



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN MADAGASCAR 2011 FOR FOOD INSECURITY AND CONTROL OF LOCUST UPSURGE

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|--|----------------------|
| COUNTRY | MADAGASCAR |
| RESIDENT/HUMANITARIAN COORDINATOR | Fatma Samoura |

I. SUMMARY OF FUNDING IN 2011 – US\$

| | | | |
|----------------|--|--|--|
| Funding | 1. Total amount required for the humanitarian response | Total (Food Insecurity Locust) | 19,556,538 11,956,538 7,600,000 |
| | 2. Breakdown of total response funding received by source | 2.1 CERF (Food Insecurity Locust) | 5,994,126 3,994,126 2,000,000 |
| | | 2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND | N/A |
| | | 2.3 OTHER (Bilateral/Multilateral) (Food Insecurity Locust) | 7,004,966 6,564,966 440,000 |
| | | 2.4 TOTAL (Food Insecurity Locust) | 12,999,092 10,559,092 2,440,000 |
| | 3. Breakdown of funds received by window | <input checked="" type="checkbox"/> Underfunded | 3,994,126 |
| | | 1. <i>First Round</i> | 3,956,538 |
| | | 2. <i>Second Round</i> | N/A |
| | | <input checked="" type="checkbox"/> Rapid Response | 2,000,000 |
| | 4. Please provide the breakdown of CERF funds by type of partner | 4.1 Direct UN agencies/IOM implementation (Food Insecurity Locust) | 5,358,017.04 3,358,017.04 2,000,000 |
| | | Funds forwarded to NGOs for implementation (Food Insecurity) | 239,511.96 |
| | | Funds forwarded to government partners (Food Insecurity) | 396,597 |
| | | 4.4 TOTAL | 5,994,126 |

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

1. FOOD SECURITY IN THE GREATER SOUTH

| | | |
|---|-------------------------------------|-----------|
| Total number of individuals affected by the crisis | Individuals | 1,827,235 |
| Total number of individuals reached with CERF funding | Female | 361,495 |
| | Male | 359,461 |
| | Total individuals (Female and male) | 720,956 |
| | Of total, children <u>under</u> 5 | 179,460 |

2. CONTROL OF LOCUST UPSURGE

| | | |
|---|-------------------------------------|-----------|
| Total number of individuals affected by the crisis | Individuals | 3,000,000 |
| Total number of individuals reached with CERF funding | Female | 1,000,000 |
| | Male | 1,500,000 |
| | Total individuals (Female and male) | 2,500,000 |
| | Of total, children <u>under</u> 5 | 500,000 |

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

Food Insecurity

CERF projects have been implemented in the Greater South of Madagascar, in the regions of Anosy, Androy and Atsimo Andrefana, as a consequence of the worsened food security situation affecting 720,000 inhabitants in the eight districts of Betioky, Ampanihy, Beloha, Bekily, Tsihombe, Ambovombe, Taolanaro and Amboasary.

Locust Upsurge

The CERF Project is being implemented in the Greater South and South West provinces in the regions of Menabe, Haute matsiatra, Atsimo Andrefana, Ihorombe, Anosy and Androy.

IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
 YES NO
- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

Food Security:

CERF recipient agencies (FAO, UNFPA, UNICEF, WFP, WHO), involved NGOs

Locust upsurge:

CERF recipient agency (FAO)

V. ANALYSIS

1. The humanitarian context

Although the southern part of Madagascar suffers from chronic drought and structural vulnerability in terms of food security, nutritional status, access to health and water and sanitation, a large portion of this region has been particularly affected by two consecutive years of low annual rainfall (i.e. 294mm in 2009 and 325mm in 2010). In normal years, the annual average is 530mm. This situation has led to the failure of the main agricultural season during 2009 and 2010, and for the first time, areas traditionally producing agricultural surplus have been affected, namely the district of Bekily in the north of the region. This is the third failed harvest in the last five years.

The prolonged drought situation in the three regions of Anosy, Androy and Atsimo Andrefana, in the south of Madagascar, affected an estimated population of 1,827,235 inhabitants, resulting in worsened food security situation for 720,000 inhabitants in the eight districts of Betioky, Ampanihy, Beloha, Bekily, Tsihombe, Ambovombe, Taolanaro and Amboasary.

According to a joint WFP/FAO crop assessment mission conducted in July 2010 in the Greater South region, cereal and tuber production had decreased by respectively 80 and 40 per cent. In addition, chronic poverty in the southern parts of the region prevents communities from purchasing surplus products produced in the northern parts of the region. The food security early warning system (SAP) identified the highest number ever of food insecure municipalities since its creation in 1996. Fifty-three communes (720,000 individuals) presented the following characteristics: high-income decrease, heavy debts, high asset depletion, below minimum required food ration intake and extreme coping mechanisms.

As of 15 December 2010, the Greater South region had in general received good rains that allowed farmers to plant their fields. This situation allowed some families who had access to seeds to harvest short-cycle crops (three months) towards mid-March/early April 2011. However, not all farming households, especially the vulnerable ones, had access to agricultural inputs.

The hunger season run from October 2010 to end March 2011. During this period, selling livestock remained the main source of income for livestock breeders. The average price of a zebu (local cow) had dropped from \$103 in 2008 to \$51 in 2010¹. Furthermore, the population had little time to recover from losses in previous seasons and traditional coping mechanisms were eroded. Since the beginning of the hunger season, more than a third of the population had been using extreme coping strategies such as eating wild food and immature crops and skipping meals. Distress food commodities appeared on market stalls, unusual migration of men due to food insecurity was also observed in 43 per cent of the southern municipalities while no migration was observed at the same period last year².

According to Multi-cluster Rapid Assessment Mechanism (McRAM) 2010 carried out in Androy, the sanitation situation was extremely poor for cultural reasons and more than 90 per cent of the households were lacking sanitation infrastructure. Hygiene practices were non-existent, and less than 5.3 per cent of the population in urban areas practiced hand washing with soap due to lack of financial resources and also unavailability of water. Therefore, there was an immediate need to improve hygiene in support to reduction risks of malnutrition. This situation had been further exacerbated by the sharp increase in the price of water: 13 per cent between 2009 and 2010 (from 770 Ariary a bucket of 15 litres in 2009 to 873 Ariary in 2010) and 58 per cent from January to November 2010 (from 742 Ar to 1.174 Ar the same bucket)³. Water availability remains a cause of concern especially in remote villages and populations have often to walk 10 to 15 km on average to find water. Even in basic health centres (CSB), patients are

¹ SAP Bulletin No144, 54 per cent of households sold more than usual cattle this year.

² While no unusual migration due to food insecurity was observed in December 2009, this phenomenon was observed in 16 per cent of municipalities in July 2010 and in 43 per cent of the municipalities in September 2010, SAP Bulletins No 136 and No 144.

³ Ar 2,000 = \$1 – Source: Food Security Early Warning System (SAP)

requested to bring their own water from unknown sources, because there is no water in most of the basic health centres.

In addition, according to 2010 Demographic and Health Survey (DHS) report, the southern regions of Anosy and Androy registered one of the highest prevalence rate of stunting⁴ in the world, with respectively 57.5 per cent and 55.5 per cent. The national average is 50.1 per cent. These high stunting rates are aggravating factors for child mortality in an already very fragile socio-economic context.

The supply chain for essential medicines was also dysfunctional in 87 per cent of the health centres covered by the survey jointly led by WHO, UNICEF and UNFPA conducted in 2010 and 2011. Fifteen representative health centres out of 176 located in rural and urban areas that were visited had for example a short supply of oxytocin for Reproductive Health and safe motherhood in most health centres and stocks were depleted in the majority of them. The joint survey found that approximately 60 per cent of the population mention financial reasons for not attending health centres when needed - more than double the rate in the rest of the country. Even though this is a development issue, it may have a consistent humanitarian impact, putting the life of the most vulnerable at stake. This was consistent with the other data about the falling price of zebu cattle (at half price). Due to the food crisis, households had prioritised their budgets towards procurement of food. Nothing was left for any other essential and life-saving services. Therefore, a humanitarian intervention was needed in essential life-saving health services.

Between 2008 and 2010 in Androy Region, the percentage of cases of diarrhoea among children under 5 years had increased from 17 to 23 per cent. However the total number has more than doubled - from 3,149 to 7,142 cases, respectively out of 18,253 and 31,460 outpatients (Source: MAR/MoH). In the district of Ampanihy (in Atsimo Andrefana Region), the number of diarrhoea cases reported has been multiplied by 10 between 2008/2009 and 2010 (data collected from January and July). In 2008 and 2009, respectively 3 per cent and 2 per cent of children under 5 years (outpatients) were diagnosed with diarrhoea. This proportion increased to 34 per cent in 2010.

Moreover, the socio-political crisis that has persisted in the country since 2009 led to the suspension of development aid and a drop in external financial support by 77 per cent in terms of subsidy and 39.5 per cent in terms of loans. The global financial crisis contributed to a fall of 8 per cent of GDP during the biennium 2009/2010. Most social and development projects have been suspended in the south, aggravating further the already precarious situation of the population in terms of food security, health, nutrition and water and sanitation. The situation is not likely to improve as Madagascar's political situation remains uncertain in the coming months and international funding to support and sustain development activities is not expected to unfreeze in a short or medium term.

