

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

<b>Country</b>	<b>Madagascar</b>
<b>Humanitarian / Resident Coordinator</b>	<b>Dr. Xavier Leus</b>
<b>Reporting Period</b>	<b>January 1-December 31 2008</b>

### I. Executive Summary

The following report covers three CERF grants from which the Humanitarian Country Team (HCT) in Madagascar benefited in 2008. The first CERF grant responded to the substantial damages caused by the cyclones and floods in early 2008. The second CERF grant focused on the response to the alarming rise of human and animal infections with the Rift Valley Fever Virus; and the third grant helped to attenuate the creeping impact of rising food prices on the most vulnerable segments of the population in selected districts of Madagascar. In addition to the proposed format, each section is subdivided according to the three CERF grants for clarity and quick reference. The amalgam of three CERF grants into one single report accounts for a longer document.

In 2007 and 2008, Madagascar was affected by an unprecedented series of cyclones and, in 2008, by the unusually heavy rainy season. The effects of these cumulative natural phenomena outstripped the capacity of governmental and humanitarian actors to meet the immediate humanitarian needs of the affected populations. In 2008, the cyclones and rains brought about unprecedented destruction, devastating crops, homes and roads throughout the country. The National Bureau for Risk and Disaster Management (BNGRC) estimated that some 250,000 persons living in ten regions, representing 20 most affected districts, were in urgent need of assistance. Women of reproductive age made up approximately 25 percent of the impacted group. Due to the extent of the identified needs and the limited resources, the government requested the support of in-country partners to respond to immediate life-saving humanitarian needs and to target the most vulnerable groups. Responding to the request, the HCT submitted a range of emergency activities, which proved instrumental to

- stabilizing of food security and nutritional status of the most vulnerable;
- preventing disease outbreaks and the response to health-related emergencies;
- providing shelter and protection, as well as meeting education needs of the most vulnerable; and
- ensuring uninterrupted access to beneficiaries by means of logistics operations.

By the end of the cyclone season, Rift Valley Fever (RVF) was reported in both animals and humans in 20 out of the 119 districts of Madagascar, with particular concentrations in the northern, southern and central regions. By 1 June 2008, the Malagasy Ministry of Health (MoH) detected 514 suspected cases, of which 19 were human fatalities. The Institute Pasteur confirmed the infection with the Rift Valley Fever Virus (RVFV) in some 84 human cases. According to the World Health Organisation (WHO), in rural areas, many cases went unreported or untested; hence, most probably the real incidence of human infection with RVFV was much higher than official reports. In response to the imminent threat and consequences of the virus, FAO and WHO, in collaboration with their government and non-governmental partners, agreed on essential activities within the framework of CERF, which played a vital role in

- evaluating the scope of the disease, the risk of increase in the activity of the virus, prevention and containment measures;
- reinforcing the capacity for livestock disease surveillance, reporting systems, laboratory diagnostics capacity, emergency and contingency planning; and,
- implementing community education programmes through awareness campaigns and training, thereby alerting exposed populations to potentially risky practices and behaviour.

In 2008, food prices at the global level increased by about 45 percent during the last nine months and Madagascar was not spared in the process. The country's serious problems related to food insecurity were further deepened and impacts on the population throughout the country were felt. Surveys in 2008 showed extreme precariousness in food consumption and nutritional diet<sup>1</sup>. The pre-eminence of rice consumption and other traditional eating habits also accounted for the alarming nutritional situation of the Malagasy population. Serious economic problems and, in particular, the insufficient increase in agricultural production, and recurrent natural disasters were the principal causes of food insecurity. The third CERF proposal in 2008 responded to attenuate some of the most adverse consequences of food insecurity in two of the most vulnerable regions of the country (Analanjirifo and Atsimo Atsinanana). Concerted and coordinated actions by the UN agencies involved and their partners in the field helped lower morbidity and mortality during the lean season in the selected districts. It further provided supplementary feeding of moderately malnourished children (6 to 59 months of age) and pregnant/lactating women; and facilitated the distribution of rice and beans seeds to most vulnerable rural families and, in parallel, the distribution of food items as a "shield" for seed distribution.

<b>Total amount of humanitarian funding required and received during the reporting year</b>	<b>REQUIRED:</b> <b>RECEIVED:</b>	\$ 56,944,422.00 \$ 24,272,205.00		
<b>Total amount requested from CERF</b>	<b>FUNDS (IN TOTAL REQUESTED):</b>	\$ 6,490,561.00		
<b>Total amount of CERF funding received by funding window</b>	<b>RAPID RESPONSE:</b> <b>UNDERFUNDED:</b>  <b>GRAND TOTAL:</b>	\$ 6,490,561.00 \$ 0.00  \$ 6,490,561.00		
<b>Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners</b>	<b>UN AGENCIES/IOM:</b>   <b>NGOS:</b> <b>GOVERNMENT:</b> <b>OTHER:</b>  <b>TOTAL</b>	\$ 6,490,561.00 (CERF Cyclones: \$ 4,625,344 CERF RVF \$ 376,186 CERF Food Crisis \$ 1,489,031) \$ \$ \$ \$ 6,490,561.00		
<b>Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)</b>	<b>TOTAL</b>	<b>under 5 years of age</b>	<b>Female (If available)</b>	<b>Male (If available)</b>
	<b>CERF Cyclones:</b> 222,000 <b>CERF RVF:</b> 80 percent of the total population	<b>CERF Food Crisis:</b> 198,625 children (6-59 months)	<b>CERF Cyclones:</b> 3,150 pregnant women <b>CERF Food</b>	

<sup>1</sup> Joint report of FAO/WFP/IFAD/UNICEF on the initiative for the food price increase - Plan of action on the rapid impact. July 2008

	(pop of Madagascar – 19,000,000) <b>CERF Food Crisis: 348,700</b>		<b>Crisis:</b> 110,072 pregnant and lactating women	
<b>Geographic areas of implementation targeted with CERF funding</b>	<b>CERF Cyclones</b> – regions of Atsinanana, Analanjirofo, Alaotra as well as the capital town in Analamanga, <b>CERF RVF</b> – the regions of Analamanga, Alaotra – Mangoro, Vakinankaratra, Diana, Anosy, Haute-Matsiatra, Boeny, Horombe, Atsimb Andrefana (WHO); Analamanga, Vakinankaratra, Itasy, Alaotra Mangoro, Haute Matsiatra, Amoron'i Mania (FAO) <b>CERF Food Crisis</b> – the region of Analanjirofo – districts of Fenerive Est and Vavatenina; the region of Atsimo Atsinanana			

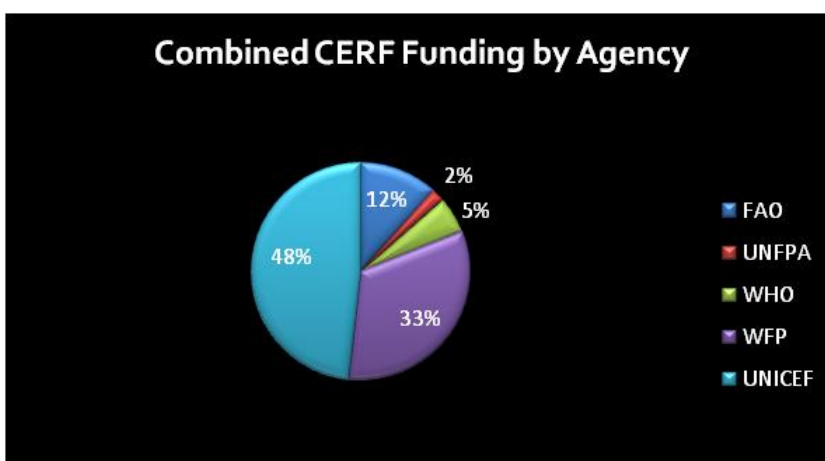
## II. Background

### CERF Cyclones

In the beginning of 2008, Madagascar was struck by three powerful cyclones (IVAN, FAME, and JOKWE). They ravaged the coastal areas upon impact and, in the wake, brought heavy rainfall to most parts of the island, affecting some 250,000 people, in particular in the north-eastern and north-western parts of the country. The ensuing floods hit heavily populated areas such as the capital city of Antananarivo, as well as important farming areas, including the region of Alaotra Mangoro. As a result, the food security situation dramatically deteriorated, and the risk of maternal and child mortality due to a lack of access to quality services, and exposure to water-borne diseases, increased. In view of the situation, the Resident Coordinator, in consultation with BNRGC, technical clusters, and HCT, identified the most urgent priorities for the first phase of emergency response to the cyclones and floods. The clusters prioritised the activities aimed at benefiting the population in the heaviest impacted areas of the country. Based on needs identified, the selected activities were determined jointly by the cluster assessment groups made up of humanitarian partners, BNGRC and respective ministries.

### CERF Rift Valley Fever

Since January 2008, Rift Valley Fever (RVF) has been reported in both animals and humans in 20 out of the 119 districts of Madagascar. By 14 May 2008, the Ministry of Health of Madagascar reported 418 unverified cases, of which 17 human deaths (CFR four percent) were, reportedly linked to RVF. Subsequently, infection with the RVF Virus (RVFV) was confirmed in laboratory in 72 human cases by the Institute Pasteur of Madagascar, WHO's collaborating centre for Viral Hemorrhagic Fevers. A difficulty with detecting RVF infections was because in rural areas few cases were normally reported or tested by health authorities, thereby increasing the probability of real incidence of human infections throughout the country. The Government of Madagascar was concerned that RVF could potentially become the source of health and socio-economic problems in the near future with long-term consequences on food security and livestock industry. There was also a legitimate concern that RVF could have had a negative economic impact on poor rural farmers who depended on animal

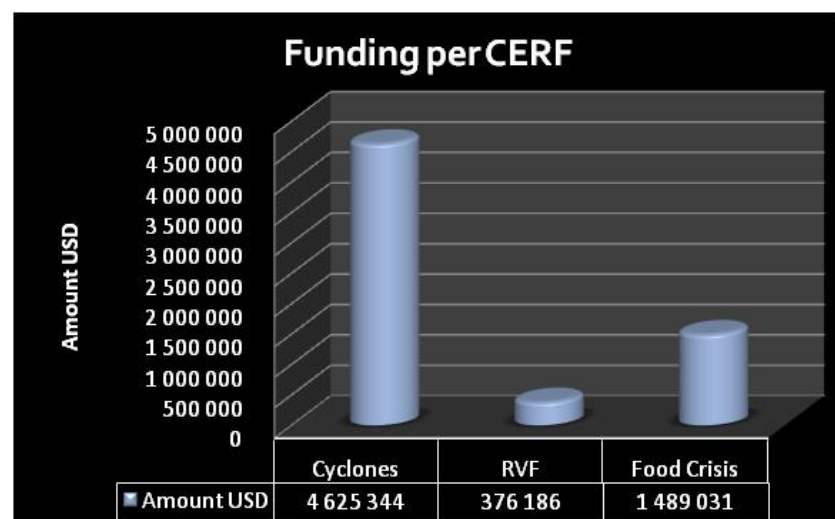


traction for their livelihood. With the support of the UN agencies in the country (FAO, WHO) and missions of international experts, the Government of Madagascar was poised to develop an Emergency Response Plan. Its main objectives were the support of disease management in affected livestock herds and human populations at risk; reinforcement of capacity for livestock disease surveillance; improvement of reporting systems and laboratory diagnostics capacity; emergency control; and contingency planning. In addition, awareness raising, information strategies, and training of government staff and population at large were given prominence under the Plan. The CERF grant, which followed, was directly linked to the priorities in the Emergency Response Plan.

The Resident Coordinator, in consultation with the Government and the relevant sectors, selected the three most urgent priorities for the first phase of emergency response to RVF. FAO and WHO agreed to develop a joint project to address the RVF crisis. The two agencies appealed to the international community, institutional and private donors to extend further the emergency programme to those regions of Madagascar not covered under the CERF grant. The appeal included additional emergency activities and measures, thereby aiming to cover all population exposed to a potential risk.

### CERF Food Crisis

In the period from 2007 to 2008, Madagascar went through two consecutive, powerful cyclone seasons, as a result of which the population impacted had little time for proper economic recovery in between. Humanitarian implications were particularly significant, as Madagascar is one of the poorest countries in the world.<sup>2</sup> Furthermore, while seasonal food insecurity is not uncommon in Madagascar, the fact that the lean season coincides with the December-to-April cyclone season means that regular seasonal food insecurity is aggravated by the effects thereof, compounding the vulnerability of populations. Serious economic problems and, in particular, the insufficient increase in



agricultural production, and recurrent natural disasters were the principal causes of food insecurity among the population. Responding to the unprecedented rise in food prices, the CERF Secretariat allocated over \$ 28 million from its rapid response window to projects linked to rising food costs. Under this emergency window, Madagascar has been allocated the initial amount of \$ 1.5 million. UNICEF, WFP, FAO and WHO submitted a joint CERF request that included funding for immediate life-saving activities in sectors directly linked to the effects of the food crisis. All

priorities were determined jointly and were designed to cover immediate interventions in agriculture and food security, health, and nutrition.

