

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

Country	Madagascar
Resident/Humanitarian Coordinator	Xavier Leus
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:	\$35,732,550	
	Total amount received for the humanitarian response:	\$22,297,547	
	Breakdown of total country funding received by source:	CERF	\$6,450,266
		CHF/HRF COUNTRY LEVEL FUNDS	
		OTHER (Bilateral/Multilateral)	
	Total amount of CERF funding received from the Rapid Response window:	\$6,450,266	
	Total amount of CERF funding received from the Underfunded window:		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	\$5,747,984
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	\$585,386
		c. Funds for Government implementation:	\$116,896
d. TOTAL		\$6,450,266	
Beneficiaries	Total number of individuals affected by the crisis:	385,000	
	Total number of individuals reached with CERF funding:	191,000	
		160,000 children under 5	
Geographical areas of implementation:	Regions of Androy and Anosy in the South of Madagascar		

II. Analysis

In September 2008, three regions in the South of Madagascar were affected by the lack of rains; rainfall decreased from the normal average of 111 mm to 27 mm for the 2008/2009 season. In December 2008, the early warning system “Système d’Alerte Précoce in French (SAP)” announced that 31 communes in two regions (Anosy and Androy) were in situation of “food difficulty” while the first harvest in December had been completely lost. The situation in the Southern region of Madagascar deteriorated rapidly and became a serious humanitarian situation, especially in the areas where coping mechanisms to face food insecurity and malnutrition had been exhausted. The SAP announced in February 2009 an additional 23 communes affected by ‘severe economic situation’ (classification before food difficulty) for a total of 54 communes affected, in 7 districts within the three southern regions (Anosy, Androy and Atsimo Andrefana).

An initial multi agency assessment conducted in January 2009, requested a detailed nutritional survey. UNICEF carried out the survey in March/April 2009; the findings were alarming with increases in levels of malnutrition amongst children between 6-59 months: the rate of Global Acute Malnutrition (GAM) had reached the critical level of 14.5 percent in Anosy, and 10.9 percent in Androy, whereas Severe Acute Malnutrition (SAM) levels were 3 percent and 1.5 percent respectively.

Based on those alarming figures, the Humanitarian Country Team (HCT) identified priority actions targeting life saving activities for 381,000 of the most vulnerable out of the 500,000 total population in 54 communes classified as being in “food insecurity” or at severe risk, and where malnutrition rates were requiring a nutritional intervention.

At the same time in the capital city of Antananarivo, demonstrations following the political dispute between the former President Marc Ravalomanana and a movement led by the former Antananarivo Mayor Andry Rajoelina took place. Tensions suddenly increased and resulted in violent protests on 26-27 January 2009, countrywide, and again on 7 February 2009, this time limited to the capital Antananarivo. After the departure in exile of the President on 17 March 2009, a period of transition started characterized by violence and contestation, organized by the former President’s supporters (legalist movement) to protest against the new power. This new power called “Haute Autorité de la Transition” (HAT) was not officially recognized by the International Community.

Businesses were the target of unknown mobs that destroyed or burnt many small shops, Ministry of Health (MoH) figures indicated a total of 191 fatalities mostly resulting from fires and stampedes, while 526 injured persons were registered in hospitals between January and April 2009. Basic services were highly disrupted both at national and local level, including schools and garbage collection. It is noticeable that despite this chaotic situation, hospitals remained open and functional throughout the crisis. However, subsidies for service cost recovery in government health facilities seriously hampered the delivery of adequate health services through the disruption of supplies, especially to the drought stricken areas in the South. The political crisis had a dramatic impact on the urban population vulnerability where 68 percent of the population live with less than \$1.00 per day. The crisis generated many jobless, lack of basic services, and higher price of basic foods.

In addition, and simultaneously, between January and April 2009, more than five regions of Madagascar were affected by three cyclones: Eric (tropical disturbance), Fanele (intense tropical cyclone) and Jade (moderate tropical storm). In total 58,000 people were affected, including 4,000 internally displaced persons (IDPs). The Humanitarian Country Team decided to mobilise immediately its stocks pre positioned (foods and non-food items) in the regions affected to meet urgent needs while national response was very limited due to Government stocks being looted during the critical period of the political crisis.

Taking into account the three simultaneous emergencies (cyclones, political crisis and drought), Madagascar HCT launched on 06 April 2009 a Flash Appeal to meet the humanitarian needs resulting from the three crisis. At this time, reaction from donors to commit funding had been extremely limited and cautious due to the political context. Agencies had to borrow resources from other programmes to cover the most immediate needs, on an emergency basis.

Later in April the situation deteriorated dramatically in the south due to a series of critical factors:

(1) After the loss of the first harvest in December 2008, the main harvest of March/April 2009 was also lost, due to limited and erratic rainfall. On one hand maize, niebe beans, watermelon and squash were affected in the inland municipalities; on the other, off-season cereals harvest of maize, rice and sorghum were being delayed in the coastal municipalities). The cumulated loss of both December and April harvests left the most affected areas with no resources to enable them to cover the food gap until the counter-seasonal harvest of June/July 2009, which itself was already being classified as 'very poor' by the SAP.