In brief, risks of quick deterioration of food security, nutrition, health, water and sanitation situation in the eight districts listed above were very high, unless immediate corrective measures were taken to reverse the tendency.

On the locust upsurge, the 2010-2011 campaign, whose implementation was described as very satisfactory by the end-of-campaign independent evaluator, resulted in minor damage on pastures and crops, prevented the extension of the upsurge towards the invasion area of northern Madagascar, and safeguarded food security of rural populations. However, due to fund shortage as compared to the initial estimated budget, it was not possible to control all locust populations and, as a consequence, a new emergency campaign was needed during the 2011 and 2012 rainy season. In addition, the control capacity of the Centre National Antiacridien (CAN) has significantly deteriorated over the past years due to the socio-political context in the country. The locust situation is beyond the national control capacities and external technical support is indispensable in order to assure successful operations and minimize damage to livelihoods and the environment.

⁴ Chronic malnutrition: High for Age < 32 score

2. Provide brief overview of CERF's role in the country

FOOD INSECURITY

In April 2010, the SAP announced that 53 communes with 720,000 persons were at risk of food insecurity for the hunger season that runs from October 2010 to April 2011. An initiative was undertaken in June 2010 by the Humanitarian Country Team to plan an integrated humanitarian response strategy for the period of 2010 and 2011. This initiative was led by the HCT with the effective participation of local partners in the Greater South (international and local NGOs and National Partners operating in the Great South). All humanitarian actors agreed that an integrated response focusing on food security, nutrition, health, water, sanitation, protection and education sectors was required to break the cycle of food insecurity that has been recurrent since 2008 and would prevent a nutritional crisis during the hunger gap period which may have long-term negative effects on people's livelihoods.

It is worth noting that since this response strategy was developed, only the food security and health sectors were able to bring concrete response but very little resource was mobilized by the others sectors. UNICEF from its own resources continued to support 90 health centres by recruiting paramedical for a period of 18 months until 31 December 2010. Since early January 2011, there was no more funding available to support the paramedical and, as a result, 52 health centres covering 400,000 persons had to close, which resulted in the closure of CRENAS (*Centre de récupération et d'éducation nutritionnelle ambulatoire* - Ambulatory Rehabilitation and Nutritional Education Centres) in these health centres. FAO had pre-positioned 20 tons of sorghum seeds, just enough to cover the needs of 6,000 households out of 30,000 (or 6,000 households, meaning some 30,000 people). While food needs were about 10,000 metric tons (MT), WFP had only 6,378 metric tons of food available in the country. Because of funding shortfall, WFP's assistance was limited to 28 municipalities out of 53 classified as food insecure and only for the period running from November 2010 to mid-January 2011, which was not enough to cover the hunger gap period up to end of March 2011 - as the harvest period was expected in April 2011. WFP needed 2,200 metric tons of mixed commodities to avert a humanitarian crisis.

The Emergency Relief Coordinator selected Madagascar as one of 15 countries to receive an Underfunded Emergencies allocation from the CERF. The ERC informed the RC/HC of the \$4 million allocation and the the HCT had to formulate the request and projects. The priority humanitarian sectors identified by the Humanitarian Country Team were food security and livelihoods protection, nutrition, health and WASH.

Joint actions were aimed at:

- Providing food assistance to the 200,000 affected persons;
- Distributing adapted seeds and agricultural inputs for 8,000 farming households;
- Supporting improvement to access to basic health services for the most vulnerable through mobile health activities (40 per cent of the population live beyond 10 km from health facilities);
- Implementing enhanced surveillance of epidemic-prone diseases, rapid response to epidemics and containing diarrhoeal outbreaks;
- Providing basic and life-saving reproductive health services for 166,000 women of child-bearing age; and
- Improving water sanitation services for 2,000 families with malnourished children in drought-affected areas in the south and south-west parts of the Greater South region in 30 most vulnerable villages identified by the nutrition programme.

For the food security and livelihoods protection sectors in particular, the following criteria were used to target beneficiaries for assistance. These criteria were applied where and when possible at the same time or partially:

- Households with children under 5 years,
- Women-headed households,
- Households having no seeds during the farming season
- Holding a plot of less than 0.75 ha with low production,
- Without adequate farming tools
- Households with one old person or/and physically impaired
- Households with pregnant and/or breastfeeding women

- Households willing and able (possessing land and manpower) to undertake agricultural activities proposed by FAO and partners.

Within the Health Cluster, UNICEF, UNFPA and WHO used CERF funding jointly for integrated interventions to achieve significant impacts in the health and nutrition sectors and avoid a sudden increase of mortality in the worst affected areas. UNICEF supported all activities related to the strengthening of child health. UNFPA used the CERF funds to reduce excess morbidity and mortality related to reproductive health in the affected populations and WHO used the funds to improve epidemiological surveillance of epidemic-prone diseases.

LOCUST UPSURGE

As a follow up action to the recommendations of the end-of campaign reports, regular surveys were carried out on a monthly basis to monitor the locust situation in high risk areas of south west Madagascar. Monthly bulletins were issued and discussed within various fora including the Humanitarian Country Team. An official request from the Ministry of Agriculture for FAO's assistance was discussed within the HCT, hence the official request for CERF funding based on the urgency of the locust situation and the negative impact an outbreak would have on agriculture and livelihoods of rural populations.

3. What was accomplished with CERF funding

FOOD SECURITY AND LIVELIHOODS

The joint and integrated activities implemented through CERF funding enable to significantly strengthen the food security, nutrition and health sectors in the eight-targeted districts.

The food assistance provided to 43 most affected communities through short-term emergency Food for Asset (FFA) activities have generated social capital for communities through critical rural infrastructure construction that helps to link farmers to markets. The schemes enabled farmers to increase their agricultural outputs and sell products on already existing or new markets. More particularly, communities have benefited from the creation of basic infrastructures such as small irrigation systems, community pounds, water harvesting tanks and micro-hydro schemes.

EMERGENCY AGRICULTURE

CERF enabled FAO to assist 8,000 vulnerable farming households with agricultural inputs - quality, short-cycle and adapted seeds - as well as with small farming tools enabling them to practice anti-erosion (especially wind erosion) techniques. Rainfall during the season was good: there was enough rain to allow for good plant to growth. However, hail fell in some districts (Bekily and Tsihombe), destroying crops. Rainfall did not have only good effects: it also favoured the increase of pests. Vegetable gardening is no longer limited to the region of Anosy but was extended to other areas (Ampanihy, Betioky, Androy). Beneficiaries appreciate the fact that they were able to take in good harvests during the lean season (from September to November) and get sizeable income from the sale of produce.

The use of anti-erosion ploughs has also been a positive experience that should be extended to other communes as part of promoting conservation agriculture. Overall, harvests were satisfactory and allowed for shortening the lean period that usually runs from September to December - thanks to harvesting time spreading over several months (market gardening, sweet potato and cassava).

According to the preliminary report (being published) of a survey carried out by FAO and WFP in August 2011, the passage of cyclone BINGIZA has brought good rains in the southern regions of Madagascar. As a result, cultivated areas have experienced a dramatic increase up varying between 25 and 70 per cent across the region for some crops (tubers, pulses) compared to the previous season where, due to lack of rain, much of the land could not be put under cultivation. Partners active in rural development and food security and many others, have supported farmers by providing seeds free of charge or subsidized.

Crop production was generally good in 2011 with overall increases estimated to be around 40 to 60 per cent allowing families to have enough food during the lean season (harvests lasting up to 3 months). Following this good harvest, prices of agricultural products in general, including food, have been declining

very significantly, up to one third of those of the previous year for crops such as maize, and sweet potatoes among others.

From the above observations, CERF support played a major role in improving people's food security and livelihoods. However, the assistance, though important, could not reach all farmers, or cover the entire region.

NUTRITION

CERF contributed also to maintain and support the operations of 245 health centres and eight ambulatory rehabilitation and nutritional education centres (CRENAS) that treat severely malnourished children. These health centres provided treatment to 10,390 malnourished children, supplemented 20,546 children aged 6 to 36 months during a first distribution and 20,043 children during a second distribution with Plumpy Nut .

HEALTH

CERF funding was used by WHO to improve access to basic health services through mobile health activities (288,000 people including 51,840 children under 5 living beyond 10 km from health facilities) and implement enhanced surveillance of epidemic-prone diseases and rapid response to epidemics in the eight targeted health districts. In addition, coordination efforts of the Government *vis-à-vis* all health stakeholders in the field was performed, along with monitoring of control activities.

Epidemiological surveillance of epidemic-prone diseases improved dramatically in the eight targeted health districts. During this time, 153 health facilities, assisting a population of 1,797,625 inhabitants, covered more than 70 per cent and more than 60 per cent in timeliness, to monitor weekly the main epidemic-prone diseases threatening the population, against 10 per cent before the launch of the project. Disease outbreaks (malaria, urogenital schistosomiasis) were detected in time, and fast and appropriate responses were carried out to avoid an abnormally high death rate and a greater incidence of these diseases.