In December 2008, WFP and UNICEF requested of the CERF Secretariat a time extension on activities and the permission to modify beneficiary targeting. The two agencies linked their justification to the fact that due to immediate actions they had taken in the third quarter of 2008, acute malnutrition rates were being contained to a reasonable rate. UNICEF wished to concentrate its efforts on the most vulnerable age groups over a longer period to ensure that they were appropriately covered during the pending lean season from January to February 2009.<sup>3</sup> WFP's emergency

<sup>2</sup> Madagascar was ranked 143 out of 177 countries in 2008 according to UNDP's HDI in 2008.

<sup>3</sup> Letter N/UNITAN/SURVIE/2636 to Mr. John Holmes from Bruno Maes, UNICEF Area Representative, 10 December 2008

supplementary feeding risked not responding optimally to the changed needs and conditions.<sup>4</sup> After joint consultations with UNICEF and Ministry of Health, it was recommended that preventive “blanket” feeding would be carried out among most vulnerable groups of children aged 0-2 and lactating women, with the focus on the micronutrient composition of the provided ration. This was to be done by coupling two interventions supported by CERF: the blended food distributed by WFP with the Plumpy Doz (for 0-2 children) and micronutrient tablets (for women) distributed by UNICEF.

On 26 January 2009, Madagascar plunged into a political crisis. The situation became particularly volatile in large towns where looting, protests and violence took place. The Resident Coordinator responded by increasing security measures, including moving up the Security Phase to Phase Two and limiting movement of staff in and out of the country. As Madagascar continues to be engulfed in the crisis, UN agencies have had difficulties with completing the CERF Food Crisis projects on time.

### **III. Implementation and results**

#### **1. Coordination and implementation arrangements**

The decision-making process mirrored the excellent level of collaboration among UN agencies, BNGRC, government ministries, and NGOs in 2008. Working through the cluster approach, all cluster members (UN agencies and NGOs) had equal opportunity in the submission and selection of proposals. The UN Country Team, under the leadership of the Resident Coordinator, led the decision-making process for the development of all CERF proposals in 2008. Because each CERF grant addressed distinctive issues, the decision-making process was adapted to address optimally its specific context:

##### CERF Cyclones

The CERF cyclones grant capitalised on the strategic priorities and targeting mechanisms of the Flash Appeal 2008, as the focus for prioritizing needs. The process took into account the crucial role of BNGRC, which is mandated to manage the response to natural disasters in Madagascar. This includes preparation, prevention, strategic planning and humanitarian response with the support to a humanitarian platform and the Sector Working Groups (clusters). Partners are grouped around the humanitarian platform CRIC (Comité de Réflexion des Intervenants en Catastrophe). This group operates under the leadership of BNGRC, maintaining an active link with technical Ministries through the clusters.

A number of rapid assessment missions were conducted with the participation of the sectors and relevant national authorities, coordinated by BNGRC with the support of UN Office for the Coordination of Humanitarian Affairs (OCHA) and the Resident Coordinator’s Office (RCO), to collect data upon which priority interventions and activities were put together by BNGRC and humanitarian partners. Based on the Inter-Agency Standing Committee (IASC) contingency plan prepared in 2007, the cluster leads helped BNGRC define needs and areas of intervention and to make appeals on behalf of their respective clusters. The Resident Coordinator worked closely with all the UN agencies to determine the level of funding and the type of activities to be implemented by agencies.

##### CERF Rift Valley Fever

The CERF Proposal was based on an Emergency Response Plan developed by the Government of Madagascar with the support of UN agencies in the country (FAO, WHO) and international experts from WHO, FAO, the World Organisation for Animal Health (OIE), US Centre for Disease Control (CDC), USAID and the Institute Pasteur of Madagascar.

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<sup>4</sup> Letter 882/0/CD to Mr. John Holmes from Krystyna Bednarska, WFP Country Director, Madagascar, 18 December 2008

FAO and WHO were involved in the inter-ministerial coordination committee, set up in the second half of 2008 to monitor RVF. They played an active role in different technical sub-committees in their respective fields and promoted crosscutting activities to ensure an integrated response to the crisis. In particular, FAO assisted in the implementation of the activities by the Ministry of Agriculture and the Veterinary Services; while WHO helped implement activities by the Ministry of Health, the Institute Pasteur of Madagascar and the DULMT (Direction des Urgences et de la Lutte contre les Maladies Transmissibles). Regular meetings were held to highlight gaps and develop appropriate response strategies.

### CERF Food Crisis

The priority regions covered by the CERF food crisis grant were based on assessments conducted by UN agencies. For example, the report “Initiative sur la Flambée des prix Alimentaires” produced jointly by FAO, WFP, IFAD and UNICEF in July 2008 drew attention to the particular precariousness of the southern regions of Madagascar caused by rising prices of food commodities worldwide and locally. One other nutritional survey (SMART) was conducted by UNICEF in June 2008 in the two regions affected by the cyclone, revealing alarming food insecurity in the region of Analanjirofo. Under the aegis of the Resident Coordinator, WFP and UNICEF co-ordinated discussions with all operational UN agencies and donors to determine the modality of assistance within a larger framework of action.

In July 2008, Madagascar was identified, amongst 12 countries, as a priority country recommended for an allocation of \$1.5 million from the CERF rapid response window to combat the impact of the food crisis on the most vulnerable populations. To this end, the Resident Coordinator requested UN agencies to work together and agree on the areas of intervention and priority activities. A number of working meetings were held under the coordination of the RCO to arrive at an optimum response within the framework of the CERF grant. Activities proposed were the outcome of in-depth discussions based on the available evidence from surveys and evaluations.

## **2. Project activities and results, including actual beneficiaries**

### CERF Cyclones

#### **Agriculture and Food Security**

FAO's timely intervention enabled the most vulnerable flood-affected households to commence farming activities, thus restoring basic livelihoods and improving food security. The flood-affected districts of Fenerive, Vavantenina, Soanierana Ivongo (Analanjirofo region) benefited from the distribution of seeds. Similarly, the island of Sainte Marie was targeted with agriculture support and two districts in the region of Alaotra Mangoro received beans and onion seeds. Furthermore, an additional seven regions, which suffered agricultural losses, received a total of 37 tons of rice seeds to boost the production of rice in off-season. To this end, a total of 116.6 tons of rice, maize and beans were packaged and distributed. Furthermore, vegetable seeds were distributed to 2,700 families not covered under the kit component. FAO also procured and distributed seeds for cultivation during off-season and supported the cultivation of short cycle varieties in order to shorten periods of hunger among populations affected by natural disasters. As a result, the project not only ensured an increased availability of rice on local markets at affordable prices, but also contributed to restoring food security. In the region of Analanjirofo, upon farmers' requests, different seed kits were distributed throughout the affected areas. Some 4,060 farmers received a combination of five kg of rice and three kg of bean seeds each. Farmers were selected among the most vulnerable rice producers and owners of irrigated land. In addition, 2,500 farmers received a combination of eight kg of maize and three kg of bean seed each.

To ensure the timely distribution of items, FAO contracted the services of Crac Hasina, a local NGO with extensive experience in implementing rural development projects. Eight tonnes of rice seeds and one ton of maize were distributed to 1,800 households and 30 kg of guano to 200 beneficiary farmers who were in need of additional organic fertilizer. Owing to the distribution of fertilizer, yield increased by 50 percent enabling the production of 880 tons of vegetable. In the region of Alaotra Mangoro,

FAO distributed 10,605 kg of bean seeds to 3,535 farmers and 60 kg of onion seeds to 2,400 families. These seeds were planted on 277 ha of land yielding 1,965 tonnes of produce.

The remaining funds enables FAO to procure additional rice seeds in the seven regions affected by Cyclone Ivan, while DRDR (Direction Régionale du Développement Rural) was responsible for the storage and distribution of donations to affected farmers. Some 7,400 farmers were identified to be included in the seed distributions. Moreover, FAO provided technical support to DRDR by means of monitoring the distribution of 37 tons of rice seeds. The distribution assured the cultivation of 1,850 ha of land with 3,700 tons of produce in yield.

The CERF contribution received by WFP enabled the distribution of 983 mt of food to disaster-affected households, of which 134mt of vegetable oil, 166mt of yellow split peas and 683mt of rice. Food assistance was carried out in the most impacted regions of Atsinanana, Analanjirofo, Alaotra as well as the capital town in Analamanga, which was affected by floods. CERF funds complemented WFP's own resources and contributions from ECHO, which enabled food, aid distribution to impacted populations after the cyclones, emergency school feeding and Food for Work (FfW) schemes. Thanks to the FfW programme 455km of roads, 210,000sq meter of water retention structures, 275km of irrigation canals and 4,100 local huts for most vulnerable people were completed. Emergency school feeding contributed to keeping 4,700 pupils in school after the cyclones. Early recovery supported through labour intensive FfW schemes increased food availability among the communities in isolated areas, while contributing to the quick restarting of economic activities to pre-impact levels. Road cleaning facilitated timely transportation of food and other essential relief items.

## Health

UNFPA's distribution of reproductive health kits, the training on their use, and the sensitization of communities contributed to saving lives and to reducing the vulnerability of women, children and youth where health services were not accessible or not functioning. Free reproductive services were needed at the time when families' income was greatly reduced after the cyclones and floods.

*UNFPA: Emergency Reproductive Health Kits – August 2008*

Reproductive health kits	Regular Programme	CERF	TOTAL
Kit 6 Clinical Delivery	0	40	40
Kit 9 suture of tears and vaginal examination	3	6	9
Kit 11 A referral level reusable equipment	3	6	9
Kit 11 B referral level and drugs and disposable equipment	3	6	9
Kit 12 Safe blood transfusion	3	6	9

UNFPA worked closely with the BNGRC, UN agencies and other partners, and line Ministries (i.e. Ministry of Health, Ministry of Defence). These strategic partnerships facilitated the identification of vulnerable populations, including their urgent reproductive health needs. Collected data were analyzed and used for the prioritization of the present CERF project, but also for identifying major gaps to be addressed in this area.

The Project "Implementation of Minimum Initial Service Package" was carried out by UNFPA in coordination with the MoH at the central and decentralised levels. Strategic partnerships were also established with national NGOs (Malagasy Red Cross) and with a shipping company Colis EXPRESS, as well as with local authorities, which played an active role in sensitising communities and logistics. The training of health providers was carried out by focal points picked from amongst doctors together with focal points from UNFPA. The Ministry of Health facilitated the timely



dispatching of emergency reproductive health kits to assist pregnant women and to prevent IST transmission.

UNICEF's activities within the scope of the CERF grant supported the purchase of plastic sheeting for 13,000 cyclone-affected families in displacement camps and in isolated areas in the regions of Menabe, Analanjirofo and Alaotra Magoro. The funds were also used to purchase essential medicines (including anti-malaria drugs, antibiotics, and anti-diarrhoeals) for some 135 basic health centres in five districts in the region of Analanjirofo, two districts in the region of Alaotra Mangoro and two districts in the region of Menabe. This allowed for the free-of-charge treatment of 97,800 people, who came in for consultation in the three regions between February and May 2008, of whom 26,600 were children under the age of five seeking treatment for common illnesses (diarrhoea, ARI and malaria). The funds were also used for the purchase and distribution of 12,000 Long Lasting Insecticide treated Nets (LLINs) to the above health centres. A boat for the districts of Belo/Tsiribihina was purchased to serve health centres and villages in the district, which are located on the river. In addition, 108 refrigerators and vaccine-carriers were purchased and distributed to 45 health centres in five districts in the region of Analanjirofo; 42 health centres in five districts in the region of Menabe; and 21 health centres in five districts in the region of Melaky.

Renting of a helicopter was vital to providing health services in isolated areas. Since approximately 75 percent of the Analanjirofo region was inaccessible by road, the severe effects of the cyclone and flooding forced UNICEF and the Regional Health Authorities to implement a mobile strategy to extend essential and routine health care to 20 villages in isolated areas of the region. Some 2,920 children were vaccinated against measles, diphtheria, pertussis, polio, tetanus and hepatitis in the districts of Soanierana Ivongo, Fenereve Est, Sainte Marie and Vavatenina in the Analanjirofo region, and some 319 children were vaccinated in the district of Miandrivazo in the Menabe region.

CERF funds also ensured the protection of pregnant women from contracting malaria by means of providing SP (anti-malarial) tablets to some 3,280 pregnant women in the region of Analanjirofo and some 180 pregnant women in the region of Menabe. Advanced Expanded Programme on Immunisation (EPI) strategies were undertaken in four districts of the region of Menabe: Morondava, Mahabo, Miandrivazo, and Belo/Tsiribihina. In each of these districts, at least three rounds of advanced strategies (where health workers were mobilised to reach target beneficiaries in their own communities, where access to health centres had been cut off due to cyclone-related flooding and damage) were undertaken between March and May 2008. By the end of May, all these districts had attained coverage above 80 percent for all the EPI antigens.

WHO's interventions focused on the development of mobile health clinics in 10 impacted regions, as a result of which some 100,000 beneficiaries located in underserved localities (250,000 persons) were able to use their services. Mobile teams were trained on the principles of disaster risk management. WHO also purchased emergency kits for health centres in 19 municipalities. An Integrated Disease Surveillance and Response programme was extended to 10 affected regions where 10 regional units, 40 officers in total, 50 staff from the districts and 422 officers in charge of basic health centres were retrained on the mechanisms of the programme. WHO also helped develop Information, Education, Communication (IEC) materials on cyclones in the most exposed areas.