(2) The loss of the main harvest (April/May 2009) was also translated into a substantial increase of main food staples prices (i.e. corn by 80%, cassava by 200%) in local markets.

(3) The Health District Centers' data from January to April 2009 indicated an increase in diarrhoeal cases in 4 of the 7 districts from 1,156 cases in 2008 to 2,272 cases. At this moment if no cholera cases had been confirmed an outbreak still remained a serious risk, particularly given the lack of clean water, and proper hygiene and sanitation.

(4) Cases of severe acute malnutrition in "Centre de Récupération Nutritionnelle Ambulante in French (CRENAs) and "Centre de Récupération Nutritionnelle Intensive in French (CRINIs) rose from 1,100 to 2,500 during a period of one week (between 21 April and 1 May 2009).

(5) Poor rainfall combined with high temperatures noted between November 2008 and March 2009 resulted in the destruction of 80 percent of the water storage tanks and dry wells in 91 Health Centers (CSB) and in 200 schools. Furthermore 80 percent of community water storage tanks were also broken in the 50 surrounding villages within the 7 districts affected.

(5) The price of water increased from 100 Ariary for a 15 liters bucket in November 2008 up to 1,000 Ariary in March 2009. On top of this increase, water was scarce and populations had to walk 10-15 km on average to find water. Even in health centres, patients were requested to bring their own water when possible, including for child delivery, as in most of the CSBs water was lacking.

(6) 100 percent of the 160 surveyed households in 16 communes were 'severely food insecure', pushing people to put at risk their coping strategies, including selling cattle (the price of which had dropped to 50 percent of its value) and essential household goods (e.g. spoons and pans), and surviving on cactus leaves and wild leafy vegetables. Even traditional coping mechanisms were reported to have reached their limits. Edible cactus fruits (consumed during the lean season) were no longer available in the most affected communes - according to a rapid assessment carried out by WFP in April 2009 -.

All actors agreed to characterize the situation in the South as being very critical. There was a serious and urgent need for a timely and coordinated emergency response in the following sectors: nutrition, food aid, health, water, sanitation and agricultural intervention targeting the assistance of an overall population of 191,000 people in the regions identified at greatest risk. The Resident Coordinator, in consultation with the Regional Directors Team (RDT), technical clusters, and the Humanitarian Country Team (HCT), decided to submit an official request to CERF through the rapid response window at the end of April 2009. A decision was made to only focus on the impacts of the drought; projects selected were among those in the multi-crisis

Flash Appeal launched early April 2009. The following report covers the CERF grants, in response to the drought.

Regarding sectors, food security and nutrition were prioritized, health and wash sectors were considered as intervention support; protection, education, shelter and logistic were considered not directly affected and therefore excluded. Projects following the life-saving criteria in the four selected sectors were chosen. The clusters prioritized activities targeting population in the most seriously impacted 07 districts within the two (out of three) most severely affected southern regions. Based on needs identified, the clusters and respective ministry technicians proceeded to the final selection of projects.

CERF added value

Documented evidence showed that CERF funded projects had supported the mitigation of food insecurity in the south affected regions: Global Acute Malnutrition was reduced between April and November 2009 in Anosy region from 14.5 percent to 6.1 percent and in Androy region from 10.9 percent to 4.5 percent (SMART survey November 2009); quality seeds were provided to maintain production capacity and improve self-sufficiency, and water equipment (storage tanks, dry wells, boreholes, etc) were constructed or rehabilitated.

In addition, CERF allocation reinforced intercluster coordination and common humanitarian analysis as well, for example wash and health sectors linked their projects to the nutrition and food security interventions.

Furthermore, local capacity was strongly reinforced in terms of supervision, monitoring, epidemiological survey, etc. The added value sector by sector is detailed below.

Nutrition

During the period of high Global Acute Malnutrition (GAM) rates, CERF allocation contributed timely to life-saving relief interventions via general food distribution (GFD) and nutrition rehabilitation which were prioritized with a special focus on the 54 municipalities classified in “food insecurity” and “severely economic situation” (following SAP recommendations).

The relief intervention contributed to a significant reduction of the GAM level and averted unnecessary morbidity and mortality of the most vulnerable groups, as demonstrated by the SMART surveys results (survey period 3 to 27 Nov 2009). GFD for families with a child in SAM was jointly implemented by UNICEF and WFP, as well as supplementary feeding for MAM children (MUAC<125mm). This intervention targeted approximately 4,000 severely and 22,000 moderately malnourished under 5.

Inter-agency collaboration allowed for various activities such as food distributions, detection and curative services at health centre level, as well as nutrition and health education among families of the malnourished to be conducted simultaneously.

The very positive results achieved in terms of the nutritional status of the targeted communities proved the importance, in emergency context, of integrating nutritional rehabilitation activities with an adequate food security component, in order to prevent dilution and selling of the nutritional ration.

These interventions were reinforced with essential water, sanitation and health activities, as well as critical agricultural support, to ensure that the wider population in the most affected areas could cope with the crisis.