Furthermore, 34 remote villages in 14 communes, with more than 20,000 inhabitants of three regions (Anosy, Androy and Atsimo Andrefana), located beyond 10 km of a health centre, benefited from services of mobile health teams. During the mobile strategies, 1,710 patients, among whom 1,065 under 5 children were treated free of charge and also provided the opportunity to immunize 353 children and 158 childbearing women against vaccine avoidable diseases, consult 182 childbearing women (CPN) and conduct diverse sessions of mass sensitization on disease prevention. The mobile health services were much appreciated and were strongly requested by people in the visited villages.

The main factor hindering the implementation of the mobile health activities was lack and out datedness of some logistical resources (vehicles) used by the health mobile teams in the three target regions.

CERF contributed also to improve access to health care for the vulnerable population and 35 health facilities, otherwise closed, were re-opened and supported to offer services to an estimated 405,895 people, 90,071 under 5 children received free medical care and free medication; and 26,013 pregnant women received free medical care.

Vulnerable groups' access to basic health services, including essential care in reproductive health (RH), save lives, that is why it features among the priorities of CERF's Underfunded Emergency (CERF UFE).

CERF has helped to provide free essential services in quality reproductive health to 168,000 women of childbearing age in the affected districts and regions. This was achieved through the provision of emergency reproductive health kits, condoms and additional medical equipment and materials to 200 basic health centres and four regional referral hospitals.

Health facilities were provided with emergency reproductive health kits, health providers were trained in the use of the kits by medical doctors operating as UNFPA focal points at Regional Directorates for Health in the affected regions.

At community level, in collaboration with a local NGO known as Somontsoy, 2,500 pregnant women were sensitized and each received a clean delivery kit.

With funding from UNFPA, NGO Somontsoy sensitized communities in the communes concerned on preventing gender-based violence and on the possibility of having free access to essential services in quality reproductive health.

More than 50 per cent (51,882) of the women of child-bearing age targeted (living within 10 km of health facilities where geographical accessibility problems do not arise) have used free essential services in quality reproductive health. This included the following: 3,380 child births; 202 caesarean sections and the handling of obstetric complications with safe blood transfusion and universal precautions for preventing HIV transmission; 11,200 STI (Sexually Transmitted Infection) consultations; 18,300 antenatal consultations; 1,200 postnatal consultations; and 17,600 family planning consultations.

WATER, SANITATION AND HYGIENE (WASH)

CERF addressed the needs of 2,000 families with malnourished children in the drought-affected areas in the south and south-west parts of the Greater South in 30 most vulnerable villages identified by the nutrition programme. To respond to the urgent needs, WASH partners implemented the following activities:

- 90 basic health centres have access to clean water and hygiene promotion reached around 35,000 patients on hand washing with soap around their intervention.

4. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES NO

FOOD SECURITY AND LIVELIHOODS

WFP could provide quick response early in 2011 to communities most severely affected by food insecurity. Actions helped to prevent further deterioration in the nutritional status of the most vulnerable populations.

Comparisons between food consumption score (FCS) before⁵ and after the implementation of support activities in the intervention zones highlights that food consumption scores have improved for beneficiaries. The post-distribution monitoring exercise⁶ revealed that an average of 86 per cent of households supported through PRRO project activities in the south reached an acceptable or limit food consumption score, while they were only 38 per cent in September 2010.

Previous programme evaluations have highlighted that in the absence of food assistance, the most vulnerable would have reverted to negative coping strategies, including consuming inadequate food (some types of cactus fruits), reducing meal frequency and size, asset depletion, consumption of seed stocks and migration to neighbouring districts for work. It is worth noting that seeking work outside can raise risk to livelihood stability and often results in deteriorating health and nutritional status and overall well-being of children and women left at home.

EMERGENCY AGRICULTURE

Cyclone BINGIZA in February 2011 brought good rains in southern Madagascar. As a result, for some crops (tubers, pulses), cultivated areas in the south experienced a dramatic increase varying between 25 and 70 per cent across the region, compared to the previous season where, due to lack of rain, much of the land could not be put under cultivation. Partners active in rural development and food security as well as many others, have supported farmers by providing seeds free of charge or subsidized.

⁵ Comprehensive Food Security and Nutrition Vulnerability Analysis, WFP and UNICEF, September 2010

⁶ Post Distribution Monitoring (Mai-June 2010), PRRO 200065

Crop production was generally good in 2011 with overall increases estimated to be around 40 to 60 per cent, which allowed families to have enough food during the lean season (harvests lasting up to 3 months). Following this good harvest, prices of agricultural products in general, including food, have been declining very significantly, up to one third of those of the previous year for crops such as maize and sweet potatoes, among others.

CERF funding enabled FAO to distribute agricultural inputs to vulnerable farming households covering two agricultural seasons:

- January/February – April/May (harvesting time). This period coincided with the arrival of good rains following the passage of cyclone *Bingiza*.
- June/July – September/October: This period was beneficial to farmers as it enabled them to continue crop production throughout the months of August (end)/September and therefore reducing the impact of the lean season of September-December 2011.

NUTRITION

The functioning of the health facilities, including those for the treatment of malnourished children, has been weakened by the reduction of funds allocated to the Ministry of Public Health. CERF funds helped to respond rapidly by making available ready-to-use therapeutic food and by providing the districts with the means to ensure that ready-to-use therapeutic food and medication for the treatment of severe acute malnutrition reach targeted people.

HEALTH

The health system has been faced with a very fragile situation of a mix between critical funding shortfalls for the health sector, insufficient human resources and shortage of drugs and medical supplies at basic health facilities. CERF funds, therefore, contributed to improving on time the above situation by ensuring continuity of service delivery for basic interventions and availability of minimum human resources for health to serve the beneficiary population, most of whom were children and women.

CERF funding was decisive for UNFPA to respond adequately to reproductive health needs of affected populations and to meet time requirements in areas such as distribution of available emergency kits as well as placing new orders according to adjusted needs, which facilitates further the rehabilitation of medical service provision and enables medical referral system in the disaster-affected areas. Drought increased families' vulnerability but provision of free reproductive health items under CERF allowed families to overcome financial constraints. The availability of reproductive health kits, along with training on their use and community sensitization, boosted local efforts to save lives of 51,882 childbearing women.

WASH

The CERF fund was instrumental in supporting rapid response and fostering partnership with other clusters.

LOCUST UPSURGE

CERF enables FAO to provide of technical assistance for the anti locust campaign:

- One campaign coordinator was recruited to ensure the sound implementation of the anti-locust strategy and coordination of the campaign 2011 and 2012 and one locust specialist to assess the locust situation and provide recommendations on the operational strategy;
- Provision of inputs to ensure regular field surveys to assess the evolution of the locust situation.
- Coordination of the activities with all stakeholders (Government services involved, donors); and
- Hiring of one helicopter to carry out aerial surveys and spraying operations. Procurement of ultra low volume sprayers for ground locust control operations.

b) Did CERF funds help respond to time critical needs?

YES NO

FOOD SECURITY AND LIVELIHOODS

CERF funding amounting \$1,532,111 enabled WFP to cover significant food requirement need gaps to support the food security and livelihoods of vulnerable communities. With total needs reaching 9 100 metric tons, CERF funding enabled WFP to cover approximately 20 per cent of the total needs, i.e. 2,000 metric tons. The funds did achieve reaching the most vulnerable at the most critical time through appropriate response that helped to prevent further asset depletion and degradation of the food security situation.

For agricultural activity, CERF funding came at opportune time as it coincided with the arrival of rains in zones of interventions. However, due to insufficient funds, not all vulnerable farming households in the region could be assisted. Additional inputs distributed by FAO and partners - as part of FAO's Food Security Disaster Risk Reduction activities (seeds stocks produced and stored within communities) helped to fill some gaps, but not all needs were responded to.

NUTRITION

Distribution of Plumpy' Nut , a ready-to use food supplement, was successfully implemented, preventing the rapid onset of severe acute malnutrition in 90 per cent of children aged 6 to 36 months during the lean period in the 10 communes of the districts of Ampanihy Betioky and Toliara II. No peak was reported in admissions to the CRENAs (for the treatment of severe acute malnutrition) in the target zones.

HEALTH

The implementation period for the activities supported by CERF funds coincided with the fragile situation in the health sector, as mentioned above, which was marked by targeted population's increased vulnerability to diseases and other health hazards. Re-opening closed health centres, making free medical services available to the population, availability of health providers and the outreach programmes responded to critical health needs of the vulnerable population. Geographic and financial barriers to access to health services were removed, especially for the hard-to-reach populations and the poor.

There have been impressive results marked by increase in outpatient consultations, antenatal consultations for pregnant women, increased vaccination coverage for both children and pregnant women. The early warning system implemented during the CERF project allowed to react quickly to any epidemic threat and so to avoid excess deaths.

WASH

The funds also helped to improve the living conditions of the populations concerning increased access to potable water, and sanitation and hygiene promotion.

All the above-mentioned responses were very critical and supported the intervention and the timely needs of the affected population.