### **Water and Sanitation**

The CERF grant supported more than 30,209 affected families (Analanjirofo, Menabe and Alaotra Mangoro) with the provision of Water and Sanitation (WASH) kits (buckets, household water purification treatment, cups and soap). In partnership with the Malagasy Red Cross and Medair, UNICEF assisted the provision of safe drinking water for cyclone-affected populations through the cleaning and disinfection of 3,373 flooded or contaminated wells throughout the affected regions. Emergency water trucking services were also provided in the camps in Antananarivo for three months. Households were trained in water disinfection. In addition, water-harvesting systems were installed in 50 locations following the purchase of 50 water tanks. Recommendations were made to use these water tanks to pursue disinfection using a water purification product. Ten new wells were



also constructed and the rehabilitation of the Gravity Water Supply System (GWSS). Some 3,000 packs of four candles of water filters were purchased for 3,000 families, to improve water quality. Together with the Ministry of Education, UNICEF distributed WASH kits to 440 schools (reaching 110,000 students) in cyclone-affected areas. Latrines and hand washing facilities were set up in displacement camps for more than 20,000 families in Antananarivo. At least 4,500 IEC materials were produced on good hygiene practices and the three key messages of WASH. UNICEF interventions also focused on water supply and the delivery of sanitation services in Antananarivo. Two consultants (one international and one national) were recruited to provide temporary support to the most affected region of Analanjirifo.

## **Education**

Having purchased two 4 by 4 vehicles for field missions, 5,000 tarpaulins; 300 school-in-a-box kits, 200 recreation kits for children and teachers, and 200 blackboards, UNICEF's intervention ensured that 9,000 affected children in primary schools, 4,410 boys and 4,590 girls, had access to education facilities and 24,000 affected children in primary school, 11,760 boys and 12,240 girls, received learning materials to encourage school attendance<sup>5</sup>. In addition, 144 schools in the affected areas received education and recreation materials (128 schools in Analanjirifo, two schools in Melaky, seven schools in Alaotra Mangoro and seven schools in Menabe).

## **Shelter**

In collaboration with the Malagasy Red Cross and Medair, UNICEF distributed plastic sheeting, ropes, and nails, which helped improve living conditions of some 3,000 households. CERF funds were also used to distribute kitchen kits, one generator (to provide electricity to 1,000 people) and beds (to some 200 families, equal to an estimated 1,000 people) in Menabe region. In addition, 50 tents, sufficient for some 1,500 families, were delivered to the priority impacted regions, and office furniture was purchase for Regional Chiefs, regional health departments to assure continual operations. Communities were trained in house and infrastructure rehabilitation. Some 4,700 families in total directly benefited from shelter activities under CERF funding.

## **Protection**

UNICEF used CERF funds to open 10 child-friendly spaces<sup>6</sup> in the area of Antananarivo, with an average of 250 children attending daily per centre. Psychosocial care, health, birth registration, educational and recreational activities were provided on site. In addition, 833 children who had been out of school were enrolled in public primary school in September 2008. Some 36 community volunteers received training every 10 days on psycho-social and child development activities and 240 district authorities, health justice and police representatives were trained on child protection in emergencies in 10 most impacted regions.

## **Logistics**

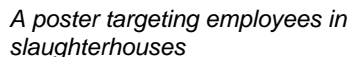
A logistics coordination structure was immediately set up both in the field (Fenerive Est) and the capital city of Antananarivo, with active participation of BNGRC at both levels. UNHAS officers with the assistance of WFP Logistics liaised constantly with humanitarian actors (especially UNICEF, UNFPA, CARE and BNGRC), and ensured timely tasking of the helicopter and movement control. Requests for transport and storage assistance was consolidated daily in order to prioritise most urgent needs of beneficiaries as well as to allow the humanitarian community and the government to carry out a follow-up evaluation of damages and on-going support. The CERF grant was leveraged to immediately borrow in-country food from other WFP programmes while the purchase and shipment of emergency food commodity were simultaneously launched. The arrangement assured that

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<sup>5</sup> About 33,000 children benefited from the CERF-funded emergency education response; 3,000 more children than stated in the CERF proposal. This was due to UNICEF Madagascar complementing CERF-funded emergency education supplies with supplies from UNICEF pre-positioned stock.

<sup>6</sup> Please note that the number of Child Friendly Spaces set up was 10, rather than the 20 specified in the CERF proposal, due to the limited capacity of partners at the time, due to the fact that 2008 was the first year that specific Child Protection in Emergency responses were properly implemented. At the time of the proposal, although capacity constraints were expected and taken into account, the full extent of these capacity limitations was not known. However, the additional funds available from the lower number of Child Friendly Spaces were used to train community volunteers, district health and justice authorities and police representatives to ensure that this capacity was built to ensure the quality of services delivered in the 10 Child Friendly Spaces established.

## CERF Rift Valley Fever



Meeting each month, the coordination committee provided crucial advice to technical subcommittees: on social mobilisation (to implement awareness campaigns); on epidemiological surveillance (to coordinate human and animal RVF disease surveillance); and on case-management (to train doctors and nurses).

(17,290 of each), three short films and one radio message (in six dialects) were conceptualised and produced for the population at large.

CERF funding enabled WHO to conduct a sero-epidemiological survey, covering some 3,000 exposed persons in some 111 districts. In the wake of the survey, RVF mapping was prepared, strengthening the overall response to the outbreak. Individual protection equipment was purchased by WHO Geneva, pending arrival. Hospitals have used their protection equipment and will be reimbursed by WHO.

CERF funds contributed to financing surveillance and response systems for epidemic diseases in Madagascar. Furthermore, WHO was able to secure an additional \$ 10,000 from their headquarters in the first stage of the outbreak for launching surveillance and response systems.

## CERF Food Crisis

## Agriculture and Food Security

The combined effect of heavy floods and rising food prices compromised the fragile livelihoods of rural populations relying to a significant extent on subsistence farming in the south-east of Madagascar. In addition to supporting the rehabilitation of agricultural infrastructure, CERF funds were used by WFP to cushion food gaps during the lean season, while helping to avert a nutritional crisis in the following months.

WFP has purchased and is currently distributing appropriate supplementary feeding to some 25,000 children under two years of age and lactating mothers (in coordination with the micronutrient supplementation provided by UNICEF operation). This activity is complementary to the distribution of micronutrient supplementation by UNICEF in the same geographical area. Rations for infants under six months are destined for lactating mothers. As described in the amendment letter 882/08/CD sent to CERF on 18/12/08, the intervention began in February 2009 and will take 30 days to complete.

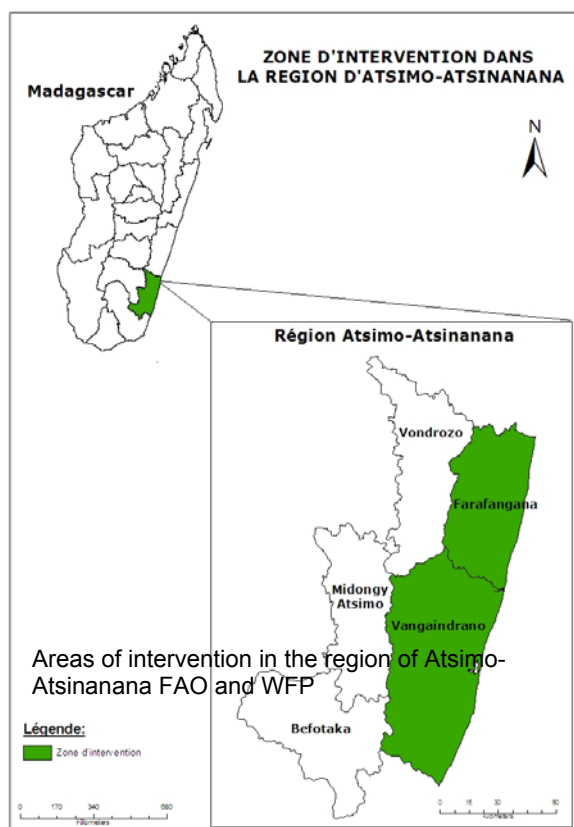
The reduction of harvests due to cyclones in early 2008 advanced the lean season leaving family diets at risk of being reduced in quantity and quality. Moreover, in the same period, an increase in transport prices was expected to leave farming families with less cash reserves to buy food to provide for their families. This was likely to have an adverse impact on young children and pregnant women. This activity covers Analanjirofo region where blanket feeding was performed.

The districts located along the coast in the region of Atsimo Atsinanana had not received assistance related to the food crisis since the majority of food assistance had to be concentrated in post-cyclone rehabilitation in Analanjirofo and Sainte Marie island. This happened in spite of the fact that the region is known to have high malnutrition rates, weak agricultural production capacity, and a high poverty rate. Atsimo Atsinanana was judged particularly vulnerable to the effects of increasing food prices.

In off-season, FAO already distributed 116 tons of rice, maize and beans in Analanjirofo under different funds. Another proposal was submitted to donors for the region of Vatovavy Fitovinany in the south. In addition, FAO procured and distributed an extra 90 tons of rice and beans as well as fertilizer in seven other vulnerable regions. CERF funding helped to reinforce the above interventions. All activities were designed in collaboration with implementing partners and DRDR, applying the following criteria:

- Farming families with no seeds and living in areas too remote for procurement of seeds;
- Farmers with no or reduced capacity for purchase of seeds due to economic hardship;
- Farming families composed of eight people or more;
- Farmers who cultivate less than one hectare;
- Farmers who rely on rice production only (as subsistence crop);
- Farmers with land located in critical areas more exposed to seasonal flooding;
- Farmers with females as head of family.

Initial assessment and identification of beneficiaries was carried out in collaboration with DRDR and implementing partners. Access to some districts was difficult and once the rainy season began certain municipalities were not accessible at all. To find a solution, seed distribution was launched before the



rains. Transportation costs turned out being higher than expected due to the rise of fuel prices and deteriorated conditions on the road.

FAO ensured the procurement of good quality seeds in accordance with the QDS (Quality Declared Seeds) standards for rice and maize, and organised the transport from the suppliers' stores to the warehouses of implementing partners in the towns of Farafangana and Vangandrano. FAO dispatched one staff to the field to follow up and ensure timely implementation of activities. Monitoring and evaluation missions in the field took place in collaboration with implementing partners and DRDR.

Table summarising FAO's distribution of different varieties of seeds

Type	Variety	Procured quantities (Kg)	Total (Kg)
Rice	X265	8 800	78 800
	Sebota 68	5 000	
	Sebota 69	10 000	
	Sebota 70	30 000	
	Sebota 281	5 000	
	B22	20 000	
Maize	Irat 200	14 000	24 000
	CIRAD 412	10 000	

Seed distribution in Atsimo Atsinanana (Vaingaindrano and Farafangana) by FAO was coupled with WFP distribution of seed protection ration. More than 8 000 vulnerable households (40,060 beneficiaries) received 553 mt of food (rice and pulses) to prevent the consumption of the seeds and ensure their planting.

Thanks to CERF funds, beneficiaries were able to plant on time during the second agricultural season, boosting their resilience to food insecurity during the lean season. Adapted short cycle cultivars of rice and maize facilitated early harvest and ensured food production and

created food stocks before the main season's harvest.

## Nutrition

With CERF funds, UNICEF was able to purchase Ready-to-Use Food (RUF), as supplements rich in lipid and multi-micronutrients to carry out "blanket" distributions of RUF to 90 percent of children aged between 6–24 months (28,426 children)<sup>7</sup>. CERF funds also enabled them to do a MUAC screening for 91 percent of children aged between 6 and 59 months (62,758 children) in the districts of Fenerive Est and Vavatenina over a four-week period (the first round of the eight week distribution. The same number of children currently is being targeted during the second round, which started on 6 April 2009. This activity is being accompanied by WFP's "blanket" distribution of nutritious food and multivitamin and minerals supplements to individuals who have undergone MUAC screening conducted by UNICEF.

UNICEF was also able to provide two month's supply of multi-micronutrients (MMN) to pregnant and lactating women (10,031 women)<sup>8</sup> to prevent and treat micronutrient deficiencies that increase

<sup>7</sup> The CERF proposal specified that 90 percent of the total number of children aged 6-36 months in the two target districts (90 percent of 46,000 children) would benefit from RUF for seven weeks. In terms of children targeted by the project, as stated in the UN Madagascar RC's letter to CERF in December 2008, the target group was changed to 6-24 month olds, given the higher risk of malnutrition in this age group. A joint UNICEF-Government censorship carried out before the activities took place showed that the total number of 6-24 month olds in the two target districts as being 31,617 children. 28,426 children aged 6-24 months benefited from the project; 90 percent of the target group. Given the number of child beneficiaries was lower than that in the proposal, the additional funds available were used to scale-up interventions to:

- Allow the Plumpy'doz distribution to run for eight weeks rather than seven as originally planned in the proposal;
- Allow the activities to include MUAC screening for all 6-24 month olds receiving Plumpy'doz;
- Allow the activities to also include MUAC screening for as many additional children (aged 25-59 months) as possible.