Food security

CERF allocation contributed to re-launch agricultural production through the distribution of seeds and small agricultural tools in the two regions, and to strengthen the coordination of food security activities through food security data collection and information sharing with partners. Counter-season harvest has been good in general and has covered rations for 3 months from June to August 2009.

Thanks to CERF funding, FAO could purchase quickly and distribute timely quality seeds (QDS norms) and appropriate tools to 23,000 farming households: 6,000 in Anosy (with CARE International as FAO implementing partner, the main activities consisted in the distribution of beans and other vegetable seeds as well as agricultural hand tools); 17,000 in Androy - with Catholic Relief Services (CRS) and Diocesan Office for Rural Development (ODDER) - for the distribution of cassava cuttings). Criteria considered for quality seeds were short cycle seeds, resistance/adaptability to drought and plant diseases; locally produced seeds were given priority at the same time.

Given that the planting season (February-March) for beans had already passed, CERF's flexibility facilitated FAO's interventions and allowed for bean seeds to be easily replaced by maize seeds following consultations with partners and farmers.

Farmers and field technicians' capacity was also improved after training on farming techniques and management. As a result, 40 water pumps were locally manufactured by artisans trained under a Food and Agriculture Organization (FAO) project on "small farming equipment".

Health

Activities targeted by the Health Cluster, coordinated by World Health Organization (WHO), consisted in preventing epidemics, thus reducing the mortality and morbidity resulting from the impact of drought. In addition, interventions of the Water and Sanitation and Nutrition clusters, led by United Nations Children's Program (UNICEF), helped maintain access to basic health services, especially for children, whilst those implemented under the leadership of United Nations Population Fund (UNFPA) improved access to reproductive health services.

CERF allocation allowed for a timely intervention and contributed to keeping pregnant women alive. UNFPA ensured the continuity of maternity services in 10 health centres (CSBs) and in one District Reference Hospital in the Androy region, through the provision of essential medical supplies and equipment for clean and safe deliveries and emergency obstetrical care (including referral system). Hygiene supplies were provided for 2,811 pregnant women and contributed to restore their dignity to life and helped them provide proper care for their families; 2,195 pregnant women benefited from free antenatal consultations to ensure safer pregnancy and check STI; 516 pregnant women benefited from free delivery care during childbirth; and 100 free Caesarean sections operations were conducted.

WHO supported the Ministry of Health epidemiological surveillance unit team in undertaking investigations to confirm and better define outbreaks. Health centers were equipped with 112 cell phones, USB keys and modems at the regional management and central unit to perform data reporting. A weekly data reporting system based on eight main epidemic diseases or syndromes was put in place for twelve months thanks to CERF funds, targeting all health centers in the 5 districts, in order to early detect and report any outbreak, and to promptly respond. As a result, malaria and diarrhoea were detected early in the districts of Ambovombe and Beloha in under-five age group. Prompt response measures, including free of charge case management, active case detection and sensitization on hygiene and safe water, were implemented and contributed to the prompt control of the two diseases.

In addition, cholera case management were specifically developed during the refresher training course. Five Diarrhoeal Disease Kits were procured and dispatched to the 5 districts; moreover,

two Interagency Emergency Health Kits 2006 were purchased and provided to the targeted regions. A total of 18 medical officers benefited from a refresher training for the implementation of Integrated Disease Surveillance and Response. They were able to train their entire health centre staff responsible for implementing a weekly surveillance system for epidemic diseases.

UNICEF supported the immunization of 15,263 children under 1 year for DTP HepB Hib3 and 13,585 against measles during the time of the intervention. These results helped increase the annual coverage rate of DTP HepB Hib3 up to 95 percent and of measles up to 93 percent; 9,000 pregnant women received two doses of tetanus toxoid in the 7 districts affected by the nutritional emergency. These results were achieved thanks to the strengthening of the cold chain in those districts, the provision of vaccines to all health centers, the organization of outreach activities, and the supervision and capacity building of human resources.

The following activities were also undertaken: - provision of essential medicines for the 134 CSBs to treat free of charge all children under 5 years, - setting up in the 155 sites community case management systems for children suffering from malaria, ARI and diarrhea in the district of Ambovombe, - training of 218 Community Agents. 155 agents succeeded in the final test and were given authorization to provide services. Those 155 agents are currently operational, and have been provided with basic kits including 1 coat and 1 kit of oral rehydration therapy (ORT). The restocking of stores with medicine was completed at the nearest CSB -, awareness of beneficiaries / social mobilization through the use of puppets and folkloric groups formed by NGO ASOS reaching approximately 15,000 people living in *fokontany* around the community health workers.

At the end of the project, 4,300 children under 5 years have been supported directly by the community agents, 100 percent of children under 5 years who visited the health facilities have been treated free of charge, 27,500 children under 5 years were treated, including 10,700 cases of ARI, 1,300 cases of malaria, 4,500 cases of diarrhea and 11,000 for other causes. The fund was also used to pay for storing and securing health commodities.