LOCUST UPSURGE

The rapid response from CERF enabled FAO to start the anti locust campaign activities in time. The information flow from the field has been ensured with the recruitment of a locust expert undertaking ground survey operations. The national authorities and international community benefited from regular updates on the locust situation. Provision of funds covering operating expenses enabled the preparation of the campaign and ensured the basis for its implementation.

c) Did CERF funds result in other funds being mobilized?

YES NO

Following its short-term interventions aimed at supporting food insecure households through CERF, WFP maintained its support to the affected communities by extending FFW activities in the most vulnerable areas. Donors such as the French Government supported WFP in the implementation of such activities.

Furthermore, based on what was done with the fund, Norway and other UNICEF contributors increased their contributions to the WASH sector.

On the locust upsurge, the European Union Office in Madagascar has pledged support of about €300,000. Final modalities to access the funds are underway. A contribution from the International Fund for Agricultural Development (IFAD) to cover the procurement of 12,000 litres for spraying operations is envisaged.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

FOOD SECURITY

The UN Resident Coordinator, with all Heads of UN Agencies and the OCHA team, conducted a joint mission in the field to launch CERF activities officially. The mission catalyzed more commitment from national and local actors, including local government service providers, to implementing and monitoring CERF projects.

Implementation of CERF projects was always put on the agenda of regular HCT meetings to inform HCT members on the impact of activities and problems encountered.

In June 2011, the UN Resident Coordinator, with the support of OCHA, led a second joint mission with implementing agencies. The technical mission was aimed at evaluating the first impacts of CERF projects, monitoring activity implementation and identifying major challenges and constraints. The mission helped to define multi-sectoral monitoring indicators to ensure that all projects targeted the right beneficiaries and that implementation conformed to the agreed timeframe.

With CERF support, FAO staff in the field provided technical assistance to farmers (beneficiaries and non-beneficiaries). FAO staff were able to provide expertise and advices to humanitarian actors in the field, thus filling the knowledge gap already identified, information sharing on food security issues was strengthened and improved, and in many cases joint monitoring and evaluation exercises were carried out through the food security and livelihoods cluster.

Furthermore, CERF enabled a joint planning process amongst actors involved, improving the integrated approach of all interventions. FAO and WFP contributed to protecting livelihoods of food insecure households while UNICEF was involved in sanitation activities.

The three UN agencies (UNICEF, UNFPA and WHO) worked together to ensure complementarity and synergy in project implementation. A steering committee of the CERF/HEALTH project was established with the Ministry of Health, and integrated and joint supervision was carried out throughout the project. Regular meetings brought together all CERF implementers in the areas of nutrition, WASH, food security and health. Discussions were held on the progress made on the implementation and to review the situation. WHO recruited a medical doctor based in the field to coordinate activities in the health sector.

Community mobilisers were trained and provided with MISP's tools for monitoring, tracking the use of emergency reproductive health items and kits and for reporting reproductive health events such as pregnancy, delivery, sexual violence and maternal deaths.

Since January 2012, three coordination meetings have taken place and regular bulletins on update locust situation are being issued in time.

VI. LESSONS LEARNED

| LESSONS LEARNED | SUGGESTION FOR FOLLOW-UP/IMPROVEMENT | RESPONSIBLE ENTITY |
|---|--|------------------------------------|
| FOOD SECURITY AND LIVELIHOODS | | |
| CERF funding enabled WFP to deliver timely food assistance during the hunger gap period. Without such funding mechanism, food assistance would have been received too late and would have caused irreversible impacts on the food security and livelihoods of vulnerable communities. | A pool fund mechanism could be put in place to enable more systematic advanced release of funds for all agencies. | All agencies |
| CERF funding enabled the implementation of an integrated response, as the funding included several UN Agencies. Evaluation was carried out jointly. | Enhance collaborative learning initiative to keep up the benefits of integrated response. | All agencies |
| Implementation of Food for Work activities in a drought context helps to both provide immediate food and make communities more resilient to natural disasters through the ownership and maintenance of community assets. | As CFW activities are carried out, they reinforce the sustainability of assets through, for instance, increased technical training for community members on maintenance of assets. | WFP |
| The impact and sustainability of the activities is increased through appropriate community participation. | Increase actions aimed at improving community participation | WFP |
| Good practice: CERF funding | The timely response of CERF support is appreciated. The flexibility to enable agricultural activities to bear results is commendable. | FAO |
| NUTRITION | | |
| Lack of coordination at central level. | Improve coordination at central level to avoid overlapping activities of different programmes carried out at regional and district levels. | Ministry of Health and UN Agencies |
| Use of population data from the General Census of Population and Housing as a basis has led to disruption in activity implementation. There was a large difference between the estimated number of children in the target areas and the actual number. | Verify recent data that are closer to the reality before carrying out activities. | Ministry of Health and UN Agencies |
| HEALTH | | |
| Collaboration and synergy between the three agencies of the project (UNICEF, WHO and UNFPA) have been effective throughout the project, from the design phase to implementation. A joint launch was carried out in the field, and a joint workshop was held to initiate the partnership with the Ministry of Health on the management and monitoring of project activities. | Maintain and strengthen the spirit of collaboration within the Health Cluster for any future health emergency programmes. | WHO, UNFPA, UNICEF |

| LESSONS LEARNED | SUGGESTION FOR FOLLOW-UP/IMPROVEMENT | RESPONSIBLE ENTITY |
|--|--|--------------------|
| <p>Compared to previous CERF experiences, funding allocation was rapid this time, as was the allotment availability process from the WHO headquarters and Regional Office.</p> <p>Poor logistics, especially poor transportation during field missions, hampered project implementation by regional and district health teams.</p> | <p>Not to hamper activity implementation, there should be a budget line for minor vehicle repairs. NGOs can be involved in the mobile clinic at district level.</p> | |
| <p>Local leaders' involvement and community health workers' participation in the implementation of activities helped to strengthen the links and collaboration between health service providers and communities.</p> | <p>Always ensure community participation and involvement of political leaders and administrative authorities from the conceptualisation of the project through to the implementation process and evaluation so that they can play their roles as actors and beneficiaries.</p> | <p>UN Agencies</p> |
| <p>The IEC/BCC (Information, Education and Communication / Behaviour Change Communication) package and other tools used to transmit information to the population resulted in good management of the drugs and other products.</p> | <p>It is very important to provide an IEC component to all activities implemented at community level.</p> | <p>UN Agencies</p> |
| WASH | | |
| <p>All the three clusters (WASH, Nutrition and Health) coordinated well the interventions in the field.</p> | <p>This inter-cluster experience should be systematically used as an approach to response in all upcoming emergencies in the country. Agree on identification of target group beneficiaries.</p> | <p>OCHA</p> |
| <p>For sanitation activities, low involvement of community leaders in planning and responses was observed.</p> | <p>A lot of sensitisation needs to be done both during and after and/before the response time.</p> | <p>UNICEF</p> |

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

| WFP - FOOD SECURITY AND LIVELIHOODS | | | | | | | |
|--|--|--|--------------|-------------------------------------|----------|--|---|
| CERF PROJECT NUMBER | 11-WFP-003 | Total Project Budget | \$ 7,950,000 | Beneficiaries | Targeted | Reached | Gender Equity |
| | | | | Individuals | | | |
| PROJECT TITLE | Protracted Relief and Recovery (PRRO) 200065 | Total Funding Received for Project | \$ 6,551,232 | Female | 104,655 | 138,113 | Women participation was enhanced in order to increase women's ownership of the project. Through increased women participation, the impact of food assistance was increased. Within their households, women manage better the utilisation of food. |
| | | | | Male | 95,345 | 125,827 | |
| STATUS OF CERF GRANT | Completed | Amount disbursed from CERF | \$ 1,532,111 | Total individuals (Female and male) | 200,000 | 263,940 | |
| | | | | Of total, children under 5 | 44,420 | 58,621 | |
| | | | | TOTAL | 200,000 | 263,940 | |
| OBJECTIVES AS STATED IN FINAL CERF PROPOSAL | | ACTUAL OUTCOMES | | | | MONITORING AND EVALUATION MECHANISMS | |
| <p>The objective of the intervention is to alleviate food insecurity of the drought-affected population by maintaining an acceptable food intake level for the vulnerable in all 53 municipalities experiencing severe food insecurity and therefore to prevent an emerging nutritional deterioration.</p> <p>Expected results: 150,000 women, men, children receive safely good quality and the right quantity of food items through food for work (FFW) activities</p> <p>50,000 women, men, children receive safely right quality and the right quantity of food items through general food distributions (GFD)</p> | | <p>86 per cent of the supported households reached an acceptable or limit food consumption score (FCS) vs. an average of 37.8 per cent in the same districts before the support operations were carried out.</p> <p>A total of 9,100 metric tons were purchased and distributed to 263,940 beneficiaries.</p> <p>Out of 263,940 beneficiaries, 251,795 benefited the food for work and 12,142 benefited the GFD. General food distributions enabled to prevent a deterioration of the food security of the most vulnerable during the lean season by providing immediate access to food commodities food for work, targeting food insecure households with work capacities, enables to provide immediate access to food commodities and rehabilitate/create community assets, which will increase community resilience to the impact of drought.</p> <p>Community assets created:</p> <ul style="list-style-type: none"> ▪ roads rehabilitated: 1,195 km ▪ water pounds: 35,919 m³ ▪ agricultural land rehabilitation: 48 ha | | | | <p>Post-distribution monitoring surveys, at both household and community level, were carried out by WFP staff and its partners. All intervention areas were monitored within two months after the project end.</p> | |