Additional UNICEF resources were also used to ensure that children aged 6-59 months who were found to have a MUAC reading of less than 120mm during the screenings were sent to health centres (and not distributed Plumpy'doz), and provided with additional screening to detect severe malnutrition. If found to be severely malnourished, children were provided with Plumpy'nut and systematic treatment. If not found to be severely malnourished, children were provided with Plumpy'doz.

<sup>8</sup> The CERF proposal specified that 90% of all pregnant and lactating women (90 percent of 38,000 women) would benefit from MMN for two months. In terms of pregnant and lactating women targeted by the project, the joint UNICEF-Government censorship carried out before the activities took place showed that the total number of pregnant and lactating women was in fact much lower than the estimates provided by local administrative authorities (the only data source available when the

morbidity and mortality in mothers and newborns in the same districts. CERF funds also made possible three-day refresher training on acute malnutrition management and appropriate infant and young child feeding practices for 513 community workers and village chiefs in the district of Fenerive Est and for 454 community workers and village chiefs in Vavatenina. Community workers were trained on how to identify and screen potentially malnourished children and refer them to a health centre for further therapeutic care. In order to reach the most vulnerable population, often living in remote or isolated areas, the participation of community workers and village authorities was crucial.

UNICEF was able to support the printing and distribution of IEC materials on acute malnutrition management for the training and on early and exclusive breastfeeding. The materials were intended for training and distribution at the community level.

In coordination with FAO's distribution of short cycle rice, seeds protection rations were distributed to over 8,000 vulnerable households. The joint intervention thus ensured increased food availability in the short run while maximising the impact of seed distribution, and thus increasing food security for the next season.

## **Health**

WHO's intervention centred on the region of Atsimo Atsimanana of Madagascar where the impact of the food crisis was evaluated to be high. In collaboration with technical departments of the MoH and a local NGO, named ASOS<sup>9</sup>, the agency undertook to implement mobile health and community based health activities in remote and difficult-to-access areas. The mobile strategy was based on immunization campaigns, distribution of ITNs, mass administration of soil transmitted helminths (STH) drug, free treatment of current diseases for children under 5 years of age, pregnant and lactating women. In addition to the above, WHO focused on empowering isolated communities to manage current diseases in the absence of public health centres. IEC materials on the prevention of main communicable diseases were produced and an epidemic warning and response system was set up in all covered districts. Using CERF funds, WHO purchased drugs and ITNs, recruited one national epidemiologist for three months and contracted services of the NGO ASOS to hire, train and supervise community health agents. Some of the activities are still underway due to a number of constraints discussed below.

## **3. Partnerships**

### CERF Cyclones

Due to the extent of the identified needs and the limited resources, the government requested the support of in-country humanitarian partners to respond to immediate life-saving humanitarian needs in order to target the most vulnerable groups.

Based on this request, and to ensure a coordinated response to the government of Madagascar, the HCT agreed to submit a joint CERF request. The collaboration with BNGRC, including assessment missions, common prioritisation of activities for the Flash Appeal 2008, and logistics at the central level and in the field were an example of good collaboration. The recently implemented Humanitarian Reform<sup>10</sup> and the first version of the National Contingency Plan underwent the first round of practical tests in the field.

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proposal was written); 10,031 rather than 38,000. However, this number was obtained with the assistance of community health workers, based on the number of women declaring themselves to be pregnant at the time of the census, alongside the number of women known to be lactating. 100 percent of these women received MMN supplementation. However, the population estimate of 10,031 may well be inaccurate, due to local beliefs that a pregnancy shouldn't be declared before four months, meaning that an indeterminable number of pregnant women will not have declared themselves to be pregnant at the time of the census, and therefore not received MMN supplementation. Given the number of pregnant and lactating women beneficiaries was lower than that in the proposal, the additional funds available were used to scale-up interventions targeting children under the age of five, as listed above.

<sup>9</sup> ASOS : Action Socio-sanitaire Organisation Secours

<sup>10</sup> The Cluster Approach was formally launched in Madagascar in April 2007.

All assessments were prioritised and conducted jointly by the UN, NGOs and the Government. For example, after Cyclone Ivan, a helicopter and an airplane were mobilised respectively by CARE and UN Agencies to conduct joint assessments in the most affected areas.

Examples of good collaboration and partnerships abounded at the central and field level. Not only did UN agencies synchronised their activities in such sectors as Food Security, Health and Agriculture (see above), but they also relied on their long established local partnerships with NGOs, local authorities and technical departments to implement certain aspects of their projects.

In order to ensure a sense of local ownership, FAO enlisted services of four implementing partners: Crac Hasina, CARE International, DRDR, and community representatives. The project encouraged community representatives to participate in the design of key activities. In each municipality, FAO's field monitors and NGO staff were responsible for collecting and validating beneficiary lists, conducting seed distributions and ensuring a follow-up on project activities.

UNFPA used its well-established cooperation channels with the MoH to coordinate the provision of health services at central and decentralised levels. Strategic partnerships were also set up with the Malagasy Red Cross, local authorities, and a transport/postal company, Colis Express, in support of awareness-raising activities and logistics. In addition, UNFPA worked closely with BNGRC, the government entity mandated to coordinate humanitarian response and assistance. These strategic partnerships enabled the identification of vulnerable population and their urgent reproductive health needs.

Project implementation was facilitated through information sharing and group coordination between members of different institutions at the regional level. WHO designed its activities in collaboration with officers from the MoH, in particular from the Emergencies and Disasters Service (SUCA), the Epidemiological Surveillance Service (SSUREPI), the Emerging and Re-Emerging Diseases Service (SLMER), as well as from other services of the Ministry of Health in regions and districts. Mechanisms for coordination of interventions were set up at the regional level to manage emergency response to disasters. Frequent meetings were held under the auspices of the MoH and WHO, with the participation of other organisations such as UN agencies, NGOs, and the Government's technical departments in the health sector. Rapid initial assessment and response planning, including the elaboration of CERF projects, were discussed during such meetings.

UNICEF used its already established channels of cooperation with the Malagasy Red Cross and the NGO Medair to implement water, sanitation, shelter and distribution activities. In addition, the Ministry of Education, the National Office for Nutrition (ONN) and the MoH were regularly involved and briefed at all stages of activities. WFP used the USAID-funded food aid pipeline to increase WFP food assistance in its areas of operation.

There are many additional examples of synchronising activities among UN agencies such as in the district of Sainte Marie where WFP and UNICEF worked together to ensure school attendance. UNICEF provided school kits and tents, as well as school rehabilitation, while WFP provided nutritious food to support and keep children in school.

The cluster approach was introduced in Madagascar in 2007, but showed its real worth during 2008, both in terms of ease of coordination but also in terms of information sharing during rapid assessments with BNGRC. UNICEF is cluster lead in WASH, Education, and co-lead in Nutrition. UNICEF is very active in the Health cluster led by WHO and has taken the lead in developing the protection cluster. Starting in June 2008, UNICEF developed a Protection coordination mechanism through two workshops and five trainings to build the capacity of nine most at risk regional authorities and of the national humanitarian community.

Lessons learned exercises were conducted in mid-2008 with the participation of all stakeholders who were involved in the relief operations during the cyclones. Key findings, particularly with the

coordination with government institutions, ensuring local NGOs' involvement and the need to ensure the capacity of all humanitarian actors to fulfil their responsibilities as Cluster leads and members, have been incorporated into the updated Cluster-based Inter-Agency Contingency Plan which has been developed by the Humanitarian Country Team in line with the Government's Contingency Plan.

### CERF Rift Valley Fever

To provide a coordinated response with the Government's efforts, FAO and WHO submitted a joint CERF request to ensure that each component of the emergency livestock and human health response was implemented. Certain activities were implemented by both UN agencies, i.e. information campaigns.

The partnership with the Institute Pasteur de Madagascar constituted a big advantage for the response to the outbreak, as it was the only institution with a technical capacity to conduct the sero-epidemiological survey. Collaboration between all clusters was effective throughout the response to the outbreak and in the implementation of the CERF-funded activities. Moreover, partnerships between national services of the Government, laboratories and IPM and UN agencies during different stages of project implementation helped carry out the response to RVF.

FAO collaborated with the Direction of Veterinary Services (DSV) and the Ministry of Agriculture to implement and monitor the serological survey in the field. DSV selected and trained the veterinarians who implemented the survey, and the National Veterinary Diagnostics Laboratory (LNDV), conducted all necessary analyses. The laboratory IBM conducted emergency laboratory diagnostic and virus characterisation, and trained technicians in LNDV.

Collaboration among the MoH, the Ministry of Agriculture, IPM, FAO and WHO took place by means of a coordination committee and four specific sub-committees (communication, entomology, surveillance and health care). Regular meetings were held, thus permitting the coordination of activities at the national level. Collaboration with WHO, the MoH and the Ministry of Agriculture was essential to implementing all activities and making sure that each priority action received sufficient management and funding.

### CERF Food Crisis 2008

The projects proposed under the CERF food crisis grant capitalised on already established partnerships among the concerned UN agencies, as well as on the partnerships of UN agencies with government Ministries and experienced NGOs. In the region of Analanjirofo, UNICEF and WFP paired up to propose a complementary project under CERF focused on "blanket" distribution of Ready-to-Use Food (RUF), supplying daily intake of multi-micronutrients (MMN), and providing supplementary food rations to vulnerable groups of women and children. Both agencies worked in collaboration with ONN, the MoH and Programme National de Nutrition Communautaire (PNNC) in the implementation of their activities.

FAO and CRS (Catholic Relief Services) signed an agreement whereby CRS led the implementation of activities in the region of Atsimo Atsinanana. CRS has had a long partnership with CARITAS in the diocese of Farafangana and the CARITAS team carried out distribution in many municipalities. The partner was also in charge of the post-distribution follow-up. A CRS project officer was responsible for monitoring of all activities.

FAO signed another agreement with CARE International to distribute seeds in the southern part of the region of Atsimo Atsinanana where CARE has an office. It is important to note that all activities were implemented in collaboration with local divisions of DRDR.

To avoid untoward consumption of the seeds distributed to beneficiaries (which can be the case in the conditions of hunger), WFP and FAO created a complementary project whereby WFP distributed



food rations to the farming families (who had benefited from FAO's seed distribution) as a means of protecting the seeds for planting. These activities went hand in hand with UNICEF's interventions in Atsimo Atsinanana in the area of preventing acute malnutrition and with WHO's activities in mobile health and community health strategies.

At central and field levels, WHO worked side by side with a number of technical departments under the MoH: Emergency and Disasters Service, Child Health Service, Nutrition Service, and the Epidemiological Surveillance Unit. The segment of activities related to community health was implemented in partnership with the NGO ASOS. Other activities in the field, such as mobile and community health clinics, were carried out in close cooperation with the Regional Health Directorate as well as with districts and administrative leaders of municipalities and villages.

The partnerships with NGOs and local technical departments were of significant importance. After all, NGOs are in continuous contact with rural communities who respect them a great deal. They have permanent staff and logistical infrastructure on site, which helped bring down the costs of storage and distribution. But most importantly, they ensured active supervision of the growing crops.

The partnership between FAO and WFP in Atsimo Atsinanana, similarly to the partnership between WFP and UNICEF in Analanjirofo, brought in such advantages as joint identification of beneficiaries and joint distribution of seeds and food items in several areas. Seed protection, the key to success of the activities, was ensured through the collaboration between the two agencies.

#### **4. Gender-mainstreaming**

CERF funds were focused on vulnerable populations and children in protection, education and health and nutrition services. Where focused on children, particular effort was made to ensure gender consideration and mainstreaming, such as girls and boys latrines in schools. Indeed, many activities have an inherent gender-mainstreaming component. Provision of water purifying kits reduces the chance of child illness and eases the burden on mothers. Similarly, getting children back to school or providing children with child-friendly spaces gives women the possibility to focus on other family members and other activities in response to the emergency.

UNFPA applied the main principles of gender integration through partnerships with communities; supporting diversity and respect; gender empowerment through an approach to shared responsibilities between all concerned stakeholders; promoting human rights, including reproductive health rights; and empowering women, men, and youth in communities.

WFP applied the WFP Gender Policy-Enhanced Commitment to Women Principles in all relief and recovery activities. In practice, it implied women's control of food in general food distribution after the passage of cyclones, the priority given to female-headed households for participation in FfW (both in food crisis grant and the cyclones grant), and overall gender balance in FfW activities (both in CERF Food Crisis and CERF Cyclones). Some recovery activities implemented by CARE were designed specifically for vulnerable women, i.e. low-intensity road works and light, labour-intensive agricultural works.

WHO's activities were targeted at children and women. Messages on health promotion mainly went to women of reproductive age. In addition, some 20 percent of the community health agents are women.

#### **5. Monitoring and evaluation**

##### CERF Cyclones

UN agencies participated in joint assessments carried out by the Humanitarian Country Team and BNGRC after the cyclones with support from OCHA and the Office of the Resident Coordinator.

Monitoring and evaluation activities were carried out by each agency and monthly progress reports prepared.

UNFPA trained community workers on the use of the Minimum Initial Service Package (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. UNFPA also received support from their headquarters which sent a technical mission to assist in the implementation of CERF-funded activities.