Water and Sanitation

The CERF fund was particularly effective as a rapid funding mechanism to ensure the provision of key emergency supplies and financial resources for field activities leading to the following added value: 5,912 families of malnourished children benefited from WASH kits for household water treatment, storage and for improved hygiene practices. More than 400,000 people (50 percent of the target population) in the 7 districts have been sensitized through 3 WASH key messages. 40 schools also benefited from WASH kits to improve access to sustainable potable water.

In addition, equipment built or rehabilitated (water storage tanks, latrines, dry wells, etc) and items purchased through CERF allocation to promptly improve water access were of high added value for the two regions. These equipment/items will continue to be used by the community in the coming years including the coming dry season. In total, 58 boreholes equipped with handpump 20l/day per person were installed (22 for 60 basic health centers, 18 for 32 schools, and 18 for 11,536 people in 18 villages). All the new constructed boreholes have been bacteriological and physiologically tested at least one time. And 4 NGOs and the Regional Department of Water were provided with water Kits for water testing in the field.

Other structures were also funded through CERF : 35 rain water harvesting water points, and 37 sanitary blocks with showers and 12 showers were constructed; and also 35 blocks of latrines of 2 cabins (70 cabins -35 for boys and 35 for girls), with handwashing facilities, 13 blocks of community latrines to improve access to sanitation facilities for 13,000 people, finally 200 new families were able to build a latrine through community-led campaign for total sanitation and hand washing practice.

Furthermore, interventions initiated through CERF allocation were complemented and reinforced by activities funded through others donors. Thus, WASH intervention will continue until March 2010 to finish the construction of the remaining 50 boreholes, the completion of public schools and CSB sanitation facilities and community-led campaign for “total sanitation promotion” including construction of family latrines.

Finally, CERF allocation increased the number of partnerships established with many different actors and strengthened their quality. UNICEF developed partnerships with local NGOs such as: ASOS, SAHI, AES and SOARANO. All partners were used to their full capacity to implement the project. In addition, strengthened their quality strong links were developed with the regional Water and Sanitation Department to improve coordination of the project.

III. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Health	09-FPA-018 "Emergency Reproductive Health, including prevention of STIs, HIV/AIDS MDG-9/H08	\$125,000	\$350,000	<p>After two months of free quality services, 2195 pregnant women benefited from antenatal consultations (free of charge) to ensure their safe pregnancy and prevent STI transmission, 516 childbirth free of charge;</p> <p>100 Caesareans free of charge were carried out to date</p> <p>2811 pregnant women receive menstrual/hygiene supplies expecting deliveries</p>	<p>a) Prevent excess neonatal and maternal mortality and morbidity.</p> <p>b) Ensure hygiene needs of women who give birth, helping to prevent morbidity and mortality, and restoring dignity.</p> <p>Expected outcomes: 80% of all pregnancies are attended to by skilled staff.</p> <p>80% of complicated maternity cases reaching health facility receive timely and adequate care.</p> <p>5,283 pregnant women group receive menstrual/hygiene supplies expecting deliveries</p>	<p>The Project «Implementation of Minimum Initial Service Package " was implemented by UNFPA in coordination with the Ministry of Health and Family Planning at the central land decentralized level related to provision of health services. Local authorities which provided support to community sensitization activities and helped with the logistic delivery at their level.</p> <p>The training of the health providers was carried out and monitored by the doctors' focal points and the focal point of the humanitarian emergencies of the UNFPA.</p> <p>10 CSBII were equipped with kits N°6 for medical assisted childbirth i 1 hospital (reference level II) could conduct safe blood transfusions</p> <p>Caesareans free of charge were carried out to date according to reports received from health centres and the MoH.</p>	Rapid allocation of CERF funds permitted immediately the project begin immediate after the needs were identified	<p>UNFPA trained community and health workers on the use of the MISP tools for monitoring and tracking the use of emergency reproductive health commodities and kits, as well as on reporting on reproductive health cases such as pregnancy, delivery, sexual violence, and maternal deaths.</p> <p>UNFPA ensure monitoring in collaboration with management health district unit, local authorities, and local community</p>	<p>Project itself was implemented to respect gender equity.</p> <p>Thus, placed at the disposal of the high quality free services were provided to the most vulnerable population; Hygiene supplies provided for 2811 pregnant women to restore dignity to life and ensure that they continue to ensure proper care for their families ; targeting beneficiaries according to their level of vulnerability, age (women within the procreation age compared to the total population)</p>
Health	09-WHO-032 "Support to improve access for vulnerable populations to health care and outbreak control in five of the drought affected districts in the	\$149,907	\$2,800,000 (shared with UNICEF project)	<p>Total population of the five districts: 732,245</p> <p>Children under five: 131,804</p>	<p>At least 80% of epidemic outbreaks occurring during the 3 months project will benefit from early detection and appropriate response</p> <p>At least 80% of health facilities in</p>	<p>2 suspected outbreaks of diarrhoeal diseases early detected and promptly managed in Ambovombe and Beloha districts.</p> <p>In four out of the five targeted districts, completeness rate of weekly reports are more than 80%. No outbreaks occurred during the implementing period.</p> <p>112 cell phones, 9 USB keys with</p>	CERF funding permits an easy implementation of early warning system thanks to equipping health centers with communication kit	<p>The Monitoring and Evaluation of the Program would be effective through :</p> <p>a. periodic meetings of the cluster members, particularly those involved in the activities,</p>	<p>Health interventions, related to surveillance and rapid response to disease outbreaks targeted equally all members of the communities: children, adults, male and female</p>

