

UNICEF HUMANITARIAN ACTION

MADAGASCAR

DONOR UPDATE

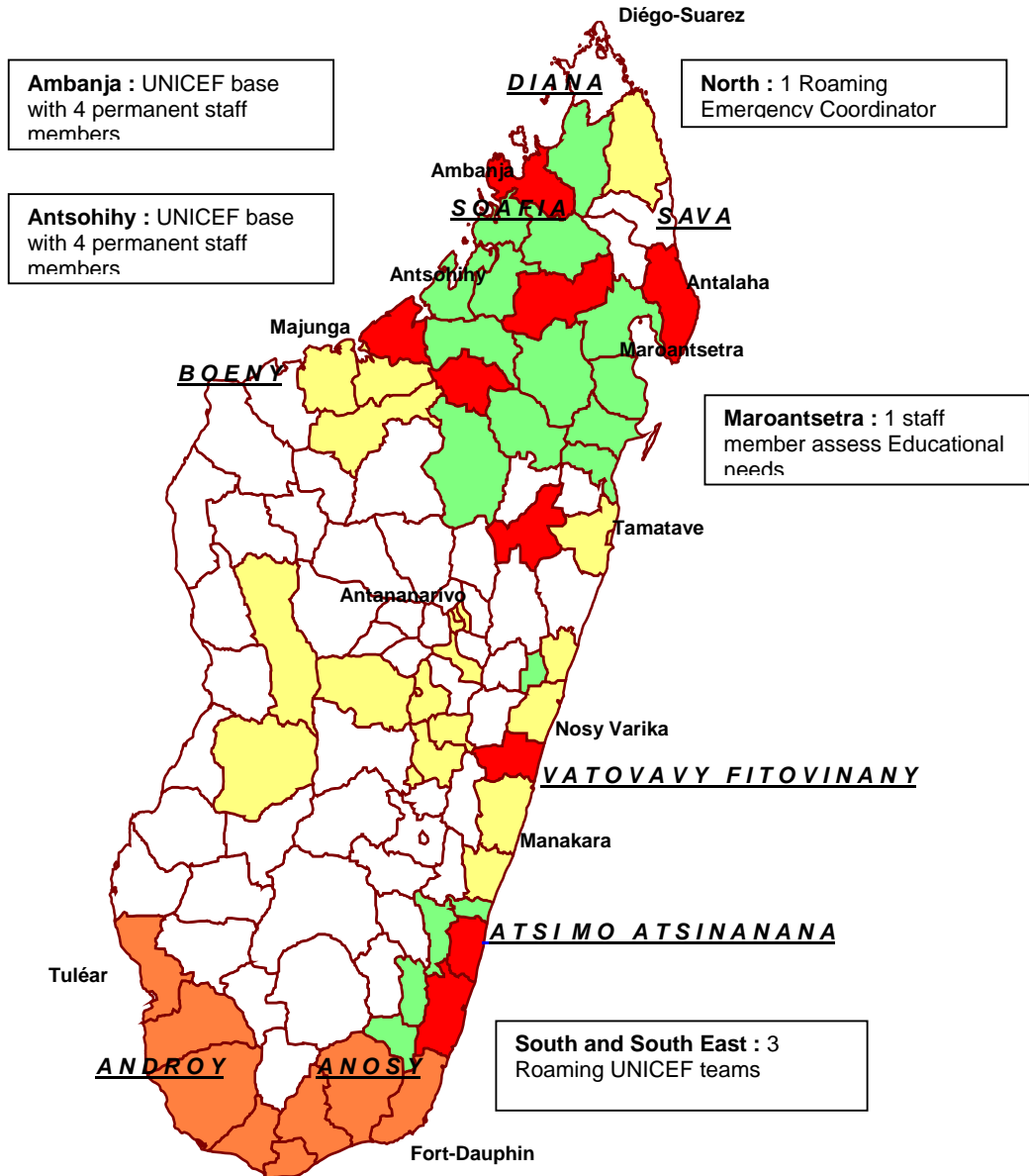
3 APRIL 2007

**UNICEF URGENTLY NEEDS US\$ 3.8 MILLION TO ADDRESS
THE NEEDS OF CHILDREN AND WOMEN**

- **450,000** people in need of humanitarian assistance after five major cyclones
- A sixth cyclone, expected on 3 April, is feared to cause further extensive damage and human suffering