WFP deployed eight staff from their headquarters in Rome to the affected towns of Tamatave, Antananarivo and Amboasary to monitor food distribution. Situation Reports (Sit Reps) were produced every two days and disseminated to the humanitarian community. Furthermore, WFP and cooperating partners produced technical and activity reports, which were then shared among all stakeholders (humanitarian community and the government).

WHO recruited three consultants who are currently responsible for monitoring and evaluation in the field.

Field staff and temporary UNICEF offices were established to ensure proper follow-up on activities and supplies as well as supporting government partners in coordinating the response. Field visits were carried out by UNICEF HQ staff to ensure proper delivery and distribution of supplies. In addition, follow-up reports were sent from UNICEF staff based in the emergency affected areas twice per week, and Sit Reps covering emergency activities and supplies were produced twice weekly during the peak of the emergency. UNICEF also ensured that malaria and bed net coverage surveys in emergency affected areas were carried out and that support was given to BNGRC to carry out a harmonised Evaluation of Emergency Response for 2008 Cyclonic Season.

#### CERF Rift Valley Fever

WHO and FAO set up monitoring and evaluation mechanisms at various levels of project implementation. The Coordinating Committee which met frequently to coordinate all activities was used as a platform for exchanging information on the status of projects. Both agencies maintained regular contacts with services and operational partners such as the Ministry of Health and IPM, and a number of field visits were undertaken to supervise first-hand the implementation of activities.

FAO developed a monitoring system to ensure quality in the implementation of all activities. Quality and quantity of samples collected by veterinarians were evaluated by the National Veterinary Laboratory. In turn, tests done by the National Veterinary Laboratory were then evaluated by the Institut Pasteur. FAO staff participated in the distribution of Personal Protection Equipment (PPE) kits in two slaughterhouses, while DSV staff verified the distribution in 22 slaughterhouses. DSV staff also probed the level of awareness of risks among livestock keepers in 22 districts. The quality of the veterinarians training course was evaluated by the quality of surveillance. In November 2008, veterinarians detected the re-emergence of RVF, while the year before they were unable to detect any RVF cases.

#### CERF Food Crisis

FAO dispatched one staff to the field to monitor the implementation of activities and provide technical support to the Implementing Partners (IPs). FAO organised a monitoring and evaluation mission in December 2008 with the participation of IPs, WFP and DRDR. The mission confirmed that 8,412 farming families have received seeds. Therefore, 412 additional households were supported.

## IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
<b>CERF CYCLONES</b>							
<b>Food Security and Agriculture</b>	<b>08-FAO-012</b> "Provision of seeds for the most flood impacted populations"	\$255,662	20,000 rural household most affected by the cyclones in Madagascar	FAO, CARE, NGO Crac Hasina, DRDR Analanjorofo, ONN		<ul style="list-style-type: none"> <li>▪ Procurement and distribution:               <ul style="list-style-type: none"> <li>➤ 60 MT of bean seeds</li> <li>➤ 326 Kg of horticultural seeds</li> <li>➤ 25 MT of rice seeds</li> <li>➤ 10 MT of maize seeds</li> </ul> </li> <li>▪ 1000 Ha planted with beans</li> <li>▪ 600 Ha planted with vegetable seeds</li> <li>▪ 800 Ha planted with rice</li> <li>▪ 400 Ha planted with Maize</li> </ul>	<ul style="list-style-type: none"> <li>▪ The flood-affected districts of Fenerive, Vavantenina, Soanierana Ivongo (Analanjorofo region) benefited from the distribution of seeds. Similarly, the island of Sainte Marie also benefited from agriculture support, while two districts in the region of Alaotra Mangoro received beans and onion seeds. Furthermore, additional seven regions which suffered agricultural losses received a total of 37 tons of rice seeds to boost the production of rice during the off season. To this end, a total of 116.6 tons of rice, maize and beans have been packaged and distributed. Furthermore, vegetable seeds were distributed to 2,700 families not covered under the kit component.</li> <li>▪ The availability of funds allowed FAO to procure and distribute seeds for cultivation during the off- season. In order to increase yield, FAO supported the cultivation of short cycle varieties, in order to reduce the hunger period among vulnerable populations affected by natural disasters. As a result, the project not only ensured an increased availability of rice on local markets at affordable prices, but also contributed to restoring food security.</li> <li>▪ The Region of Analanjorofo: Different seed kits were distributed throughout affected areas in response to farmers' request. As</li> </ul>

							<p>such, 4,060 farmers received a combination of 5Kg of rice and 3Kg of bean seeds each. Farmers were selected among the most vulnerable rice producers and owners of irrigated land. In addition, 2,500 farmers received a combination of 8Kg of maize and 3kg of bean seeds each.</p> <ul style="list-style-type: none"> <li>▪ District of Sainte Marie: With the aim of ensuring the timely distribution of inputs, FAO contracted the services of Crac Hasina, an NGO with extensive experience in implementing rural development projects throughout the region. Accordingly, the project ensured the distribution of 8 tons of rice seeds and one tonne of maize to 1,800 household. Vulnerable farmers who received maize seeds reiterated the need for additional organic fertilizer due to inadequate soil fertility. In response, FAO procured and distributed 30 kg of guano to 200 beneficiary farmers. Thanks to the distribution of fertilizer, yield increased by 50 percent enabling the production of 880 tons of vegetable.</li> <li>▪ The region of Alaotra Mangoro: FAO distributed 10,605kg of bean seeds to 3 535 farmers and 60 kg of onion seeds to 2 400 families. These seeds were planted on 277 ha of land yielding 1,965 tonnes of produce.</li> <li>▪ Other regions: The remaining funds enabled FAO to procure additional rice seeds in support of seven regions affected by cyclone Ivan, while the DRDR was responsible for the storage and distribution of inputs to affected farmers. 7,400 farmers have been identified to be included in the seed distributions. Moreover, FAO provided technical support to the DRDR through monitoring the distribution of 37 tons of rice seeds. Through the distribution of seeds, the project ensured the cultivation of 1 850 ha of land yielding 3 700 tons of produce.</li> </ul>
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Health	<b>08-FPA-012</b> “Emergency Reproductive Health, including prevention of STIs, HIV/AIDS”	\$125,700	3,150 pregnant women benefited from antenatal consultations to ensure their safe pregnancy and prevent STI transmission,  550 childbirths  55 Caesareans	WHO, MoH, and FP, BNGRC, Ministry of Defense, Malagasy Red Cross, Colis Express, Vaovao Mahafaly Hospital, local authorities		<ul style="list-style-type: none"> <li>▪ For approximately 250 000 persons living in 20 most affected districts (25 percent women of reproductive age, crude birth rate 4 percent, complicated abortions/pregnancy 20 percent)</li> <li>▪ Prevent neonatal and maternal morbidity and mortality by providing materials for clean and safe deliveries</li> <li>▪ Prevent and manage the consequences of sexual violence (regular fund)</li> <li>▪ Enforce respect for universal precautions against HIV/AIDS</li> <li>▪ Guarantee the availability of free condoms</li> <li>▪ Initiate the establishment of a referral system to manage obstetric emergencies and other pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Project "Implementation of Minimum Initial Service Package" was implemented by UNFPA in coordination with the Ministry of Health, Family Social Planning and Protection at the central and decentralized levels. Strategic partnerships were also in place with national NGOs (such as Red Cross Malagasy, Colis EXPRESS) and local authorities which provided support to community sensitization activities and helped with the logistic delivery at their level.</li> <li>▪ The training of the health providers was carried out by the doctors' focal points and the focal point of the humanitarian emergencies of the UNFPA.</li> <li>▪ Ministry of Health and Social Protection facilitated the mobilization to timely assist the dispatching of emergency commodities including reproductive health kits to assist pregnant women and prevent STI transmission.</li> <li>▪ 40 CSBII were equipped with kit N°6 for medicalized childbirth in targeting 965 childbirths as per births records at the health centres. The first report in December (three months after the effective use of the kits)</li> <li>▪ Nine hospitals (reference level II) could conduct safe blood transfusions</li> <li>▪ Caesareans were carried out according to reports received from health centres and the MoH.</li> </ul>
Health	<b>08-WHO-017</b> “Response to health critical needs of cyclone-affected	\$319,930	250,000 persons in 10 regions	Ministry of Health		<ul style="list-style-type: none"> <li>▪ Percent of the affected accessing essential health care</li> <li>▪ Regular reports (weekly) on health</li> </ul>	<ul style="list-style-type: none"> <li>▪ 100,765 people benefited from services</li> <li>▪ 24,697 people were received in nine districts, three communes and six Fokontany</li> <li>▪ 5,908 people participated in information, education and communication activities in</li> </ul>

	people in Madagascar ”					<p>situation of cyclone-affected people</p> <ul style="list-style-type: none"> <li>▪ Number of health personnel trained on common diseases (diarrhoea, malaria...) case management, disease surveillance and emergency management</li> <li>▪ Number of emergency kits and special kits for epidemics provided and distributed in health facilities</li> <li>▪ Number of health information sessions held</li> </ul>	<p>the 17 developed themes in communicable diseases, hygiene, immunization and family planning</p> <ul style="list-style-type: none"> <li>▪ 1,586 children were immunized</li> <li>▪ 560 people were protected through a vector control campaign</li> <li>▪ 1,619 children received Vit A;</li> <li>▪ 820 Mosquito Treated Nets were distributed to the inhabitants of six communes (including 197 children under 5 and 1 083 pregnant and breastfeeding women)</li> <li>▪ nine responses were accomplished (RVF, Plague, mass food poisoning, rabies)</li> <li>▪ 131 health agents received capacity training on two themes : Disaster Risk Management, Integrated Disease Surveillance.</li> </ul>
Health	<b>08-CEF-021-E</b> “Emergency public health actions”	\$ 730,000	An estimated 160,000 people, including at least 50,000 children under the age of five	MoH, (WHO), (UNFPA), (UNAIDS), Malagasy Red Cross, Medair, MDM other Ministries (Communication, Education, Energy and Mines), and civil society	<p><u>National Health Indicators:</u></p> <ul style="list-style-type: none"> <li>▪ National Measles coverage: 81 percent</li> <li>▪ Children 12-23 months fully immunized nationally: 71.5 percent</li> <li>▪ Children under 5 sleeping under LLIN: 60.4 percent.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 35,000 cyclone-affected people with access to basic health services</li> <li>▪ LLINs procured and distributed to needy populations</li> <li>▪ Temporary health facilities set up and additional staff deployed</li> <li>▪ 10,000 children under-five in the affected population immunised against measles and supplemented with vitamin A</li> </ul>	<ul style="list-style-type: none"> <li>▪ CERF funds were used to purchase essential medicines (including anti-malarial, antibiotics, and anti-diarrhoeals) for 135 basic health centres in five districts in the region of Analanjirofo, two districts in the region of Alaotra Mangoro and two districts in the region of Menabe. This allowed for the free-of-charge treatment of 97,800 people, who came in for consultation in the three regions between February and May 2008, of whom 26,600 were children under the age of five seeking treatment for common illnesses (diarrhoea, ARI and malaria)</li> <li>▪ The regional health directorate team in Analanjirofo ensured epidemiologic surveillance at the district level to rapidly detect eventual epidemic risk</li> <li>▪ The funds were also used for the purchase</li> </ul>