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	southern part of Madagascar" MDG-09/H07				<p>affected regions will provide information and weekly reports on the health situation shared with partners</p> <p>Communication equipment is provided to staff to support collecting and reporting disease outbreaks</p> <p>At least 80% of the management team at all affected districts level is trained on management of water-borne diseases and epidemics</p>	<p>modem are dispatched to health centres, health district, regional management and central unit teams to perform weekly data reporting of epidemic prone diseases.</p> <p>Members of the two regional and five health districts units, 18 officers in total, could benefit from a retraining for the implementation of Integrated Disease Surveillance and Response, including epidemic response to epidemics, especially cholera and other water borne diseases.</p>		<p>b. continued contacts between services and partners during the implementation of the activities (services of Ministry of Health at the three levels),</p> <p>c. field visits. Unfortunately, due to different constraints, any meeting have been undertaken between the three implementing UN Agencies, and very few monitoring meetings were held with concerned Service of the Ministry of Health.</p>	
Health	09-CEF-033B MDG-09/H06+H07 Support to improve access for vulnerable populations to health care and outbreak control in five of the drought affected districts in the southern part of Madagascar	\$496,010	\$2,800,000 (shared with WHO project)	145,000 Children under five (including 25,000 children under one in five districts: 4 districts of Androy region and Amboasary district of Anosy region)	At least 80% coverage of DTC Hep B Hib 3 and anti-measles after three months of interventions	<p>The interventions helped to achieve three DTP HepB Hib doses to 15,263 children and one measles vaccine dose to 13,585 children under one year during a 6 month period, increasing the DTP HepB Hib 3 annual coverage rate to 95% and measles coverage rate to 93% in the districts affected by the nutritional problem. It is noted that all malnourished children aged from 6 to 9 months were vaccinated against measles after verification of their immunisation status. In addition to these children, 9,000 pregnant women received two doses of tetanus toxoid.</p> <p>To achieve the objectives, all the</p>	To be completed	Monitoring and evaluation of the emergency response was ensured jointly by the health authorities at district level and the staff of UNICEF. For the implementation of the Community-IMCI, the NGO ASOS hired accompanying technicians at the commune level for monitoring.	Health interventions targeted all children under 5 years and pregnant women

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						<p>components of the EPI have been met:</p> <p>Cold Chain: 12 freezers were provided to the regional and district storage facilities (Androy and Anosy) and 31 refrigerators were provided to the health facilities. This increased cold chain coverage from 89% to 100% in the 2 regions.</p> <p>Spare parts for refrigerators for a 6 month period have been provided.</p> <p>14,300 liters of kerosene was provided to the 134 CSBs for 6 months .</p> <p>14 EPI and cold chain managers have been trained to ensure continuous functioning of refrigerators and freezers at all levels and continuous availability of supplies for vaccination.</p> <p>Supply : all the CSBs were supplied with vaccines and funds were made available to districts for a monthly supply.</p> <p>Implementation of the Reach Every Village Approach in all 134 CSBs: all the components have been implemented: 3 rounds of outreach and mobile activities integrating high impact interventions have been realised in the Fokontany located more than 5 km from the health facility.</p> <p>Micro-planning at district level and all CSBs</p> <p>The link between the CSB and the communities was strengthened through the involvement of community workers and they contributed to the reduction in the</p>			

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						<p>drop-out rate.</p> <p>Using data for decision-making Supervision</p> <p>The supervision and coordination was ensured by partners, Ministry of Health at the regional and district level and UNICEF staff deployed in the field. Thus, over 80% of CSBs have been supervised at least once to monitor the proper implementation of activities.</p> <p>Management tools have also been made available in all CSBs (infant and maternal cards, chart for monitoring immunisation coverage).</p> <p>Technical assistance</p> <p>An international consultant was hired to ensure the coordination and monitoring of activities in the field.</p> <p>100% of children under 5 years who consulted the health facilities were treated free of charge. In three months, 27,500 under-five children have been treated, among which 10,700 ARI cases, 1,300 malaria cases of Malaria, 4,500 diarrhoea and 11,000 other cases.</p> <p>To achieve this result, the following activities were undertaken:</p> <p>Provision of essential drugs for the 134 CSBs. The drugs were intended for all children whether or not malnourished.</p> <p>Setting up 155 community childhood illness management sites in the district of Ambovombe/Androy:</p> <p>218 Community workers were trained, but after the final test 155</p>			