MADAGASCAR FLOODS, CYCLONES AND DROUGHTS IMPACTS



- Areas affected by Cyclones and by floods before Cyclone INDLALA
- Areas affected by Cyclone INDLALA
- Areas affected by Cyclones Bondo, Clovis, Gamède, INDLALA and by floods
- Areas affected by malnutrition due to droughts

1. CYCLONE IMPACT

Madagascar, an island in the Indian Ocean, is one of the poorest countries in the world with a poverty rate of 68% in 2005. Children under 18 represent 52% of the population. Only 35% have access to safe water and only 3% to adequate sanitation. Hygiene, therefore, is poor and the general environment is unclean. In 2005, 17% of children under five died from diarrhoeal dehydration and diseases. Malaria is the single largest cause of childhood mortality, responsible for one-third of all child deaths and killing about 30,000 children annually. Malnutrition continues to pose a serious threat. Nearly half of all children under five suffer from retarded growth and during poor harvest times 13% of under-five year olds suffer from severe malnutrition. Moreover, Madagascar, through its geographic location, is prone to natural disasters, including recurrent cyclones, flooding and endemic droughts, all creating additional hardship for an already vulnerable population.

Since December 2006, Madagascar has been hit by five cyclones, the worst series of cyclones in many years, causing deaths, severe flooding, property and agricultural destruction and population displacement. Some communities in the northwest report the worst flooding and loss of life and property since 1959.

On 15 March 2007, Cyclone Indlala, the fifth of the cyclones, struck the north-eastern coast of Madagascar. Arriving with winds of more than 230 km/h and torrential rains, Indlala crossed the northwest and ended its course in the central highlands. Seven regions were affected: Diana, Sava, Sofia, Analanjirofo, Vatovavy Fitovinany, Atsimo Antsinanana and Aloatra Mangoro; 48 out of 111 districts in the country have felt the impact of the five cyclones and two other unusually intense tropical storms. Areas affected by Indlala were already suffering from the effects of the previous storms, especially the coastal areas of the east.

Assessments by the National Bureau of Risk and Catastrophe Management (BNGRC) on 28 March indicate that 88 people are reported dead, 30 are missing and 126 injured. 30,856 people have lost their homes and are in need of urgent humanitarian assistance. Field reports suggest that eventual mortality figures are likely to be higher. According to the BNGRC over 13,000 homes were destroyed or flooded. Infrastructure was severely damaged, with 357 administrative buildings and 55 schools (over 140 classrooms) out of order/use and 150 traditional rice field irrigation structures destroyed. Over 36,000 hectares of agricultural land were seriously damaged, primarily rice paddies. Communications have been disrupted. Of greatest concern is the damage to the national road system that is now hampering access to health centers, schools and basic services and is posing logistical challenges to relief efforts. It will be some time before all primary road links are restored.

The risks of water-borne diseases and epidemic outbreaks are high. The most urgent needs are food, potable water, essential drugs, shelter and sanitation, cooking utensils, and education materials.

The heavy rains and flooding in largely populated and cultivated areas throughout the country after four cyclones affected more than 293,000 people, including an estimated 125,000 people who are in immediate need of food due to losses of agricultural production in the south-eastern regions – where up to 70-90% of the rice harvest was lost. As a result, food insecurity is increasing and a looming nutritional crisis is threatening larger numbers of children. In Antananarivo, some 18,000 people were made homeless, of whom over 9,000 continue to survive in extremely difficult conditions. After Indlala struck, an additional 157,000 people were affected, bringing the cumulative total to about 450,000 people. **Another cyclone, Jaya, landed today, affecting the north of the country.**

UNICEF has been at the forefront of the Madagascar emergency response in the past four months. With a comparatively limited number of INGOs active in the country, a quick response capacity to cope with frequent natural disasters is essential. Through an ongoing investment in emergency preparedness and response capacity in the last few years, UNICEF has increasingly positioned itself as an important actor in humanitarian response within its core commitments for children in emergencies: ensuring access to basic health care, safe water and sanitation, nutritional rehabilitation, emergency education and child protection. In the present situation, the challenges on UNICEF to respond in a timely and effective manner require the strongest possible donor support.