							<p>and distribution of 12,000 LLINs to the above health centres</p> <ul style="list-style-type: none"> <li>▪ Pregnant women were protected from contracting malaria through the provision of SP tablets in the following areas</li> <li>▪ 3,280 pregnant women in the Analanjirofo region were provided with a second dose of SP, and also a long-lasting insecticide treated mosquito net, and</li> <li>▪ 180 pregnant women received SP tablets in the Miandrivazo district of the region of Menabe, specifically in the communes of Akondromena, Manandaza, Betsipolitra and Itondy</li> <li>▪ The project also supported the purchase of a boat for the districts of Belo/Tsiribihina. Because around 60 percent of health centres and villages in the district are located by the river, boats are the most appropriate form of transportation for the district to reach a great portion of the population</li> <li>▪ 108 refrigerators and cold boxes (for the transport of vaccines) were purchased and distributed to 45 health centres in five districts in the region of Analanjirofo; 42 health centres in five districts in the region of Menabe; and 21 health centres in five districts in the region of Melaky</li> <li>▪ Advanced strategies were implemented through the use of a helicopter to reach isolated and cut-off cyclone-affected populations, with the following results</li> <li>▪ Since approximately 75 percent of the Analanjirofo region was inaccessible by road, the severe effects of the cyclone and flooding forced UNICEF and the Regional Health Authorities to implement a mobile strategy to extend essential and routine health care to</li> </ul>
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							<p>20 villages in hard-to-reach areas of the region. The mobile strategy by helicopter in March and April 2008 allowed free medical consultations for 2,398 people who otherwise would not have had ready access to health care. 143 of these patients were children under five years of age who received ORS and zinc tablets for treatment of diarrhoea</p> <ul style="list-style-type: none"> <li>▪ As a result of the mobile strategy using a helicopter, 2,920 children were vaccinated against measles, diphtheria, pertussis, polio, tetanus and hepatitis in the districts of Soanierana Ivongo, Fenerive Est, Sainte Marie and Vavatenina in the Analanjirofo region</li> <li>▪ Furthermore, 319 children were vaccinated in the district of Miandrivazo in the Menabe region. In the northern part of Miandrivazo district, the helicopter was also used by the mobile health team, because of the difficulties to access these zones and the closure of a number of health centres even prior to the cyclone. This mobile campaign allowed for the immunization of 950 children under the age of 1, or 81 percent of the target in these communes</li> <li>▪ Further advanced EPI strategies were undertaken in four districts of the region of Menabe: Morondava, Mahabo, Miandrivazo, and Belo/Tsiribihina. In each of these districts, at least three rounds of advanced strategies were undertaken between March and May 2008, and by the end of May, all these districts had attained coverage above 80 percent for all the EPI antigens</li> <li>▪ Equipment and medicines were transported to affected sites in the regions of Alaotra Mangoro, Analanjirofo and Menabe</li> <li>▪ Regional Health Authorities in Analanjirofo were supported in the implementation</li> </ul>
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							<p>(immunisation, distribution of non-food items and WASH kits) and follow-up of activities at the regional level</p> <ul style="list-style-type: none"> <li>▪ The project supported the purchase of plastic sheeting sufficient for the provision of temporary shelters for 13,000 cyclone-affected families in displacement camps and in isolated areas in the regions of Menabe, Analanjirofo and Alaotra Magoro.</li> </ul>
Logistics	<p><b>08-WFP-027</b> “Logistics support to relief operation for vulnerable population affected by cyclone Ivan in Madagascar”</p>	\$400,000	65,000 individuals	WFP, UN HAS, UNFPA, UNICEF, CARE, MedAir, and Malagasy Red Cross		<ul style="list-style-type: none"> <li>▪ Timely delivery of food and essential non-food items to affected populations in inaccessible areas by increased airlift capacity</li> <li>▪ Strengthen the logistic coordination and information management to ensure the optimum use of resources</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Special operation SO 10736 had a duration of one month</li> </ul> <p><b><u>Component 1: Air Support</u></b></p> <ul style="list-style-type: none"> <li>▪ One MI8 helicopter was deployed from Mozambique to Madagascar from 11 March to 6 April 2008, allowing transportation of essential relief items and humanitarian staff to the isolated areas with a cost of \$3,300 per flying hours, fuel, positioning, WRI, a/c.</li> <li>▪ Emergency Airlift contributed to saving the lives of more than 65,000 vulnerable people in isolated areas through the transportation and distribution of 249 metric tons of food and other essential relief items, such as medical and WASH supplies.</li> </ul> <p><b><u>Component 2: Logistic Support</u></b></p> <ul style="list-style-type: none"> <li>▪ Through the deployment of a UNHAS Air Transport Officer, timely and efficient use of the helicopter and movement control was ensured for the duration of the operation (30 days). This Air Transport Officer liaised with partner agencies, government authorities and NGOs for effective coordination and cargo prioritization.</li> <li>▪ 146 humanitarian staff from UNICEF, CARE, MedAir, and the Malagasy Red Cross utilized the service in collaboration with WFP for the total available aircraft capacity of 81 hours of flight.</li> </ul>

<b>Food Security</b>	<b>08-WFP-028</b> “Food Assistance for Madagascar Cyclone Victims”	\$1,000,052	239,000 individuals	WFP, ONN, ADRA, CARE International, BNGRC, Help Madagascar, CISCO Sainte Marie		<ul style="list-style-type: none"> <li>▪ Prevent the degradation of the nutritional status and asset depletion of approximately 200,000 people, identified to be directly affected by Cyclone Ivan</li> </ul>	<ul style="list-style-type: none"> <li>▪ With CERF contribution, WFP could buy and distribute a total of 983 mt of food to disaster-affected individuals: 134 mt of Vegetable Oil, 166 mt of Yellow Split Peas and 683 mt of Rice</li> <li>▪ Together with ECHO and other donors' contributions, as well as WFP resources, food aid was distributed to the general population in the aftermath of the cyclone. Food for Work (FfW) schemes, permitting the rehabilitation of 455 km of roads, 210,000 sq metres of water retention structures, 275 km of irrigation canals and 4,100 local huts for most vulnerable people. Emergency school feeding contributed to keep 4,700 pupils in school in the aftermath of the cyclone.</li> <li>▪ Food assistance was carried out in the most damaged regions of Atsinanana, Analanjirofo, Alaotra as well as the capital town in Analamanga, affected by floods.</li> <li>▪ Early recovery supported through labour intensive FfW schemes, increased food availability for communities in isolated locations while at the same time contributing to the rapid resumption of economic activities at pre-crisis level. Road cleaning improved the timely transportation of food and other essential relief items.</li> </ul>
<b>Water and Sanitation</b>	<b>08-CEF-021-A</b> “Improving access to safe drinking water and sanitation for affected populations of Analanjirofo, Atsinanana, Alaotra Mangoro,	\$1,150,000	More than 300,000 people benefiting from combined interventions, which provided safe drinking water,	Medair, the Malagasy Red Cross, Ministry of Energy and Mines	<p>National Water and Sanitation indicators:</p> <p>47 percent access to improved water nationally</p> <p>12 percent access to</p>	<ul style="list-style-type: none"> <li>▪ At least 85,000 affected people in resettlement and/or accommodation centres have access to safe drinking water</li> <li>▪ At least 50,000 affected people in resettlement and/or accommodation centres have access to adequate sanitation</li> </ul>	<ul style="list-style-type: none"> <li>▪ The project supported more than 30,209 affected families, and therefore an estimated 151,045 people (Analanjirofo, Menabe and Alaotra Mangoro regions) with the provision of WASH kits (buckets, household water purification treatment, cups and soap)</li> <li>▪ In partnership with the Malagasy Red Cross and Medair, UNICEF assisted the provision of safe drinking water for cyclone-affected populations through the cleaning and</li> </ul>

	Morondava and Melaky after Cyclones Fame and Ivan in Madagascar”		sanitation and hygiene messages.		improved sanitation nationally	<ul style="list-style-type: none"> <li>▪ Strengthened capacity to monitor and supervise WASH emergency interventions at provincial and district levels</li> <li>▪ At least 80,000 people affected provided with hygiene materials</li> </ul>	<p>disinfection of 3,373 flooded or contaminated wells throughout the affected regions</p> <ul style="list-style-type: none"> <li>▪ Emergency water trucking services were also provided in the camps in Antananarivo for three months</li> <li>▪ Households were trained in water disinfection</li> <li>▪ Water harvesting systems were installed in 50 locations following the purchase of 50 water tanks. Recommendations were made to use these water tanks to pursue disinfection using a water purification products</li> <li>▪ 10 new wells were constructed</li> <li>▪ A Gravity Water Supply System (GWSS) was rehabilitated</li> <li>▪ 3,000 packs of four-candle/cartridge water filters were purchased for 3,000 families, to improve water quality. These water filters will be sufficient for a two-year supply, which will also help families prepare for the next cyclone season</li> <li>▪ In an attempt to improve overall hygiene and sanitation practices, UNICEF, together with the Ministry of Education, also distributed WASH kits to 440 schools (reaching 110,000 students) in cyclone-affected areas alongside an intensive hygiene awareness campaign</li> <li>▪ Latrines and hand washing facilities were set up in displacement camps for more than 20,000 families in the capital. Four of the 16 facilities installed are still in use</li> <li>▪ 60 latrines were constructed for 60 poor families</li> <li>▪ One sanitary bloc in a market was</li> </ul>
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							<p>rehabilitated, serving 20,000 people</p> <ul style="list-style-type: none"> <li>Two sanitary blocs were rehabilitated in two schools, benefiting a total of 817 students</li> <li>100 kg of disinfectant products and equipment were purchased to disinfect public places, schools and market places</li> <li>4,500 Education, Information and Communications materials were produced on good hygiene practices and the three key messages of WASH, which were distributed after hygiene promotion practices that took place during the interventions</li> <li>UNICEF interventions also focused on water supply and the delivery of sanitation services in the capital, Antananarivo (affected by flooding). To this end, 18 mobile toilets were made available in 10 camps in the capital. These interventions were carried out through the rehabilitation and construction of safe water sources and adequate sanitation facilities in schools and health facilities</li> <li>UNICEF supported a mapping of the capacities of the WASH cluster members. A 'Water and Sanitation in Emergencies' course was also undertaken in the three regions of Ananlanjirifo, Menabe and Alaotra Mangoro, reaching 50 participants, including government and municipality representatives and the Regional WASH Coalition</li> <li>Two consultants (one international and one national) provided temporary assistance to the most affected region (Ananlanjirifo) to follow up on project implementation</li> </ul>
<b>Education</b>	<b>08-CEF-021-B</b> "Back to School"	\$460,000	An estimated 24,000 children	MEN (National Education Ministry) with	n/a	<ul style="list-style-type: none"> <li>Targeted students (estimated 30,000) will have access to education facilities in</li> </ul>	<ul style="list-style-type: none"> <li>23,700 affected schoolchildren gained access to education facilities through the construction of 237 'tarpaulin tents', a locally-created innovative design, where temporary</li> </ul>

				DREN (regional education authorities), CISCO (district education authorities), Education Cluster partners and the BNGRC		<p>the affected areas (regions) of Analanjirofo, Melaky, Alaotra Mangoro, Sofia and Menabe</p> <ul style="list-style-type: none"> <li>Targeted students (estimated 30,000) will have basic learning materials</li> <li>80 affected schools (and 12,000 children) in need receive additional recreation materials</li> <li>National, provincial and local authorities monitoring and supporting the response</li> </ul>	<p>classrooms can be constructed using wooden poles, tarpaulins and metal cabling. <i>(Please note that the number of temporary classrooms constructed using CERF funds was slightly lower than expected due to the limited technical capacities of construction workers in the field)</i></p> <ul style="list-style-type: none"> <li>24,000 affected children in primary schools, received basic learning materials to facilitate their regular attendance in schools (through 300 school-in-a-box kits and 200 blackboards)</li> <li>144 schools (and an estimated 21,168 students) received recreation kits: 128 schools in Analanjirofo, two schools in Melaky, seven schools in Alaotra Mangoro and seven schools in Menabe</li> <li>100 percent regional and district education authorities are actively monitored and supported during the emergency response: <ul style="list-style-type: none"> <li><u>Analanjirofo region</u>: Fenerive Est, Vavatenina, Soanierana Ivongo, Mananara and Sainte Marie districts.</li> <li><u>Melaky region</u>: Besalampy district</li> <li><u>Alaotra Mangoro region</u>: Amparafaravola, Andilamena,</li> <li><u>Menabe region</u>: Mahabo, Morondava, Belo and Manja districts</li> </ul> </li> </ul>
<b>Shelter and Non-Food Items</b>	<b>08-CEF-021-C</b> “Provision of Emergency Shelter and Non-Food Items to Cyclone Victims in Madagascar”	\$ 84,000	4,700 families, corresponding to an estimated 23,500 people	National Office of Disaster and Risk Management (BNGRC), Local Government Authorities, Malagasy Red Cross,		<ul style="list-style-type: none"> <li>Up to 2,000 vulnerable families will receive emergency shelter, tools, and non-food items assistance in the heavily flooded areas of Antananarivo, on the southwest coast, in the northwest regions and in the region of Alaotro</li> </ul>	<ul style="list-style-type: none"> <li>Following the distribution of plastic sheeting, ropes, nails etc., 3,000 households (corresponding to an estimated 15,000 people) gained access to shelter with appropriate living conditions</li> <li>The project also supported the distribution of kitchen equipment to displaced households in Menabe region, where kitchen kits, electricity and beds were provided to 200</li> </ul>

				MDM, Medair		Mangoro.	<p>families (corresponding to an estimated 1,000 people)</p> <ul style="list-style-type: none"> <li>▪ In addition, 50 tents were delivered to priority cyclone-affected regions, sufficient to provide shelter to roughly 1,500 families (corresponding to an estimated 7,500 people)</li> <li>▪ In addition, furniture was provided to regional heads, regional health offices and other regional authorities to facilitate the continuation of service provision</li> <li>▪ Communities were trained on how to rehabilitate their houses and construct new infrastructures</li> </ul>
Protection	<p><b>08-CEF-021-D</b> “Establishment of 20 Child-Friendly Spaces for People Displaced by the Cyclones and Related Flooding, and; Training in the Prevention and Detection of Abuse, and Elaboration of a Database on Incidences of Violence Against Children”</p>	\$100,000	At least 23,000 children in and around accommodation centres and in cyclone-affected communities	BNGRC and health, women and youth community groups		<ul style="list-style-type: none"> <li>▪ Community members and camp management staff have an increased awareness on the prevention of and response to violence against children and women on HIV/AIDS</li> <li>▪ Psychosocial services are made available for children and caregivers who need support in resettlement and accommodation centres.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 39 community volunteers received training every 10 days on psychosocial and early child development activities. These community volunteers are now equipped with the skills to contribute to the next emergency response</li> <li>▪ 240 district health and justice authorities and police representatives in 10 ‘at risk’ regions have been trained on child protection in emergencies</li> <li>▪ 10 child-friendly spaces (serving as protective, educative, rehabilitative and recreational zones in and around displacement camps or affected areas) established with an average of 250 children attending each centre each day (benefiting at least 2,300 children)</li> <li>▪ Psycho-social care, healthcare, birth registration and educational and recreational activities provided daily</li> <li>▪ 833 children not attending school enrolled in public primary schools, and support provided to these children</li> </ul>