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						<p>community agents were deemed suitable to provide services and are currently operational. They were equipped with the basic kit such as blouses, ORT kit, but they obtain their drugs at their nearest CSB. In 3 months, 4,300 children under five have been supported directly by the community agents.</p> <p>Sensitisation of beneficiaries / social mobilisation through the use of puppets and folkloric groups trained by ASOS reached about 15,000 people living in the fokontany where community IMCI workers also live.</p> <p>The fund was also used to pay for storing and securing health commodities.</p>			
Wash	09-CEF-033-A MDG-09/WS03 “Improving water and sanitation conditions in primary health centers, schools and communities in drought affected communes ”	\$1,510,840	\$9,300,000	191,000 people (91,000 for 91 CSBs, 60,000 people in 50 communities and 40,000 students in 200 primary schools).	<p>Increase of diarrhoeal cases in 4 of the 7 districts from 1,156 cases in 2008 to 2,272 cases in 2009 (march) same period</p> <p>80% reduction in diarrhoeal cases among the population in the 7 districts</p> <p>91 000 patients of the 91 basic health centres in Androy and Anosy have access to clean water and sanitation facilities.</p> <p>40,000 students in 200 schools have access to clean water and sanitation facilities</p>	<p>WASH interventions in the South were developed in partnership with local and international NGOs: ASOS, SAHI, AES, SAHI, SOARANO and CRS. Interventions included Water trucking to the basic health centers, Hygiene promotion, Community led total sanitation triggering, boreholes construction, sanitation and hand washing facilities construction. The following results are achieved:</p> <p>Global Acute Malnutrition reduced in region Anosy from 14.5% in April to 6.1% and in Androy region 10.9% in april to 4.5% in November 2009 (SMART survey novembre 2009)</p> <p>135 health centres are provided with WASH kit benefiting 135'000 people, 97 357 people (pregnant women, patients, children and health centre staff) in 60 basic health centers have access to water through 22 boreholes equipped with handpump (20l/day per personne),</p>	<p>The CERF fund was particularly effective as a rapid funding mechanism to ensure the provision of key emergency supplies and financial resources for field activities and considerably boosted the quality of the humanitarian response by partners' response.</p>	<p>UNICEF established an operational base in from which UNICEF staff worked to coordinate and monitor project activities with government officials and national and international humanitarian partners. All funded supplies and humanitarian personnel were channeled and monitored through the Ambovombe operational hub.</p> <p>UNICEF WASH staff were recruited and posted in the field</p>	<p>The responsibility for collecting water and taking children to the health centres for treatment invariably falls on the women of the household. Therefore by providing potable water in the community and at the health centres the workload of the women was reduced.</p>

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					<p>60,000 people in 50 villages have access to clean water</p> <p>Water quality of 90% of the water points under this intervention are regularly tested during three months.</p> <p>50% of the target population wash their hands with soap at critical times</p>	<p>23 rain water harvesting water points, and 37 sanitary blocs with showers and 12 showers constructed. In addition 42 out of the 135 health centers were provided during 5 months 2 064 m3 of water for 1376 families. 5,912 families of manulrished children benefited WASH kit for household water treatment and storage and for improved hygiene practices.</p> <p>9 102 school children in de 32 schools in 3 districts have access to water sanitation and praticed hygiene through 18 boreholes constructed and 35 blocs of latrines of 2 cabins (70 cabins -35 for boys and 35 for Girls) , with handwashing facilities, 12 rain water harvesting water points. 40 choools in wich the 38 are included sbenefited WASH kits to improve access to sustainable potable water in addition.</p> <p>11 536 pepole have access to improved water through 18 boreholes constructed in 18 villages. 13 000 people in the project areas have access to sanitation facility through the 13 blocs community latrines constructed. Additional 7,000 people in 4 communities were provided during 5 month free of charge treated water from the rivers through 4 water treatment units installed</p> <p>All the new constructed boreholes have been bacteriological and physiologically tested at least one time.</p> <p>More than 400 000 people (more than 50% of the target population) in the 7 districts have been sensitised through WASH 3 key messages and 200 new families</p>		<p>to ensure that all the interventions were closely monitored and reported at district, regional and central level. The WASH cluster in place in the South met every 2 weeks, allowing reflection and discussion on the implementation of the project. Data collected in the field are provided to the regional water board and later to central water board. A monitoring system is in place to evaluate the end use of the facilities constructed. Regular missions were organised from Antananarivo, for the supervision of the project.</p>	

