot be done by rail. | High dependency on the road network in bad conditions necessitates use of a real transport. | |
| There are only five helicopters in Madagascar and no heavy cargo carriers. | Despite a large dependency to air transportation due to the nature of geographical configuration, lack of air capacity severely affects the ability in conducting a swift assessment and intervention. | Allow a larger helicopter capacity. | Experience and lessons learnt show that helicopter is the only appropriate tool to conduct assessment missions, first relief operations and programme implementation in most affected areas of Madagascar. |
| Customs blocks import of humanitarian goods. | Long delay in receiving humanitarian goods and therefore in the implementation of programmes. Associated costs. | During emergency (and when the government has declared a state of emergency or called for international support) custom clearance should be facilitated for humanitarian goods. | |
| Unstable electric power supply | Destruction or failure of electrical equipment. | Use of properly maintained generators and electric surge | |

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| | | protectors. | |
| Lack of certain specific kits for a swift emergency response (i.e.: UNFPA MISP supplies. | Delay in providing a transversal response on protection. | To stock MISP supplies, (to be assembled locally or ordered internationally as deemed necessary and ahead of time); To establish strategic partnerships with competent IPs to facilitate the delivery of assistance (needs assessment, Air transportation, distribution mechanisms, community mobilization for prevention of SGBV, FP, STI/HIV prevention, etc). | Technical assistance from UNFPA Headquarters to train clinical officers on the usage and administration of the MIS was a necessary step. |
| CAPACITY OF PARTNERS / RESPONSE CAPACITY | | | |
| Lack of culture of emergency amongst partners. Most partners are development oriented and are not familiarised enough to relief operations. Lack of humanitarian partners | In case of an alea in multiple areas of the country, there is not enough capacity to provide an appropriate response to all people in need. | In favour of a creation of capacity within local NGOs. Suggestion for short term or longer term implantation of international humanitarian NGOs. Recommend the implementation of preparedness programmes such as DIPECHO | OXFAM conducted an assessment in early December 2007. DIPECHO expressed its interest in supporting programmes in Madagascar in the future. |
| Limited HR within certain UN partners' offices. | UN ability to provide appropriate response. | WHO focus: Activities should concentrate on preparedness and coordination of HEALTH sectoral Group with Ministry of Health. | |

VI. CERF IN ACTION

FOOD SECURITY AND NUTRITION

Matsondakana, north-western Madagascar:

Seraphine, 50 – “We will still have to struggle!”

“Of course, life will have to continue, even after the emergency supply of food is finished and we will have to struggle again”, says Seraphine after receiving a one month ration of food from WFP.

Seraphine is 50 years old. Together with her husband Marcel, a daughter and a son, she lives in the inaccessible village of Matsondakana, 210 km from Antsohihy in the northern part of Madagascar.



Seraphine in the remote village of Matsondakana (Antsohihy district – ©: WFP/Volana Rarivoson)

Seraphine and her husband Marcel are farmers, and like most Malagasy people, they normally eat rice. But after the recent cyclones, they had to change their usual diet to less nutritious food like *mahogo* (manioc).

The wave of cyclones, which hit many regions of Madagascar in the past four months, withered crops and wiped out harvests. Therefore, like most of the population in her area, Seraphine and her family are currently facing great uncertainty as to what to eat in the near future.

Just when the situation started to become critical, the United Nations World Food Programme (WFP) and its partners distributed food aid and other relief items to the affected populations of this area. Seraphine's family received a one-month ration of rice and pulses

and a 15-day ration of fortified oil from WFP as an immediate supply.

Harinirina - “Food aid will help people to recover from the shock”

The devastating cyclone season of 2006 and 2007 has destroyed crops and the infrastructure in the area around Antsohihy, located in the northern part of Madagascar. The land is very fertile, and people cultivate rice, onions, oranges, manioc, maize and more. Another attribute to the land's fertility is the river Sofia which crosses the entire region. This season was projected to be a good one, but the recent cyclones have made its people dependent on food aid.

In 2005, the Antsohihy area produced approximately 20,000 tons of rice. Last year's expectations for the rice harvest were estimated to reach 33,000 tons but were unmet due to lack of rainfall.

The arrival of food aid from WFP helps people recover from these shocks. Harinirina's family received a 15-day ration of rice, oil and pulses.



Harinirina in the remote village of Matsondakana (Antsohihy district – ©: WFP/Volana Rarivoson)

Juliette Mahavizara, 30 – “Life will never be kind!”



Juliette Mahavizara in the remote village of Matsondakana (Antsohihy district – ©: WFP/Volana Rarivoson)

“The region has been hit by two cyclones. We were not finished recovering from Cyclone Indlala when Jaya arrived, causing damage to infrastructure and agriculture”, says Juliette.

“For me, and for other women who are the head of their households, life is a permanent struggle.”

Juliette has to feed her three children, Raissa, 9, Juliette, 7 and Honorio, 5 and pay their school fees. These duties have become a great challenge since the cyclones struck.