# CERF RIFT VALLEY FEVER

<b>Food security and agriculture</b>	<b>08-FAO-021</b> "Emergency Livestock and Human Health Response to control the outbreak of Rift Valley Fever in Madagascar"	\$226,279	14,120 people working in slaughter-houses  6,882 veterinarians  6,770,800 people sensitised	FAO, WHO, Direction of Veterinary Services, the Institute Pasteur of Madagascar		<ul style="list-style-type: none"> <li>Activities between front-line institutions in charge of animal and human health are coordinated through the coordination committee and the specific sub-committee recently established.</li> <li>Analytical assessment of the extent of the disease and risk assessment. At least 90 percent of expected samples received, and at least 90 percent received in good condition. 100 percent of samples in good condition analysed.</li> <li>Increase in diagnostic capacity</li> <li>Passive surveillance improved</li> </ul>	<ul style="list-style-type: none"> <li>The coordination committee met monthly. The coordination allowed the sub-committee "social mobilisation" to implement awareness campaigns. It allowed the sub-committee "epidemiological surveillance" to coordinate human and animal Rift Valley Fever (RVF) disease surveillance, and the sub-committee "case-management" to train doctors and nurses.</li> <li>30 vets have been trained for active surveillance and animal sampling. They took blood samples of 989 small ruminants (98.9 percent of expected) and 3,455 cattle (99.8 percent). Sampling material was provided by the project. A 100 percent of received samples were in good condition.</li> <li>Laboratory equipment (diagnostic kits, micropipettes, etc.) was provided by the project. Institute Pasteur trained two laboratory technicians to diagnostic tests.</li> <li>Until now, the sera of small ruminants (sheep, goats) have not been analysed (analysis takes longer than expected). A 100 percent of cattle sera have been analysed.</li> <li>The project funded the training of laboratory technicians by Pasteur Institute and provided the National Veterinary Laboratory with the equipment to analyse sera. This laboratory is now able to detect RVF antibodies in sera of ruminants (ELISA tests).</li> <li>Training of 136 vets on RVF surveillance has been funded by the project. Five-hundred books dealing with RVF surveillance and control have been prepared and have been distributed to vets. A RVF outbreak was detected in Fianarantsoa at the end of November 2008. RVF outbreaks were not</li> </ul>
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						<ul style="list-style-type: none"> <li>Personnel of slaughterhouses have access to protective equipment in six at-risk regions</li> <li>Increased public awareness</li> </ul>	<p>detected in animals last year.</p> <ul style="list-style-type: none"> <li>The project supported slaughterhouses staff in six regions at risk with the provision of 500 plastic washable gloves, boots and aprons. This equipment has been distributed to 100 slaughterhouses, where staff slaughtering animals can use them.</li> <li>The project supported the conceptualisation and production of 57,267 leaflets for mayors, 3,000 for local leaders and 57, 267 for butchers and slaughterhouses personnel, three posters (17,290 each) targeting population at large, three short films and one radio message (in six dialects). The documents have been distributed in eight regions at risk. The films and the radio message are broadcasted in the whole country.</li> </ul>
Health	08-WHO-032 Emergency livestock and human health response to control the outbreak of RVF in Madagascar	\$ 149,907	80 percent of the population: rural communities, livestock keepers, slaughtering staff, public health officers and veterinary officers	Ministry of Health, IPM		<ul style="list-style-type: none"> <li>Evaluation of the scope of the disease and risk assessment</li> <li>Reduction of RVF human infections</li> <li>Human case management improved</li> <li>Public Awareness on</li> </ul>	<ul style="list-style-type: none"> <li>Sero-epidemiological survey: 3,000 people exposed included, spread in the 111 districts; RVF mapping available and improved response to the outbreak.</li> <li>Order of individual protective equipment; waiting of the delivery</li> <li>Supervision of the social mobilization activities to fight against RVF in 32 districts at risk, in seven regions exposed to the transmission of the disease</li> <li>72 hospital doctors (clinicians and réanimateurs) in 24 health districts affected by the recent outbreak have undergone refresher training for the treatment of complicated cases of RVF</li> <li>1,500 posters available and disseminated in 50 districts of the nine most exposed regions. Some 270 technical guidelines for RVF sensitization disseminated to the health workers and veterinary officers in the 22</li> </ul>

							RVF increased	regions of the country. 140 VCD of three films and 140 CD of six types of radio spots, translated in six major dialects and different radio spots disseminated through national radio and TV stations. Population better sensitized on the disease and informed on its prevention.
<b>CERF FOOD SECURITY</b>								
<b>Nutrition</b>	<b>08-WFP-084</b> "Supplementary feeding 0-24 month old children and pregnant/lactating women in the post-emergency Analanjirofo region"	\$ 180,281	Estimated 25,000 children and pregnant/lactating women		WFP, ONN, UNICEF		<ul style="list-style-type: none"> <li>As per the amendment letter 882/08/CD sent to CERF on 18/12/08</li> <li>The overall purpose of the project is to avert further degradation of nutritional conditions and to limit mortality and morbidity rates in most vulnerable groups of under-two children and lactating women.</li> <li>The specific objective is to maintain global acute malnutrition rate (GAM) level below 10 percent by providing all children (aged 6-24 months) and pregnant/lactating women in the Analanjirofo region with appropriate supplementary feeding.</li> </ul>	<ul style="list-style-type: none"> <li>As per the amendment letter 882/08/CD sent to CERF on 18/12/08</li> <li>CERF funds are being used to purchase and distribute appropriate supplementary feeding to 25,000 0-2 children and lactating mothers, in coordination with the micronutrient supplementation provided by UNICEF operation.</li> <li>The intervention began in February 2009 for the duration of one month (30-day ration) in coordination with UNICEF's activities.</li> </ul>
<b>Nutrition</b>	<b>08-CEF-059</b> "Prevention of Acute Malnutrition in Two Districts of"	\$ 605,389	<ul style="list-style-type: none"> <li>24,448 children aged between 6 and 24 months</li> </ul>	6	Ministry of Health (regional and	Population in the two target districts <ul style="list-style-type: none"> <li>Children aged between 6</li> </ul>	<ul style="list-style-type: none"> <li>90 percent of children aged between 6 and 36 months in the districts of Fenerive Est and Vavatenina (46,000</li> </ul>	<ul style="list-style-type: none"> <li>With CERF funds, UNICEF was able to purchase and undertake a blanket distribution of Ready-to-Use Food (RUF) as supplements to 85 percent of children aged between 6 and 24 months in the districts of</li> </ul>

	Analanjirifo"		<ul style="list-style-type: none"> <li>10,157 pregnant and lactating women</li> </ul>	central level)	<p>and 24 months: 28,685</p> <ul style="list-style-type: none"> <li>Pregnant and lactating women: 11,285</li> </ul>	<p>children) use RUF daily over a seven week period</p> <ul style="list-style-type: none"> <li>90 percent of pregnant and lactating women in the districts of Fenerive Est and Vavatenina (38,000 women) take MMN daily over a two-month period.</li> </ul>	<p>Fenerive Est and Vavatenina (24,448 children) over an 8-week period. This is being reinforced and will continue to reinforce family diets and will reduce the risk of developing malnutrition and micronutrient deficiencies.</p> <ul style="list-style-type: none"> <li>(Please refer to the exchange between Madagascar RC Dr. Xavier Leus and CERF, requesting to target 6-24 month olds rather than 6-26 months olds, but over a longer period of eight weeks rather than seven weeks).</li> <li>UNICEF was able to purchase and undertake a blanket distribution of multi-micronutrients (MMN) to 90 percent pregnant and lactating women in the districts of Fenerive Est and Vavatenina (10,157 women) over a 9-week period. This is preventing and treating and will continue to prevent and treat micronutrient deficiencies that increase morbidity and mortality in mothers and newborns. (Please note that the proposal was written based on population estimates for the two target districts provided by local administrative authorities. When a joint UNICEF-Government census was carried out before the RUF and Plumpy'doz distribution took place, to avoid doubling distribution, it was found that the actual population was lower than originally reported.)</li> <li>Using the opportunity of the blanket distribution as an attraction, a mass MUAC screening campaign took place at the same time in communities throughout the districts of Fenerive Est and Vavatenina targeting all children aged between 6 – 59 months, to ensure that acutely malnourished children received appropriate treatment (noting that Plumpy'doz is not a treatment for severe malnutrition)</li> </ul>
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							<ul style="list-style-type: none"> <li>▪ Children aged 6 – 24 months with MUAC <math>\geq</math> 120mm received Plumpy'doz</li> <li>▪ Children aged 6 – 59 months with MUAC &lt; 120mm were referred to the health centre to have their height and weight measured. If they were then <math>\geq</math> -3 z score they received Plumpy'doz and could go back home. However, if they were <math>\leq</math> -3 z score they were admitted to the centre for therapeutic treatment</li> <li>▪ Children aged 6 – 59 months with a PB &lt; 110mm were diagnosed as severe acute malnourished and immediately referred to the health centre to receive therapeutic treatment and care</li> <li>▪ CERF funds also enabled three-day refresher training on acute malnutrition management and appropriate infant and young child feeding practices for 513 community workers and village chiefs in Fenerive Est district and for 454 community workers and village chiefs in Vavatenina district. More specifically, community workers were trained on how to identify and screen potentially malnourished children to be able to refer them to a health centre for further therapeutic care. Please note that in order to reach the most vulnerable populations, often living in remote or isolated areas, the participation of community workers and village authorities is crucial</li> <li>▪ UNICEF was able to support the printing and distribution of IEC materials on both acute malnutrition management and on early and exclusive breastfeeding for both the community worker training and for distribution at the community level. (Please note that the action is still ongoing. A second blanket distribution and MUAC screening will take place in April 2009.)</li> </ul>
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<b>Food Security</b>	<b>08-WFP-085</b> Providing family rations to protect seeds distributed by FAO	\$232,236	Approximately 40,015 individuals (8,003 households)	WFP, CRS, FAO		<ul style="list-style-type: none"> <li>▪ The overall purpose of the project was to improve food security for 8,000 vulnerable rural households facing elevated food prices in Atsimo Atsinanana.</li> <li>▪ The specific objective was to ensure optimum utilization of the seeds provided by FAO--and thus a successful harvest-- by the distribution of the necessary seed protection rations to beneficiary families.</li> </ul>	<ul style="list-style-type: none"> <li>▪ CERF funding was used to buy and distribute 553 metric tons of food as a protective measure to avoid untoward consumption of the seeds distributed by FAO to 8,003 vulnerable rural households in Atsimo Atsinanana region. Distributions were carried out by CRS in close coordination with FAO from 1 November to 13 December 2008 (30-day ration).</li> <li>▪ Family rations were given for a month in order to coincide with the distribution of seeds and to ensure that the seeds were planted. Food shortages are often the root cause of the situation whereby the seeds, which otherwise should be planted, are consumed instead.</li> <li>▪ A joint FAO-WFP-CRS follow-up mission took place on 26 January 2009 assessing rice and beans growth and monitoring food security in the region.</li> </ul>
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<b>Food Security</b>	<b>08-FAO-040</b> "Distribution of rice and bean seeds to the most vulnerable rural families affected by increased food prices"	\$ 274,601	8,000 households (or 48,000 individuals)	CRS (Catholic Relief Services), CARITAS, CARE INT'L	Assessment done by FAO/WFP "Initiative sur la flambée des prix de produits alimentaires" -Plan d'action Rapide – 31/07/2008	<ul style="list-style-type: none"> <li>80 MT of good quality rice seeds distributed and 3,200 Ha planted;</li> <li>40 MT of good quality bean seeds distributed and 1,000 Ha planted</li> <li>Rice estimated production of 6,400 MT</li> <li>Bean estimated production of 1,000 MT</li> </ul>	<ul style="list-style-type: none"> <li>All beneficiaries targeted have been covered with seeds distributions: 8,412 beneficiary families selected from 35 communes in the districts of Vaingandrano and Farafangana in the region of Atsimo Atsianana.</li> <li>The quantity of seeds delivered was slightly less than indicated in the proposal due to the unavailability of seeds in the country: 78,700 kg of rice seeds and 22,975 kg of maize seeds</li> <li>The beans seeds proposed have been replaced with maize due to early start of rain: beans suffer from excess water while maize beans benefit from it:</li> <li>Successful collaboration with NGOs partners (CARITAS, CARE, and CRS), WFP, DRDR ensured smooth selection of beneficiaries and distribution of seeds. A very participative monitoring and evaluation exercise involving all partners also took place.</li> </ul>
<b>Health</b>	<b>08-WHO-048</b> "Prevention of excess mortality and morbidity in vulnerable groups by reinforcement of mobile and community health strategies"	\$ 196,524	163,584 - 152,625 children - 38,156 pregnant women, - 33,916 lactating women	ASOS (\$20,000)		<ul style="list-style-type: none"> <li>To contribute to better basic health services for the targeted groups of beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>Procurement of essential drugs (albendazole and ferrous – folic acid) and ITNs for preventive care and prevention of malaria among children and pregnant women</li> <li>Mobile health activities (ongoing) with a total of three visits in 20 selected villages during three months</li> <li>Community health actions with 122 community health agents in response to basic health needs of population living in non-covered localities, and 18 puppeteers and 22 folk groups sensitizing people on the most dangerous diseases in the region (malaria, diarrhoea and ARI)</li> </ul>



## V. CERF IN ACTION

### CERF Cyclones

#### HEALTH

Under CERF, funding UNFPA procured reproductive health kits in order to ensure a minimum of services for the affected people, and to mitigate the potential for increased maternal mortality and morbidity. In total 46 health centres benefited from these kits.