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						<p>built their one latrines through Community led total sanitation and practice hand washing.</p> <p>WASH interventions in the areas received also financial support from the Government of Japan for improved WASH in 10 communities, Spanish government financial for an additional 15 communities, the French Ntacom support for the rehabilitation of the Amboasary intake to improve water distribution to Ambovombe and the second provision of WASH kit to schools in need in 2 other districts (Ampanhy and Betsioky)</p>			
Food security and livelihoods	09-FAO-019 MDG-09/A02 Distribution of bean, maize and horticulture seeds, tool kits and cassava cuttings to vulnerable households affected by the impact of drought in the regions of Androy and Anosy	\$322,498	\$1,300,000	23,000 households	<p>1.to re-launch agricultural production through the distribution of seeds and small agricultural tools to 23,000 vulnerable households in Androy and Anosy, and</p> <p>2.to strengthen the coordination of food security activities through food security data collection and information sharing with partners</p>	<p>This intervention enabled FAO and partners to assist more than 24,000 farming households to re launch their agricultural activities through distribution of adapted, high quality seeds (more than 63 tons of seeds), cassava cuttings, hand tools as well as water pumps.</p> <p>The original estimation of costs of inputs included transport costs, in the end most seeds were procured locally (south of Madagascar: GRET and/local farmers especially for cassava cuttings) this savings allowed for increased quantities of seeds (nearly double than originally proposed).</p>	<p>CERF funding contributed to building and strengthening vulnerable farmers resilience capacities against the challenges of drought.</p> <p>Additional funds were raised (\$420,000 from the Government of Austria and \$1,200,000 from ECHO) to cover the same objective in the south.</p>	<p>The monitoring and evaluation system was put in place between FAO and partners through regular reporting mechanisms on progress. In addition, an impact assessment exercise is scheduled in March 2010 to assess the impact of these activities have had.</p>	50% of targeted households are women headed,
	09-WFP-037 Protracted Relief and Recovery Operation – Drought in Southern	\$3,088,000	\$8,200,000	Actual outcomes: (means of verification: distribution reports crosschecked with the Health centre register)	Objective: Avert unnecessary morbidity and mortality of most vulnerable groups and reduce the global acute malnutrition rate	<p>The intervention permitted achieving a significant reduction of the GAM level and averting unnecessary mobility and mortality of the most vulnerable groups, as proved by the SMART surveys results (survey period 3 to 27 Nov 2009).</p> <p>GAM (NCHS references, 1977/ WHO</p>	<p>The CERF funding was critical to scale up crucial life-saving intervention during the moment of major need.</p>	<p>For outputs (i.e. number of beneficiaries and tonnage distribution) = distribution reports crosschecked with the Health centre register and</p>	<p>As per WFP Enhanced commitment to women, the food ration is preferably given to the mother/women of the family to</p>

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
	Madagascar			123,000 individuals received a life-saving family ration to ensure acceptable level of food security in the household. Families with a child in SAM/MAM (MUAC<125mm) were included in the distribution list to protect the Plumpy Nut treatment / supplementary feeding in order to ensure complete recovery of the child from malnutrition	below emergency levels (-10%) in children under five in the districts of intervention in Anosy, Androy and Atsimo Andrefana. Expected Outcomes: 20,000 individuals (4,000 HH with a child in SAM) in 7 districts surveyed by SMART receive a family ration to protect Plumpy Nut treatment during two months, in order to ensure complete recovery of the child from severe malnutrition 50,000 individuals (10,000 HH) in the 54 municipalities defined by the SAP as in need of food assistance receive a family ration for three months	2005 references) in the Anosy Region in 2 districts: 6.2%/ 6.1% (C.I. 4.7% - 8.2%/ 4.3%-8.7%) with SAM 0.5%/ 0.3% (C.I. 0.2% - 1.3%/ 0.1%-1.0%). Significant reduction in GAM rates for the Anosy region. GAM (NCHS references, 1977) in the Androy Region in 3 districts (representative also for 2 bordering districts in the A Andrefana region): 4.5%/4.7% (3.3% -6%/ 3.3% - 6.9%) with SAM 0.1%/ 0.4 (C.I. 0% - 0.8%/ 0.2-1.1%) Significant reduction in GAM rates. GAM "acceptable" as per WHO standards (2003) for the Androy and Andrefana regions.		regular supervision for WFP staff of the Country and Sub-offices For outcomes (i.e. GAM level and mortality/morbidity) = SMART surveys after the end of the operation (survey period 3 to 27 Nov 2009).	ensure proper utilization of food.
Nutrition	09-WFP-037 Protracted Relief and Recovery Operation – Drought in Southern Madagascar	\$720,000		Actual outcomes: (means of verification: distribution reports crosschecked with the Health centre register) 26,500 MAM children (MUAC <125 mm) under 5 in 7 districts surveyed by the	Objective: Avert unnecessary morbidity and mortality of most vulnerable groups and reduce the global acute malnutrition rate below emergency levels (-10%) in children under five in the districts of	The intervention permitted achieving a significant reduction of the GAM level and averting unnecessary mobility and mortality of the most vulnerable groups, as proved by the SMART surveys results (survey period 3 to 27 Nov 2009). GAM (NCHS references, 1977/ WHO 2005 references) in the Anosy Region in 2 districts: 6.2%/ 6.1% (C.I. 4.7% - 8.2%/ 4.3%-8.7%) with SAM 0.5%/ 0.3% (C.I.	The CERF funding was critical to scale up crucial life-saving interventions during the moment of major need.	For outputs (i.e. number of beneficiaries and tonnage distribution) = distribution reports crosschecked with the Health centre register For outcomes (i.e. GAM level and mortality/morbidity	As per WFP enhanced commitment to women, the food ration is preferably given to the mother/women of the family to ensure proper utilization of food.