FAO - FOOD SECURITY AND LIVELIHOODS

| | | | | | | | | |
|-----------------------------|---|---|------------|--|--------|-----------------|----------------|---|
| CERF PROJECT NUMBER | 11-FAO-004 | Total Project Budget | \$ 300,000 | Beneficiaries | | Targeted | Reached | Gender Equity Women-headed households benefited the most. Activities targeting school gardening also benefited young children attending school. This activity contributed greatly to the school feeding activities run by the <i>Office régional pour la nutrition</i> (ORN – Regional Office for Nutrition) in the districts of Amboasary, Betioky and Bekily. |
| PROJECT TITLE | Inputs distribution to vulnerable farming households affected by drought in southern Madagascar | Total Funding Received for Project | \$ 302,361 | Individuals | 44,000 | 44,500 | | |
| | | | | Female | 26,400 | 27,250 | | |
| | | | | Male | 17,600 | 17,250 | | |
| | | | | Total individuals (Female and male) | 44,000 | 44,500 | | |
| | | | | Of total, children under 5 | 8,800 | 8,900 | | |
| TOTAL | 44,000 | 44,500 | | | | | | |
| STATUS OF CERF GRANT | Completed | Amount disbursed from CERF | \$ 184,361 | | | | | |

| | | |
|--|------------------------|---|
| OBJECTIVES AS STATED IN FINAL CERF PROPOSAL | ACTUAL OUTCOMES | MONITORING AND EVALUATION MECHANISMS |
|--|------------------------|---|

| <p>To alleviate the food and nutrition insecurity of at least 8,000 drought-affected vulnerable farming households in eight districts of Anosy, Androy and Atsimo Andrefana regions (the districts of Ambovombe, Tsihombe, Beloha, Ampanihy, Betioky, Bekily, Betroka and Amboasary) by distributing agricultural inputs (short-cycle adapted seeds, hand tools and fertilizers) through strengthened agricultural and food security coordination. 60 per cent of targeted families are mostly women-headed households.</p> <p>At least 8,000 households (60 per cent women-headed households) receive seeds and tools and the seeds are to be planted over 4,000 ha (0.5ha/household) with an expected harvest of 8,000 metric tons</p> | <ul style="list-style-type: none"> Activities were 100 per cent implemented in 47 communes in southern Madagascar. The resulting significant increase in food production was measured against the increase in cultivated surfaces. Crop diversification, with the introduction of beans and vegetable gardening in some areas, improved eating habits and family incomes (some families derived incomes through the sale of vegetables on local markets) Results were very satisfactory in terms of making food available to mothers so that they can improve their children's feeding and thus reduce low weight among children under 5 and of school age. Behavioural changes were noted (as reported by ORN) among some farmers who grew market gardening crops: instead of eating rice with green vegetables (<i>petsay</i> only), they now consume a wider range of vegetables such as cabbage, carrots, eggplants and squash. The success of this activity was due to strong collaborative efforts among humanitarian and development partners in areas of intervention, Ten direct partners were involved in this action with good coordination and willingness to work together. 8,000 households were assisted through partnership, with CARE International, ADRA, Conseil diocésain de développement, ORN Atsimo Andrefana, Andry-Lalana-Tohana, ONG Ampela Mitraoke, Tranoben'ny Tantsaha, ORN Androy, ORN Anosy, reaching 44,500 individuals, 60 per cent of which are women. The area planted is estimated at 5,000 ha (households owning 0.5 ha up to 0.7 ha) with a total estimated yield of more than 32,000 kg (including around 20,000 kg of sweet potatoes). <p><u>Seeds and tools procured and distributed</u></p> <table border="1"> <thead> <tr> <th>Variety/type</th> <th>Quantities</th> </tr> </thead> <tbody> <tr> <td>Bean (white beans)</td> <td>32,000 kg</td> </tr> <tr> <td>Bean (sang de boeuf)</td> <td>2,000 kg</td> </tr> <tr> <td>Cassava cutting</td> <td>123,280 cuttings</td> </tr> <tr> <td>Sweet potatoes vine</td> <td>38,000 kg (of which 28,000 local variety & 10,000 orange fleshed variety that is well appreciated and nutritious)</td> </tr> <tr> <td>Vegetables seed (diverse varieties)</td> <td>69,500 sachets</td> </tr> <tr> <td>Sorghum</td> <td>20,000 kg (own contribution)</td> </tr> <tr> <td>Farming tool</td> <td>1,855 units (1,800 spades and 55 ploughs)</td> </tr> </tbody> </table> | Variety/type | Quantities | Bean (white beans) | 32,000 kg | Bean (sang de boeuf) | 2,000 kg | Cassava cutting | 123,280 cuttings | Sweet potatoes vine | 38,000 kg (of which 28,000 local variety & 10,000 orange fleshed variety that is well appreciated and nutritious) | Vegetables seed (diverse varieties) | 69,500 sachets | Sorghum | 20,000 kg (own contribution) | Farming tool | 1,855 units (1,800 spades and 55 ploughs) | <p>All partners signed Letters of Agreement (LoA) with FAO. A key component in these LoA is the monitoring and evaluation component, which was adhered to by all partners. Reports from implementing partners contain information on progress achieved, problems encountered and joint solutions implemented together with FAO staff.</p> |
|--|---|--------------|------------|--------------------|-----------|----------------------|----------|-----------------|------------------|---------------------|---|-------------------------------------|----------------|---------|------------------------------|--------------|---|---|
| Variety/type | Quantities | | | | | | | | | | | | | | | | | |
| Bean (white beans) | 32,000 kg | | | | | | | | | | | | | | | | | |
| Bean (sang de boeuf) | 2,000 kg | | | | | | | | | | | | | | | | | |
| Cassava cutting | 123,280 cuttings | | | | | | | | | | | | | | | | | |
| Sweet potatoes vine | 38,000 kg (of which 28,000 local variety & 10,000 orange fleshed variety that is well appreciated and nutritious) | | | | | | | | | | | | | | | | | |
| Vegetables seed (diverse varieties) | 69,500 sachets | | | | | | | | | | | | | | | | | |
| Sorghum | 20,000 kg (own contribution) | | | | | | | | | | | | | | | | | |
| Farming tool | 1,855 units (1,800 spades and 55 ploughs) | | | | | | | | | | | | | | | | | |

| | | |
|---|---|--|
| <p>Coordination of humanitarian partners is strengthened.</p> | <ul style="list-style-type: none"> ▪ Bi-monthly meetings of the Food Security and Livelihoods Cluster have been held, resulting in good collaboration among partners. ▪ Letters of Agreement were signed with implementing partners, and each implementing partner submitted regular reports (at two qualitative and quantitative mid-term and final reports). A monitoring and evaluation component in the Letters of Agreement was adhered to. ▪ A joint crop and food security assessment exercise was carried out by WFP and FAO in July/August 2011. The report is being published. | |
|---|---|--|

| UNICEF - NUTRITION | | | | | | | |
|---|---|---|-------------------------|-------------------------------------|----------------------|---|---|
| CERF PROJECT NUMBER | 11-CEF-003-C | Total Project Budget | \$ 1,599,300 | Beneficiaries | Targeted | Reached | Gender Equity All children (boys and girls) involved in the activity |
| PROJECT TITLE | Nutrition Security for Malagasy Children and Women, in Response Drought in Madagascar | Total Funding Received for Project | \$ 938 398 ⁸ | Individuals | 328,902 | 261,8344 | |
| | | | | Female | | | |
| | | | | Male | | | |
| | | | | Total individuals (Female and male) | | | |
| | | | | Of total, children under 5 | 328,902 ⁷ | 261,834 | |
| STATUS OF CERF GRANT | Completed | Amount disbursed from CERF | \$ 938 398 | TOTAL | 328,902 | 261,834 | |
| OBJECTIVES AS STATED IN FINAL CERF PROPOSAL | | ACTUAL OUTCOMES | | | | MONITORING AND EVALUATION MECHANISMS | |
| To mitigate the impact of poor nutrition security on child mortality by maintaining the services for the diagnosis and treatment of acute malnutrition, distribution high energy supplementation for children 6-36 months in the most vulnerable areas and provision WASH kits to families with children who are malnourished or at immediate risk of acute malnutrition. | | <ul style="list-style-type: none"> During the three mass screening throughout the year the coverage was 90 per cent in April, 93 per cent in August/September, 95 per cent in October 2011 which is significantly higher than the target 60 per cent Mortality rate at 1 per cent was considerably less than the 10 per cent target The cure rate was 56 per cent and below the target of 75 per cent. The cure rate is strongly influenced by the default rate and non-responders. This is explained by several reasons: the closure of health centres due to the absence of health workers, increased levels of insecurity, access to Basic Health Centres due their remoteness, poor quality of care by health workers, embarrassment by mothers of having a malnourished child. Lack of awareness among beneficiaries about the importance of maintaining the treatment until the child is treated leading to defaulting and non-compliance of the full treatment and to non-response of the child to the treatment. 93 per cent of children (20,546 children) received the first round of Plumpy Nut and 98 per cent received the second round (20,546 children) which is considerably higher than the 80 per cent target. | | | | <p>The mechanism for monitoring and evaluation were:</p> <p>Use of a standard data collection form for the health centre staff.</p> <p>Monthly data collections and trend analysis.</p> <p>Monthly meeting with health centre staff during the monthly reviews.</p> <p>List of Basic Health Centre, which received the Kit and number of people patients of basic health centres.</p> | |