However, she refuses to become discouraged. “WFP’s food aid arrived at a moment when people living in remote areas are in desperate need of help”, she says. WFP’s assistance enabled her to restart her life following the wake of the

damaging cyclones.

AGRICULTURAL RESTART

Baomena, 30 – “I lost all the crops I had. They were almost ready for the harvest”

Baomena is from the village of Sahabe in the Mahanoro District. As a child, she was witness to many cyclones and the damages left in their wake. She attests the district’s people are frequent victims of cyclones.

Baomena says, “(The cyclones) pass our village...and we receive the heavy rains, and the floods destroy the village. When I was a kid, I was happy when a cyclone would come. But, since I have my family to feed, I hate cyclones. They damage our house, and our cultures, our fields. Because of them we have less food and wealth.”

The year 2007 marks one of the worst years of cyclone disasters. Two cyclones, Indlala and Jaya, hit in the short space of 2 weeks in March and April. Villages and fields were flooded by 10 meters of water. The people in the region lost all their crops that were ready to be harvested.

“The FAO supported us by providing seeds of beans and of corn,” Baomena says. “We could start our plantation for the counter season and then we also planted the rice for next season. For my family, we received one kg of rice seeds, 1.5 kg of beans and one kg of corn seeds. The FAO engineer helped us so we could find better ways to plant and we could produce more.”

The Chief of Fokontany of the Baomena’s village has stated 110 households out of 185 could benefit from FAO seeds.

Months after the destruction caused by the cyclones, Baomena finds herself selling the beans she harvested from the FAO seeds. The assistance of FAO and its seed distribution reaches past Baomena’s village. She says, “I met Vavisoa, my cousin, who lives in Vohitromby village. She is selling vegetables she could also produce with FAO seeds and she told me about many others who could benefit from seeds. After selling out goods, Vavisoa and I went to the Chinese grocer’s shop and bought some rice and other things.

“Without FAO’s support, we couldn’t have been able to plant again. There would be no food, no money.”

EDUCATION SECTORAL GROUP

After devastating cyclones, Madagascar rebuilds its shattered schools with help from UNICEF

ANTANANARIVO, Madagascar, 23 April 2007 –

Florine, 8, was unaware of the extent of cyclone damage to her village in Ambanja, north-eastern Madagascar, until she climbed to the roof of her partially destroyed house.

From that vantage point she surveyed the damage, gasping in shock at the scale of devastation. "I saw houses submerged in water, including trees."

She was greatly distressed to see that her school had not been spared. Only uprooted trees and a sodden floor lay where it once proudly stood. Florine wondered whether she would ever attend school again.



Torrential rains and flooding caused by two cyclones and four tropical storms since December have left thousands of school-age children vulnerable.

BACK-TO-SCHOOL SUPPLIES

Cyclone Indlala, the worst storm to hit Madagascar in recent years, arrived on 15 March, packing wind speeds of up to 220 km per hour and leaving death and destruction in its wake.



Across Madagascar, but particularly in the north, flash flooding damaged or destroyed roads, cutting off access to many communities.

With scarcely any time to recover, Madagascar was hit by Cyclone Jaya on 3 April, capping a torrid four-month period in which the country's eastern and northern seaboard had been inundated by no fewer than two cyclones and four tropical storms.

UNICEF Representative in Madagascar Bruno Maes said the resumption of classes after the mid-term break this month was an opportunity to ensure that at least 54,000 children could return to school in the affected areas. "We are also distributing tarpaulins, tents, school supplies and School-in-a-Box kits in the north in Diana, Sofia and Maroantsetra, which are some of the hardest hit areas," he added.

In addition, UNICEF is providing 90 aluminium, anti-termite classroom frames and helping the government set them up in severely hit areas.

MOBILIZING SCATTERED PUPILS

Rebuilding the damaged schools will be a slow and arduous process, but communities have demonstrated their resolve to reclaim what has been lost. Churches and community halls have been turned into classrooms, school benches and tables are being made by local carpenters, and masons are transporting construction materials on their backs – often taking days to reach their destinations.

HEALTH AND IMMUNISATION



*Outside the remote Tsinjomitondraka health centre
© UNICEF Madagascar/2007*

At 28, Rasidy René is Chief of the Health Centre in the village of Tsinjomitondraka, located in Sofia region in the north of Madagascar. The village is remote, inaccessible, and surrounded by crocodiles. The odds are against Rasidy, but he remains determined to give all children in Tsinjomitondraka and surrounding villages the best start in life by immunizing them against the diseases they are so vulnerable to.

However, reaching the health centre each day along the precarious dirt path and across marshes is the least of Rasidy's challenges. His main problem is the state of the health centre in which he works. Not only was one side of the roof completely blown away by the recent series of cyclones, but the refrigerator is so old that it no longer works.

"I try to see the humour in my situation, but when children are suffering as a result, it is much harder to do so," he says. "The health centre is meant to be a place people come to for treatment, comfort and shelter – it is meant to be inviting. But now it's like sitting out in the open air. And that's not all – without a working refrigerator, I can't store vaccines, and therefore the children can't receive life-saving immunisations."