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
				<p>SMART received appropriate supplementary feeding of blended food and oil</p> <p>24,000 pregnant and lactating women at risk of malnutrition in 2 districts where GAM>13% received appropriate supplementary feeding</p>	<p>intervention in Anosy, Androy and Atsimo Andrefana.</p> <p>Expected Outcomes:</p> <p>22,000 MAM children (MUAC <125 mm) under 5 in 7 districts surveyed by SMART receive appropriate supplementary feeding of blended food and oil for three months</p> <p>24,000 pregnant and lactating women in 2 districts where GAM is above 13% receive appropriate supplementary feeding for two months</p>	<p>0.2% - 1.3%/ 0.1%-1.0%).</p> <p>Significant reduction in GAM rates for the Anosy region.</p> <p>GAM (NCHS references, 1977) in the Androy Region in 3 districts (representative also for 2 bordering districts in the A Andrefana region): 4.5%/4.7% (3.3% -6%/ 3.3% - 6.9%) with SAM 0.1%/ 0.4 (C.I. 0% - 0.8%/ 0.2-1.1%)</p> <p>Significant reduction in GAM rates. GAM "acceptable" as per WHO standards (2003) for the Androy and A Andrefana regions.</p>		<p>) = SMART surveys after the end of the operation (survey period 3 to 27 Nov 2009).</p>	

Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (\$ USD)	Date Funds Forwarded
SOARANO	Wash	MDG-09/WS03	\$164,174	14 July 2009
CRS	Wash	MDG-09/WS03	\$123,486	28 August 2009
ASOS	Wash	MDG-09/WS03	\$62,101.79	14 July 2009
SAHI	Wash	MDG-09/WS03	\$93,123.33	14 July 2009
Ministry of Health	Health	09-WHO-032 MDG-09/H07	\$116,896 ¹	July to September 2009
To be completed	Health	09-FPA-018 MDG-9/H08	To be completed	To be completed
To be completed	Food security and livelihoods	09-FAO-019 MDG-09/A02	To be completed	To be completed
ADVENTIST DEVELOPMENT & RELIEF AGENCY	Food security and livelihoods	09-WFP-037 MDG-09/H02	\$48,442	June 2009
ASSOCIATION SECOURS ORGANISATION SANTE	Food security and livelihoods	09-WFP-037 MDG-09/H02	\$20,269	May 2009
AZAFADY	Food security and livelihoods	09-WFP-037 MDG-09/H02	\$30,474	May 2009
CENTRE DE SERVICE AGRICOLE	Food security and livelihoods	09-WFP-037 MDG-09/H02	\$2,507	September 2009
HIARA HAMPANDROSO	Food security and livelihoods	09-WFP-037 MDG-09/H02	\$25,484	May 2009
TANY MAINTSO	Food security and livelihoods	09-WFP-037 MDG-09/H02	\$15,325	May 2009
See above (consolidated Nutrition and Food Security and livelihoods)	Nutrition	09-WFP-037 MDG-09/H02	See above (consolidated Nutrition and Food Security and livelihoods)	See above (consolidated Nutrition and Food Security and livelihoods)

¹ 57,606 \$USD: emergency kits (kits cholera and kits standards) purchased by WHO and provided to MoH.

Annex 2: Acronyms and Abbreviations

ARI	Acute Respiratory Infection
ASOS	Action Socio-Sanitaire Organisation Secours (NGO)
CRENA	Centre de Récupération Nutritionnelle Ambulant
CRENI	Centre de Récupération Nutritionnelle Intensif
CRS	Catholic Relief Services
CSBI	Centre de Santé de Base (Health Center)
DRDR	Direction Regional du Développement
DULMT	Direction des Urgences et de la Lutte contre les Maladies Transmissibles
EPI	Expanded Programme on Immunisation
FfW	Food for Work
FP	Fond Propre UNFPA
GFD	General Food Distribution
GWSS	Gravity Water Supply System
HCT	Humanitarian Country Team
IEC	Information, Education and Communication
IP	Implementing Partner
IPM	Institut Pasteur de Madagascar
ITN	Insecticide Treated Net
LLIN	Long-Lasting Impregnated Net
MAM	Moderate Acute Malnutrition
MDM	Médecins du Monde
MEN	Ministry of Education
MISP	Minimum initial service package
MoH	Ministry of Health
MUAC	Middle Upper Arm Circumference
ODDR	Organisation Diocesiale pour le Développement Rural
ONN	National Office of Nutrition
PLW	Pregnant and Lactating Women
PNNC	Programme National de Nutrition Communautaire
PPE	Personal Protection Equipment
RCO	Resident Coordinator's Office
RUF	Ready-to-Use Food
SAM	Severe Acute Malnutrition
SLMER	Service of Emerging and Re-Emerging Diseases
SP tablets	Sulfadoxine-pyrimethamine tables for malaria prevention
SSUREPI	Service of Epidemiological Surveillance
SUCA	Service of Emergencies and Disasters, Ministry of Health