⁷ The estimation of the total population is 1,827,235 people and 18 per cent are children under 5 years old (328,902) but the actual number of children under 5 following a census carried out during the screening was 275,073 children under 5

⁸ Only received CERF funding.

| WHO - HEALTH | | | | | | | |
|-----------------------------|--|---|--------------------------|--|-----------------|----------------------------|---|
| CERF PROJECT NUMBER | 11-WHO-004 | Total Project Budget | \$ 505,000 | Beneficiaries | Targeted | Reached⁹ | Gender Equity The children under 5 years (girls and boys) and pregnant women were principal beneficiaries of the activities. The implementation of outreach services for children under 5 years (boys and girls) and pregnant women guaranteed free medical care/services to the children and pregnant women in hard-to-reach areas and to those living far away from health facilities. |
| PROJECT TITLE | Support to improve vulnerable population's access to basic health care (including reproductive health) and enhance outbreak control in eight drought-affected districts in the Greater South of Madagascar | Total Funding Received for Project | \$ 309,050 ¹⁰ | Individuals | 720,000 | 720,000 | |
| | | | | Female | 362,000 | 362,000 | |
| | | | | Male | 358,000 | 358,000 | |
| | | | | Total individuals (Female and male) | | | |
| | | | | Of total, children under 5 | 129,600 | 129,600 | |
| | | | | TOTAL | 720,000 | 720,000 | |
| STATUS OF CERF GRANT | Completed | Amount disbursed from CERF | \$ 309,050 | | | | |

⁹ Figures written are confirmed, the surveillance disease activities targeting and protecting all these groups of population.

¹⁰ Only received CERF funding.

| OBJECTIVES AS STATED IN FINAL CERF PROPOSAL | ACTUAL OUTCOMES | MONITORING AND EVALUATION MECHANISMS |
|--|--|---|
| <p>Conduct mobile health activities in at least 50 per cent of 53 most affected communes for 144,000 people living beyond 10 km from a health facility.</p> <p>Investigate the diarrhoeal disease outbreak situation to confirm and epidemiologically</p> <p>Implement control and prevention measures specific to the diseases concerned, in coordination with other sectors, specifically the WASH sector.</p> <p>Strengthen integrated disease surveillance (including malnutrition) in all eight-health districts.</p> <p>Procure five inter-agency emergency health kits, two inter-agency diarrhoeal disease kits, and logistic material (one field motorcycle) and IT equipment for field staff to support reporting of weekly data, outbreaks, and severe acute malnutrition cases</p> <p>Organize rapid refresher course for regional and district health facility staff on utilization of IT tools, integrated disease surveillance and outbreak control measures.</p> <p>Set up a temporary field office to better coordinate and monitor all health interventions.</p> | <ul style="list-style-type: none"> ■ Thirty four (34) remote villages of 14 rural communes (26 per cent) in two regions (Androy and Atsimo Andrefana), with more than 20,000 inhabitants, located beyond 10 km of a health centre, visited by three mobile health teams. The decrease was due to logistical problems (inadequate and failure of field cars) of the three regional mobile teams that made it impossible to drive to the desired frequency on the field. (See lesson learned Health - n°3 above). The breakdown is as follows: <ul style="list-style-type: none"> ○ 1,710 patients, among whom 1,065 under-5 children, treated free of charge of current diseases; ○ 353 children and 158 child-bearing women immunized for vaccine avoidable diseases; ○ Prenatal consultation offered to 182 child-bearing women; ○ Mass sensitization on local health problems and disease prevention ■ The investigation did not take place because there was no diarrhoeal outbreak. The case fatality was under 1 per cent ■ cf. WASH sector ■ Weekly epidemiological surveillance of epidemic-prone diseases implemented by 153 health facilities of eight (8) health districts (Betioky, Ampanihy, Beloha, Bekily, Tsihombe, Ambovombe, Taolanaro and Amboasary), covering a population of 1,797,625 inhabitants; ■ Equipping 153 health facilities with mobile phones and monthly air time charges for sending weekly data via SMS; ■ Equipping eight health districts, three regional health directorates and the National Disease Surveillance Unit with Internet modems and Internet subscriptions; ■ Weekly notification of epidemic-prone diseases or syndromes; ■ Weekly analysis of disease trends and alert and prompt response in case of abnormality; ■ More than 70 per cent of completeness and more than 60 per cent of timeliness, against less than 10 per cent of completeness before the launch of the project; and ■ Disease outbreaks (malaria, urogenital schistosomiasis) detected in time and fast and appropriate responses conducted by district health team. ■ Four (4) IEHK 2006 kits instead of five (due increased price of items) and two (2) diarrhoeal disease kits procured and utilized for mobile health activities and to respond to potential outbreaks. 200 mobile phones and 17 USB Internet modems procured for health facilities and district, regional and central teams. ■ Rapid refresher training of nine focal points of three regions and eight health districts on IDSR management and epidemic early warning system. ■ One medical doctor recruited as field coordinator during four months and based in Ambovombe (Androy Region). | <p>Exploitation and analysis of mission reports from mobile teams.</p> <p>Weekly Epidemiological Report.</p> <p>Weekly analysis of health district reports. Calculation of completeness and timeliness rate for each district and region.</p> <p>Packing list of items purchased.</p> |

| UNICEF - HEALTH | | | | | | | |
|--|---|---|--|--|-----------------|--|---|
| CERF PROJECT NUMBER | 11-CEF-003-A | Total Project Budget | \$ 439,649 | Beneficiaries | Targeted | Reached | Gender Equity The children under 5 years (girls and boys) and pregnant women were principal beneficiaries of the activities. The implementation of outreach services for children under 5 years (boys and girls) and pregnant women guaranteed free medical care/services to the children and pregnant women in hard-to-reach areas and to those living far away from health facilities. |
| PROJECT TITLE | Support to improve vulnerable population's access to basic health care (including reproductive health) and enhance outbreak control in eight drought-affected districts in the southern part of Madagascar. | Total Funding Received for Project | \$ 439,649 | Individuals | 720,000 | 213,802 | |
| | | | | F male | 362,000 | | |
| | | | | Male | 358,000 | | |
| | | | | Total individuals (Female and male) | | 213,802 | |
| | | | | Of total, children under 5 | 51,480 | 90,071 | |
| TOTAL | 720,000 | 213,802 | To note: 720,000 was the total target in the proposal for WHO/UNFPA/UNICEF. This was UNICEF's target and reached 90,071 children under 5 and 26,013 pregnant women | | | | |
| STATUS OF CERF GRANT | Implementation period for the activities ended in December 2011; completed | Amount disbursed from CERF | \$ 439,649 | | | | |
| OBJECTIVES AS STATED IN FINAL CERF PROPOSAL | | ACTUAL OUTCOMES | | | | MONITORING AND EVALUATION MECHANISMS | |
| <p>Improve access to essential health care at health facility and community level;</p> <p>Increase access to basic health care through outreach (population living between 5 to 10 km from health facility) and mobile health strategies for remote people (those living beyond 10 km from health facility).</p> | | <ul style="list-style-type: none"> ▪ Target was free treatment offered to 51,480 children and 68,000 women of childbearing age during four months in eight health districts. ▪ Recruitment of 52 paramedical staff posted in 48 health centres: 35 of the health centres had been closed previously and 13 had only one health professional. ▪ All the 174 basic health centres in the eight targeted districts were provided with kits of essential drugs. ▪ Capacity was built for staff from seven local radio stations covering the three districts of Tolagnaro, Amboasary and Ambovombe to sensitize communities on utilization and good management of the free medicines ▪ 213,802 people benefited from free external consultations during the period of June to December 2011 – the period during which free medicines were available. ▪ 90,071 children under 5 years and 26,013 pregnant women received free medical care. ▪ Training of 169 health workers, 169 medicine dispensers and 169 leaders of the management committees of 169 out of 174 health centres from eight Districts on management of free drugs and planning, organizing and conducting outreach services ▪ Training of mobilisers from 2,860 fokontany/villages (one per fokontany) on organizing and implementing integrated outreach programmes and mobile services, utilization of different IEC material related to free drugs. ▪ Conducted outreach services for an integrated package of services, including preventive activities (vaccination, antenatal consultation) and curative services in 711 sites in 1,048 Fokontany located between 5 and 10 km from health centres in all eight districts. The outreach programme kicked off in June 2011. ▪ 100 per cent of the sites were visited during the three outreach sessions. ▪ Supervision and monitoring of 168 health facilities were carried out in the eight targeted districts during four months by UNICEF and health district staff . ▪ The eight districts were supervised at least once by UNICEF Zonal Office staff together with staff from the district and/or regional management team. | | | | <p>The monitoring and evaluation mechanism adopted used the following tools:</p> <p>A table with activities for which data was collected at health centre level. Data collection and filling it onto the board was a duty of the health staff and they did it on a monthly basis.</p> <p>Data analysis was done during periodic meetings taking place at the district level.</p> <p>Periodic supervision was conducted by health districts as well as by health facilities.</p> <p>A field mission to conduct mid-term review.</p> | |