One of them, the basic health centre of Ambasimatera (CSBII) received medical equipment and supplies that health workers needed to ensure safe deliveries at the level of primary health centres. This so-called reproductive health kit n° 6 “Clinical delivery” contains drugs, disposable equipment (e.g. syringes), delivery set (e.g. forceps), sterilizing equipment and general equipment (e.g.

stethoscope). The doctor of this centre received previous training on the use of this kit at UNFPA premises.

To illustrate the life-saving role of the CERF funding, here is the story in pictures of Berizity, a young woman of 18 years in her first pregnancy. She lives in Ambodiriana II, a small village at a distance of 30 km or seven hours by foot from the basic health center of Ambasimatera. On 1 August 2008, she perceived vaginal bleeding and suffered from nausea. She was transported on an ox-drawn



*Handover of RH Kit n° 6 to CSBII of Ampasimatera; Sofia Region*



*Berizity being attended to at the medical centre before being referred to Mahajanga Hospital*

wagon to the health centre. Once Berizity had arrived in the centre, nearly in shock, the doctor noticed a premature detachment of the placenta and was able to take care of her using the drugs and medical supplies and equipment that were donated by UNFPA. Berizity's life was saved in Ambasimatera. Afterwards she was referred to the hospital of the regional capital Mahajanga for further care.



*Berizity using public transport to get to Mahajanga*



*Berizity alive because of the joint efforts of all*

## LOGISTICS

### **WFP – A Story of OLINE ANDRIAHALO, 54 years old (Soanierana Ivongo, Madagascar)**

Oline has been living in Ambahohabe in Soanierana Ivongo since she was born. She is now 54 years old and lives with her children and grandchildren.

She cultivates cloves. In a good season, a farmer can easily earn up to 400,000 ariary (approximately \$ 200).

In February 2008, cyclone Ivan ravaged Madagascar's eastern Analanjirifo region, destroying houses and crops and leaving thousands of people in need of food assistance.



“The cyclone damaged all my plantations. We faced severe food shortage right after the cyclone since the ensuing flooding also washed away all our stock” said Oline, who saw her family's livelihood and hopes disappear in the storm. Soanierana Ivongo was one of the worst affected districts by Ivan's devastating winds and floods. She has started replanting her precious clove trees but it will take years before she can expect to have a good harvest that will enable

her to support her family needs.

Oline is not alone. Many families in these areas have suffered from cyclone effects, increasing malnutrition risks of the most vulnerable.

At a time when the food security of Oline's family became critical, the United Nations World Food Programme (WFP) mobilized a MI8 helicopter to strengthen the logistic capacity of humanitarian organizations. The airplane was based in Fénérive and Toamasina to facilitate access to the remote areas in Fénérive, Soanierana Ivongo, Vavatenina and Toamasina II for relief aid workers, medical supplies and food aid.

Oline was one of the beneficiaries of WFP's food aid. The intervention not only helped her to recover progressively after the cyclone but also provided a temporary safety net until her life returned to normal. After the first relief, Oline is planning to move to short cycle agriculture that will allow her to become self-sufficient in the future.

## AGRICULTURE AND FOOD SECURITY

### FAO – Interview with Ngeza

During an evaluation mission in the slaughterhouse of Akadindratompo, FAO interviewed one of the workers considered to be at risk:

**FAO:** Hello. Could we ask you some questions please?

**Ngeza:** Manao ahoana. Yes, you can.

**FAO:** Have you experienced fever last year?

**Ngeza:** Yes, I had fever in April, with headache and muscles pain. I didn't work during three days.

**FAO:** What do you know about RVF?

**Ngeza:** It is a disease of ruminants that can be transmitted to humans.

**FAO:** Do you think your fever was RVF?

**Ngeza:** I don't know; it's possible.

**FAO:** Did you protect yourself when working last rainy season?

**Ngeza:** No, I didn't have gloves, boots, mask or apron. I worked in my usual wear.

**FAO:** What do you think of the equipment you have now?

**Ngeza:** I feel much safer. I hope I won't be sick next year and stop working. But the gloves are worn out now.

**FAO:** Do you know that working without gloves is an important way of contamination?

**Ngeza:** Yes I know. I didn't have much money until now to buy new ones, but I will soon.

**FAO:** I see some people here have boots and aprons that Government and FAO didn't distribute?

**Ngeza:** Yes, before we were almost all working naked feet in this slaughterhouse. Now workers are trying to buy boots by themselves, and butchers sometimes buy some for their team.

**FAO:** Thank you for your answers, Ngeza. Have a good day.

**Ngeza:** Goodbye."



Ngeza



## EDUCATION

### UNICEF – Going back to school after the cyclones



*Hasina, 12, studies in a temporary, UNICEF-supported tent classroom in Tanambe after his school was destroyed by flooding caused by cyclones in early 2008. "I would never have believed it was possible to go back to school so quickly," he said. © UNICEF*

MARCH 2008 - On the morning of Monday, 18 February 2008, flash floods rose between the towns of Ambohimananarivo and Tanambe. The main road was cut off at the village of Antsamaria, not far from Tanambe. Both Anony and Sahamaloto dams had been filled to bursting levels and, unable to contain such huge quantities of water, the dykes broke. For three long days, an overwhelming panic spread over the community of Tanambe as water levels continued to rise. Houses made of concrete and cement collapsed one by one. The public primary school was washed away, leaving hundreds of children without their right to education. Regional authorities used pirogues (dug out canoes) to take care of rescue operations and help transport those in need.

UNICEF was already in the area and was able to assess the scope of the damage quickly. Using CERF funds, tents were set up to be used as temporary classrooms, and several 'school-in-a-box' kits and recreation kits were given to the educational authorities to distribute to this school and other surrounding schools similarly affected by the cyclone, providing learning materials to replace those lost during the floods.

Twelve-year-old Ratolojanahary, a fifth-grade student, testified, "I would never have believed that it was possible to go back to school so quickly. This is my exam year, so I was very worried. I lost all my school things and my classroom is completely destroyed. Fortunately, this tent has been set up so that we can use it as a classroom. Our teacher informed us this morning that we should all come back to school. For me, I just have to pass my exams."

While the parents' association has taken the initiative of building additional temporary school structures with the debris found lying around the area, the students themselves are participating by collecting furniture that the floodwaters had washed away.

The water level has now gone down and life is slowly getting back to normal. "Schools provide children with a protective environment free from danger. In emergency situations, setting up

schools as soon as possible allows children to restore a sense of normality to their lives and helps them overcome psychological trauma and other forms of distress,” shared UNICEF Madagascar’s Education Officer Roger Ramanantsoa during a recent field visit.

## HEALTH

### WHO – Snapshots from the Field



*A Folk group performing*



*A puppet show with an educational message for children*



*A theatre show by a folk group with an educational message*

## NUTRITION

### UNICEF: Food Crisis Response



*A mother and her child arriving at a village/community Plumpy'doz distribution point. © UNICEF Madagascar/2008*

MARCH 2009 – Navosoa has two children and lives in Ambakivaro village in Analanjirofo region in the east of Madagascar. In February 2008, Cyclone Ivan devastated her community. “The cyclone caused so much destruction,” she says. “Our house was flattened, and the rice and cassava crops we were growing in a small field to feed our family and support ourselves were totally wiped out.”

With the crops destroyed, Navosoa’s family was in a precarious situation. “From May onwards, things became really bad,” she remembers, sadly. “My oldest child was one year old at the time, and started losing a lot of weight because we didn’t have nearly enough to eat. He became so thin, and I knew that he was almost starving. I was so scared.”

In August 2008, a nutritional screening took place in the area, including Navosoa’s village. “They measured my son, and referred him to the basic health centre,” she explains. “At the health centre, the doctor measured his height and weight, and told me that my son needed to be given some special food sachets, so that he would no longer be malnourished. It was quite difficult, because I had to take my boy to the hospital every week, but at the same time I needed to work in the fields to try to re-plant our crops.” However, Navosoa’s efforts were not in vain; after taking the therapeutic food sachets, her son recovered. “Now he’s in really good health,” she says, smiling proudly.

Last week, Soa, the village’s community health agent, gathered parents together to tell them about a new nutrition campaign, where children would be screened again and provided with RUF in case they had become malnourished from the effects of the crop destruction combined with increased food costs. “I promised Soa I’d come to the distribution centre,” says Navosoa, “because my little baby girl had recently become malnourished just as my son was before. I came early in the morning so that I was one of the first ones there, and listened to a speech from Soa and the Village Chief. Health workers measured both my children, and because they’re both between 6 months and 2 years old, they gave me a special food called Plumpy’doz to give to them.”



Navosoa was very happy to receive the Plumpy'doz, because she can make sure that her children will recover. "The Plumpy'doz has special things like vitamins and salt in it and it's so easy to give to my children – just a spoonful in the morning and another at night before our meal," she explains. "I've been told to keep it for them and not to let other family members take it. Soa is going to come to my house to check I am doing it properly. Then there will be another distribution in a month – I will not miss that! I'm just really happy because now my children will be able to grow like other people's children who haven't had their crops damaged."

## **AGRICULTURE AND FOOD SECURITY**

### **FAO – Harvesting with different seeds**



My name is Maria Odette and my husband is Tembeno Jean Charles. We are from Matanga in the district of Vaingaindrano, we have six children and have been married for 10 years. Each year, we have been able to plant three cases of rice and the harvest is never enough to feed ourselves until the next harvest. To survive until the next harvest, we have been forced to always borrow food or eat alternative food such as cassava and wild fruits.

This season, with 10 kg of rice seeds and 2.5 kg of maize given to us by FAO, we have been able to extend our rice cases to seven, four cases more compared to previous seasons.

The harvest for this season looks very promising even though rain has not been much because we have been able to plant in irrigated area. It is difficult to estimate the harvest at this stage, as the

plants are still too young.

However, given the area of seven cases we have been able to plant, we can predict a better harvest, which will allow us to feed the family until the next harvest.

As for maize, it was our very first time we planted maize and are very satisfied with the variety of seeds. After receiving the seeds, we planted them the following day and four months later, we are able to harvest very mature corn. We eat them in the morning for breakfast and we have been able to make money by selling some of the maize on the market.

We would like to sincerely thank FAO for these very good seeds and WFP for having given us enough food to support us during the land preparation works.



## Acronyms and Abbreviations

<b>ARI</b>	Acute Respiratory Infection
<b>ASOS</b>	Action Socio-Sanitaire Organisation Secours (NGO)
<b>BNGRC</b>	National Bureau for Risk and Disaster Management
<b>CDC</b>	Centre for Disease Control Atlanta
<b>CISCO</b>	District education authorities
<b>CRIC</b>	Comité de Réflexion des Intervenants en Catastrophe
<b>CSBII</b>	Centre de Santé de Base Niveau II
<b>DRDR</b>	Direction Regional du Developpement
<b>DREN</b>	Regional education authorities
<b>DULMT</b>	Direction des Urgences et de la Lutte contre les Maladies Transmissibles
<b>EPI</b>	Expanded Programme on Immunisation
<b>FfW</b>	Food for Work
<b>FP</b>	Fond Propre UNFPA
<b>GWSS</b>	Gravity Water Supply System
<b>HCT</b>	Humanitarian Country Team
<b>IEC</b>	Information, Education and Communication
<b>IP</b>	Implementing Partner
<b>IPM</b>	Institute Pasteur de Madagascar
<b>ITN</b>	Intensticide Treated Net
<b>LLIN</b>	Long-Lasting Impregnated Net
<b>MDM</b>	Médecins du Monde
<b>Medair</b>	Medical Air
<b>MEN</b>	Ministry of Education
<b>MISP</b>	Minimum initial service package
<b>MoH</b>	Ministry of Health
<b>MUAC</b>	Middle Upper Arm Circumerence
<b>ONN</b>	National Office of Nutrition
<b>PNNC</b>	Programme National de Nutrition Communautaire
<b>PPE</b>	Personal Protection Equipment
<b>RCO</b>	Resident Coordinator's Office
<b>RUF</b>	Ready-to-Use Food
<b>RVFV</b>	Rift Valle Fever Virus
<b>RVF</b>	Rift Valley Fever
<b>SLMER</b>	Service of Emerging and Re-Emerging Diseases
<b>SP tablets</b>	Sulfadoxine-pyrimethamine tables for malaria prevention
<b>SSUREPI</b>	Service of Epidemiological Surveillance
<b>SUCA</b>	Service of Emergencies and Disasters, Ministry of Health
<b>UN HAS</b>	United Nations Humanitarian Air Service