Over the past year, Rasidy has had to improvise to ensure that at least some children receive vaccinations. As often as he has been able, he has cycled to the District Health Centre, filled a cold box



The old and broken refrigerator at the Tsinjomitondraka health centre, before the new model was delivered in October 2007, purchased with CERF funds © UNICEF Madagascar/2007

with ice and as many vaccines as possible, and cycled back to Tsinjomitondraka. "The temperature in the cold box only remained sufficiently low for two days, but the District Health Centre is really far, so I would cycle as fast as I could, and immunize as many children as I could on my way back to the village," Rasidy explains. "However, I only had a limited number of vaccines, and I was also unable to reach any children from the surrounding villages that the health centre also serves, so the immunization rates remained frustratingly low."

However, Rasidy's wish was granted when a new refrigerator for his health centre was purchased using CERF funds, and delivered to Tsinjomitondraka in October 2007. Now Rasidy is able to put his dynamic nature to full effect, and is delighted to be able to fulfill his commitments. "It's amazing what a difference this refrigerator has made," he smiles. "I can now safely store enough vaccines in the health centre to serve all the children in this village and surrounding areas, and am always prepared when any child is brought to the health centre." With immunization rates having improved dramatically in Tsinjomitondraka and its surroundings, this story is certainly one of great success.

A total of 221 refrigerators were bought with the 2007 CERF grant, contributing significantly to the rehabilitation of the cold chain in both cyclone affected regions of Madagascar and in other vulnerable zones.



Pregnant women are given hygiene kits in Bemanevika in the North of the country. © UNFPA Madagascar/2007



Sensitisation of youngsters on the risks of HIV transmission among populations affected by disasters © UNFPA Madagascar/2007

WATER AND SANITATION

ANTSOHIHY, Madagascar, 30 March 2007 – “It was incredible. In just a few minutes the heavy floods washed out our house,” Véronique Miadana says with tears in her eyes. Living with her five children in the suburbs of Antsohihy, in the north of the region of Sofia in northern Madagascar, Veronique and her family were among the first victims of Cyclone Indlala which struck northern Madagascar on 15 March.



Véronique Miadana is in shock and despair after Cyclone Indlala destroyed her home in northern Madagascar. © UNICEF Madagascar/2007

“Seeing the danger, my children and I fled, taking only necessary belongings with us,” continued Veronique. “In a few minutes everything collapsed, and with it my dreams.”

The next day, Veronique returned home to survey the damage, hoping to save a few family belongings. “Almost all of the houses were underwater,” she said.

Véronique’s family were just some of many Malagasy people who had their lives turned upside down by the series of cyclones. Like so many others, after surviving the immediate destruction of the cyclones, her family

remained in danger of the looming threat of disease.

With houses damaged, many of the population displaced (both leading to poor sanitary conditions), a lack of safe drinking water and widespread flooding, the lives of many vulnerable children and women were threatened by waterborne diseases. In Madagascar, diarrhoeal disease is already one of the biggest killers of children under five years of age, and its lethality quickly spreads in emergency situations such as the annual cyclone season.

In response to the country-wide emergency, and upon request of the local authorities, UNICEF established operational bases in the most affected areas in order to provide humanitarian assistance to the cyclone-affected population. This included establishing a base in Antsohihy.

These bases allowed the quick distribution of supplies to meet the basic needs of children and their families. UNICEF, in addition to school kits, emergency food supplies and tents, also distributed sanitary kits including water filters and other water purification supplies, jerry cans and buckets to carry water, and

soap. A total of 91,259 of these kits were distributed throughout the most severely affected areas of Madagascar. Temporary cisterns and latrines were also placed to promote hygiene and limit disease.



In the region of Sofia, the arrival of these supplies was welcomed by the 16,000 people who were left homeless by the cyclones. Just two weeks after Indlala ravaged her community, hope could be seen on the faces of Veronique Miadana and her children. Thanks to the emergency relief, her family once more had access to clean drinking water, sanitation and basic health care.

Buckets, soap, water-purification supplies and other non-food supplies are off-loaded at an airstrip in the north of Madagascar. Supplies airlifted to staging points then made their way by truck, boats and foot to stranded communities © Jasleen Sethi, c/o UNICEF Madagascar/2007

LIST OF ACRONYMS

BNGRC- Bureau National de Gestion des Risques et Catastrophes

CERF- Central Emergency Response Fund

CPC- Civil Protection Unit

ECHO- European Commission Humanitarian Aid Office

IASC- Inter-Agency Standing Committee

IFRC- International Federation of Red Cross and Red Crescent Societies

IRIN- Integrated Regional Information Networks

MoE-Ministry of Education

NFIs- Non-food items

SUCA -Emergency and Disaster Service

UNCT-United Nations Country Team

UNHAS- United Nations Humanitarian Air Services

UNICEF -United Nations Children's Fund

WASH- Water, sanitation, and hygiene

WFP - World Food Programme