- | | | |
|--|--|--|
| | <ul style="list-style-type: none">■ 149 health centres out of 174 (86,63 per cent) were supervised at least once by a member of the district management team as follows:<ul style="list-style-type: none">○ Amboasary : 17 out of 19○ Tolagnaro : 31 out of 32○ Ambovombe : 10 out of 21○ Tsihombe : 14 out of 14○ Beloha : 13 out of 13○ Bekily : 21 out of 21○ Ampanihy : 23 out of 23○ Betioky : 20 out of 31 | |
|--|--|--|

| UNFPA - HEALTH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------|---|---|---------------|----------|---------|--------------------|---------|---------|---------------|---------|---------|-------------|---------|---------|--|---------|---------|-----------------------------------|---------|---------|--------------|----------------|----------------|--|
| CERF PROJECT NUMBER | 11-FPA-002 | Total Project Budget | \$ 505,000 | <table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>720,000</td> <td>720,000</td> </tr> <tr> <td>Female</td> <td>362,000</td> <td>362,000</td> </tr> <tr> <td>Male</td> <td>358,000</td> <td>358,000</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>720,000</td> <td>720,000</td> </tr> <tr> <td>Of total, children under 5</td> <td>129,600</td> <td>129,600</td> </tr> <tr> <td>TOTAL</td> <td>720,000</td> <td>720,000</td> </tr> </tbody> </table> | | Beneficiaries | Targeted | Reached | Individuals | 720,000 | 720,000 | Female | 362,000 | 362,000 | Male | 358,000 | 358,000 | Total individuals (Female and male) | 720,000 | 720,000 | Of total, children under 5 | 129,600 | 129,600 | TOTAL | 720,000 | 720,000 | Gender Equity Women in child-bearing age and pregnant women were principal beneficiaries of the activities. Pregnant women guaranteed free medical care/services to the children and pregnant women in hard-to-reach areas and to those living far away from health facilities. |
| Beneficiaries | Targeted | Reached | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individuals | 720,000 | 720,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Female | 362,000 | 362,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | 358,000 | 358,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total individuals (Female and male) | 720,000 | 720,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of total, children under 5 | 129,600 | 129,600 | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 720,000 | 720,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROJECT TITLE | Support to improve vulnerable population's access for to basic health care (including reproductive health) and enhance outbreak control in 8 drought-affected districts in southern Madagascar | Total Funding Received for Project | \$ 338,191 ¹¹ | To Note: <i>More than 50 per cent (51,882) of the women of child-bearing age targeted (living within 10 km of health facilities where geographical accessibility problems do not arise) have used free essential services in quality Reproductive Health</i> | | | | | | | | | | | | | | | | | | | | | | | |
| STATUS OF CERF GRANT | Completed | Amount disbursed from CERF | \$ 338,191 | | | | | | | | | | | | | | | | | | | | | | | | |
| OBJECTIVES AS STATED IN FINAL CERF PROPOSAL | | ACTUAL OUTCOMES | | | MONITORING AND EVALUATION MECHANISMS | | | | | | | | | | | | | | | | | | | | | | |
| Prevent excess neonatal and maternal mortality and morbidity Strengthen reproductive health (RH) services to the affected populations Prevent Gender-Based Violence (GBV) among the most vulnerable group Prevent HIV/AIDS spread through implementation of universal precaution measures | | <ul style="list-style-type: none"> ▪ 100 per cent of health facilities have male and female condoms available, and 50 per cent of the population are sensitized on gender issues, in particular sexual and gender based violence and know where to get assistance. ▪ At health facilities provided with emergency reproductive kits, health providers were trained in the use of the kits by medical doctors operating as UNFPA focal points at Regional Directorates for Health in the affected regions. At community level, in collaboration with a local NGO known as Somontsoy, 2,500 pregnant women were sensitized and each received a clean delivery kit. <p>With funding from UNFPA, NGO Somontsoy sensitized communities in the communes concerned on preventing gender-based violence and on the possibility of having free access to essential services in quality reproductive health.</p> <ul style="list-style-type: none"> ▪ More than 50 per cent (51,882) of the women of child-bearing age targeted (living within 10 km of health facilities where geographical accessibility problems do not arise) have used free essential services in quality reproductive health, including the following: <ul style="list-style-type: none"> ○ 3,380 child births; ○ 202 caesarean sections and the handling of obstetric complications with safe blood transfusion and universal precautions for preventing HIV transmission; ○ 11,200 STI (Sexually Transmitted Infection) consultations; ○ 18,300 antenatal consultations; ○ 1,200 postnatal consultations; and ○ 17,600 family planning consultations. | | | Field monitoring visit. More than three Health Cluster coordination meetings have been organized at field and national levels during the project period. Exploitation and analysis of monthly reports from Ministry of Health Weekly analysis of health districts reports. Calculation of completeness and timeliness rates for each district and region. | | | | | | | | | | | | | | | | | | | | | | |

¹¹ Only received CERF funding

| UNICEF - WASH | | | | | | | |
|---|-------------------------|--|--|-------------------------------------|--------------------------|---|--|
| CERF PROJECT NUMBER | 11-CEF-003-B | Total Project Budget | \$ 287,188 | Beneficiaries | | Reached | Gender Equity |
| | PROJECT TITLE | | Hygiene promotion in support to nutrition interventions in affected communes in the south and south-west of Madagascar | Total Funding Received for Project | \$ 176,591 ¹² | | |
| Female | | | | | | | |
| STATUS OF CERF GRANT | Completed December 2011 | Amount disbursed from CERF | \$ 176,591 | Male | | | All WASH interventions focused on families and by doing so, all age groups are included in the intervention. |
| | | | | Total individuals (Female and male) | 10,000 | 81,950 | |
| | | | | Of total, children under 5 | | | |
| | | | | TOTAL | 10,000 | 81,950 | |
| | | | | | | | |
| OBJECTIVES AS STATED IN FINAL CERF PROPOSAL | | ACTUAL OUTCOMES | | | | MONITORING AND EVALUATION MECHANISMS | |
| <p>Contribute to the prevention and reduction of health risks related to poor water, sanitation and hygiene facilities by providing families with malnourished children with WASH kits and/or water purification products, adequate sanitation facilities and hygiene supplies over an initial period of six months.</p> <p>Improve access, knowledge and skills for adopting adequate hygiene practices among the affected population, including health-seeking behaviours in the case of diarrhoea outbreaks.</p> | | <ul style="list-style-type: none"> 2,000 families of malnourished children were identified with support from the Nutrition Cluster and the families were provided with WASH Kits, with some 10,000 people benefiting from the project. 90 per cent of the 450 boreholes identified in the project areas have been tested to ensure water quality in health facilities and communities targeted by water interventions: 33,550 people benefited. 25 people from the following 10 partner organisations: CRS, CR Androy, AES, Regional Water Directorates of Androy and Anosy, TARATRA, FIFARAFIA and two local NGOs in the Androy region were trained in water testing and their organisations provided 10 water-testing kits. 25 regional cluster members are able to promote hygiene through Community Approaches to Total Sanitation (CATS). 116 local community mobilisers were able to promote hygiene through Community-Led Total Sanitation (CLTS) and trained by 25 formerly trained people. 25 regional agents and 116 local community mobilisers trained on promotion of hygiene and sanitation (CLTS). Some 35,000 people were reached through hygiene promotion in 200 villages and 33,550 people (more than 300 per cent of those targeted) practiced hand washing in the affected areas. 680 families (3,400 people) in 200 hamlets built their own latrines through slabs made available to very poor families (500) targeted in the project proposal. Community Approaches to Total Sanitation (CATS) was used for the first time in emergency. Additional 500 slabs were made available to the population in nearby districts willing to develop CLTS. 90 Basic Health Centres have access to clean water through the provision of water R- filters and WASH Kits and around 35,000 patients received advice on hand washing with soap around their intervention areas. | | | | <p>Monitoring sheet and distribution sheet and sampling 10 per cent of households located around basic health centres for control;</p> <p>Mapping of existing boreholes and wells; database of each water borehole;</p> <p>List of patients receiving the kits; sampling tests in families on hand washing practices;</p> <p>List of open defecation-free areas; data of households with latrines, and list of community mobilisers in the districts.</p> | |

¹² Only received CERF funding

| FAO - LOCUST UPSURGE | | | | | | | |
|---|---|---|--------------|-------------------------------------|-------------------------|---|--|
| CERF PROJECT NUMBER | 11-FAO-044 | Total Project Budget | \$ 7,600,000 | Beneficiaries | | Reached | Gender Equity As the campaign is on-going, the final report will provide gender disaggregated data. |
| | | | | Individuals | 2,500,000 | | |
| PROJECT TITLE | Emergency assistance for controlling a locust upsurge in Madagascar | Total Funding Received for Project | \$ 2,440,000 | Female | 1,000,000 | | |
| | | | | Male | 1,500,000 | | |
| STATUS OF CERF GRANT | Ongoing | Amount disbursed from CERF | \$ 2,000,000 | Total individuals (Female and male) | | | |
| | | | | Of total, children under 5 | 500,000 | | |
| | | | | TOTAL | 2,500,000 ¹³ | | |
| OBJECTIVES AS STATED IN FINAL CERF PROPOSAL | | ACTUAL OUTCOMES | | | | MONITORING AND EVALUATION MECHANISMS | |
| <p>The overall objective of the project is to safeguard the food security of the Malagasy rural communities affected by the locust upsurge, especially in the South where 68 per cent of the households are food insecure.</p> <p>The specific objective of the project is not only to circumvent the current upsurge but also to come back to recession through the implementation of a control campaign in an environmental and human health sensitive way, resulting in the reduction of locust populations and thus in the protection of crops and pastures during the 2011-2012 rainy season and the following ones.</p> | | <ul style="list-style-type: none"> ▪ By 28 February 2012, 50 540 hectares were treated by aerial spraying and 798 hectares through ground spraying. ▪ The fast tracking of CERF funds allowed FAO to mobilize expertise, provide material inputs (e.g. helicopters, pesticides, protective kits, communication equipment) and take immediate action. Through this support, it was possible to strengthen national survey and control capacities and start the locust campaign at the right bio-ecological time. ▪ CERF enabled FAO to provide of technical assistance for the anti locust campaign: <ul style="list-style-type: none"> ○ One campaign coordinator was recruited to ensure the sound implementation of the anti locust strategy and coordination of the campaign 2011 and 2012 and one locust specialist to assess the locust situation and provide recommendations on the operational strategy; ○ Provision of inputs to ensure regular field surveys to assess the evolution of the locust situation. ○ Coordination of the activities with all stakeholders (Government services involved, donors); and ○ Hiring of one helicopter to carry out aerial surveys and spraying operations. Procurement of ULV sprayers for ground locust control operations. | | | | <p>The locust situation is now being monitored on a permanent basis, bulletins are distributed to a large audience every ten days and control operations continue to be carried out in a timely manner.</p> <p>The 2011 and 2012 locust campaign ends in May/June 2012, after which a full evaluation will take place to assess the impact of the control campaign on agricultural production and food security.</p> <p>To date, no significant damage to crops or pastures has been reported</p> | |

¹³ As the anti locust campaign is on-going, the final report will provide the number of beneficiaries as requested.

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

| CERF PROJECT CODE | CLUSTER/ SECTOR | AGENCY | IMPLEMENTING PARTNER NAME | PARTNER TYPE | TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$ | DATE FIRST INSTALLMENT TRANSFERRED | START DATE OF CERF FUNDED ACTIVITIES BY PARTNER | Comments/ Remarks |
|-------------------|-------------------------------|--------|--|--------------|--|------------------------------------|---|----------------------|
| 11- WFP- 003 | Food Security and Livelihoods | WFP | SIF | INGO | 36,504.12 | 01/ 2011 | 01/2011 | |
| | | | Tany Maitso | NNGO | 14,292.25 | 02/ 2011 | 02/ 2011 | |
| | | | Hiara Hampandroso | NNGO | 13,856.20 | 02/ 2011 | 02/ 2011 | |
| | | | Tamafa | NNGO | 3,243.68 | 02/ 2011 | 02/ 2011 | |
| | | | Manao | NNGO | 7,852.89 | 03/2011 | 03/ 2011 | |
| 11-FAO-004 | Agriculture | FAO | CARE International | INGO | 5,332.66 | 30/06/2011 | 30/06/2011 | |
| | | | ORN Anosy | Governmental | 1,604.48 | 31/05/2011 | 12/05/2011 | |
| | | | Andry-Làlana-Tohana | NNGO | 3,104.74 | 20/05/2011 | 24/04/2011 | |
| | | | Ampela Mitraoke | NNGO | 3,951.97 | 31/05/2011 | May 2011 | |
| | | | Tranoben'ny Tantsaha | NNGO | 790.61 | 17/06/2011 | 17/05/2011 | |
| | | | ORN Androy | Governmental | 1,603.90 | 31/05/2011 | 12/05/2011 | |
| | | | Conseil diocésain de Développement (CDD) | NNGO | 1,573.14 | 31/05/2011 | 16/05/2011 | |
| | | | ADRA Madagascar | INGO | 3,135.70 | 14/06/2011 | 09/06/2011 | |
| | | | ORN Atsimo Andrefana | Governmental | 1,569.95 | 30/06/2011 | 31/05/2011 | |
| | | | Secours Islamique France | INGO | 0 | - | | No financial support |
| 11-FAO-044 | Agriculture | FAO | CNA | Governmental | 0 | | | |
| 11-CEF-003-A | Health | UNICEF | Ministry of Health | Governmental | 176,917.00 | 21/04/11 | 04/2011 | |
| 11-WHO-004 | Health | WHO | DVSSE/SEPI | Governmental | 506.00 | 07/2011 | 07/2011 | |
| | | | DRSP Atsimo Andrefana | Governmental | 3,292.00 | 08/ 2011 | 08/ 2011 | |

| | | | | | | | | |
|--------------|-----------|--------|--------------------------|---------------------------|------------|------------|----------|--|
| | | | DRSP Anosy | Governmental | 3,331.00 | 08/ 2011 | 08/ 2011 | |
| | | | DRSP Anosy | Governmental | 10,358.00 | 08/ 2011 | 08/ 2011 | |
| | | | DVSSE/SEPI | Governmental | 1,953.00 | 09/2011 | 09/ 2011 | |
| | | | SURECA | Governmental (Central) | 7,244.00 | 09/ 2011 | 10/2011 | |
| | | | DVSSE/SEPI | Governmental | 5006.00 | 12/2011 | 12/2011 | |
| | | | DRSP Atsimo Andrefana | Governmental | 2,702.00 | 12/2011 | 12/2011 | |
| | | | DRSP Anosy | Governmental | 2,856.00 | 12/2011 | 12/2011 | |
| 11-FPA-002 | Health | UNFPA | SOMONTSOY | NNGO | 18,837.83 | 04/2011 | 05/ 2011 | Payment done directly to service providers |
| 11-CEF-003-C | Nutrition | UNICEF | SSD TOLAGNARO | Governmental | 13,358.00 | 19/05/2011 | 06/2011 | |
| | | | SSD AMBOASARY | Governmental | 17,265.00 | 19/05/2011 | 05/ 2011 | |
| | | | SSD BETROKA | Governmental | 13,393.00 | 19/05/2011 | 06/ 2011 | |
| | | | SSD AMBOVOMBE | Governmental | 24,680.00 | 17/06/2011 | 07/2011 | |
| | | | SSD TSIHOMBE | Governmental | 10,630.00 | 31/05/2011 | 06/2011 | |
| | | | SSD BELOHA | Governmental | 4,088.00 | 19/05/2011 | 07/2011 | |
| | | | SSD BEKILY | Governmental | 14,509.00 | 20/05/2011 | 06/ 2011 | |
| | | | SSD AMPANIHY | Governmental | 45,072.00 | 19/05/2011 | 07/ 2011 | |
| | | | SSD BETIOKY | Governmental | 19,549.00 | 31/05/2011 | 07/ 2011 | |
| | | | SSD TULEAR I | Governmental | 2,415.00 | 22/06/2011 | 07/2011 | |
| | | | SSD TULEAR II | Governmental | 15,780.00 | 10/08/2011 | 08/2011 | |
| | | | TARATRA | NNGO | 115,874.00 | 21/03/2011 | 03/ 2011 | |
| 11-CEF-003-B | WASH | UNICEF | TARATRA | NNGO | 30,000.00 | 21/03/2011 | 03/ 2011 | |

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|-----------|--|
| AES | Alimentation en Eau dans le Sud |
| CLTS | Community Led Total Sanitation |
| CREN | Nutritional Rehabilitation and Education Centre |
| CSB | Centre de Sante de Base/ Basic Health Centres |
| CRS | Catholic Relief Services |
| DHS | Demographic and Health Survey |
| DRR | Disaster Risk Reduction |
| FANOME | Fandraisana Anjara No Mba Entiko |
| FCS | Food Consumption Score |
| FFW | Food For Work |
| FIFARAFIA | Fikambanana Famatsiana Rano Fisotro Androy/Anosy |
| GFD | General Food Distribution |
| IDSR | Integrated disease surveillance and response |
| IEC | Information Education Communication |
| IEHK 2006 | Inter-Agency Emergency Health Kit 2006 |
| MoH | Ministry of Health |
| MUAC | Mid-Upper Arm Circumference |
| SAM | Sever Acute Malnutrition |
| SIF | Secours Islamique France |
| WASH | Water and Sanitation Hygiene |
| WHO | World Health Organization |
| WFP | World Food Programme |