Following each disaster, rapid assessments are conducted by joint teams composed of BNGRC, UN, NGO's and local authorities. A standard multi-sector form called "EIMA" has been in use for several years by the CRIC (Reflexion Committee for Catastrophies) under the umbrella of the Interior Minister. UNICEF has participated in all immediate assessments following the earlier cyclones Bondo, Clovis and did a specific assessment of the displaced camps in Antananarivo prior to the WASH intervention.

After Indlala, due to the isolation of many areas affected, UNICEF and the Government jointly organized and carried out an assessment in both Diana and Sofia regions via helicopter. **On 3 April, the Prime Minister called on national and international communities to support stronger coordination at the national and regional levels and to boost the response to the humanitarian crisis with additional human and material resources.**

2. SITUATION OF WOMEN AND CHILDREN

- ***Flooding impact epidemic outbreaks and water-borne diseases***

In all the flood affected regions, there is a looming risk of increased maternal and child mortality linked to malnutrition, lack of sanitation and poor access to basic health services. There are high risks of water-borne diseases and epidemic outbreaks spreading rapidly. Madagascar has a traditional high vulnerability to cholera. Malaria, already an endemic problem in 9 districts of the South, is now a major risk in all regions affected by the cyclones and floods, in effect most of the country. Flash flooding has destroyed or damaged large numbers of borehole wells and traditional water points, knocking out systems, washing away piping and power points and contaminating fresh water sources. In Sofia region affected people are drinking surface water, and very few boreholes are seen. Surface water is extremely turbid due to floods, some rivers are carrying dead bodies, and pools of stagnant water in all affected regions pose a high risk in terms of public health.

In Sofia, Sava and Diana Regions, many health centres have not received replenishment of bi-monthly essential drug supplies since December as roads have been cut, disrupting transport. While no disease outbreaks have been reported in the north, the situation is fragile and conditions are unfortunately conducive to increasing morbidity unless there is an effective, scale-based emergency water and health response. So far, the breakdown of damages on health structures is unknown for the 7 districts of the SOFIA region.

In this context, it is even more critical that the vaccination and prevention activities of the “National Child and Mother Week”, scheduled to start on April 23, are maintained in all affected areas. Children and pregnant women will receive Vitamin A and deworming treatments. They will also receive routine immunization and measles vaccinations will be given in the most affected districts of the North. UNICEF and partners need assistance to ensure that the most vulnerable and seriously affected children and mothers receive care. The bases UNICEF are setting up in the North will be a logistical asset to reach the affected population.

- ***Flooding impact on food insecurity and nutritional crisis***

The nutritional status of children under 5 years is precarious under normal situations, with the last Demographic and Health Survey finding 13% to be affected by acute malnutrition and among them 3% to be severely malnourished. In the present situation, food insecurity is increasing and we expect acute malnutrition among vulnerable groups to increase dramatically in the coming weeks.

In addition to the 260,000 people affected by the reported loss of up to 80% of crops in the southeast after cyclone Clovis, Indlala inflicted heavy crop damage in the northern and central highlands. UNICEF assessments have found that many families have lost the secondary harvest (January) and entered the February to May lean season with little or no food reserves. Food insecurity in the August to November lean season will worsen, as predictions indicate that the principal May/June harvest will also be negatively impacted. There is therefore now an imminent risk of a nutritional crisis that can affect most regions of Madagascar.

UNICEF's emergency nutrition response in the South, soon to be expanded to the South-East, are reaching good coverage rates. Additional interventions are needed, however, to avoid increased maternal and child mortality amongst the vulnerable groups, including prioritization of high risk families and ensuring availability of Plumpy nut and BP5 at all key sites.

In the South, UNICEF, the Ministry of Health and the National Nutrition Office are particularly concerned by the already fragile nutritional status of women and children in three regions, declared “food insecure” at the end of 2006 due to drought. Nutrition surveys conducted in December 2006 showed a Global Malnutrition rate of 10%, rising to 20% in some municipalities. Since January 2007, nutritional screening activities in Androy, Anosy and Toliary regions have begun targeting children and women who will qualify for a nutrition rehabilitation program. Thus far, 40,000 children and 4,200 women have been screened, though heavy rains have brought some delays. Currently 4,772 children under five are under treatment for acute malnutrition, of which 505 are severe cases. This ratio can be inverted if there is a delay in the distribution by WFP or other partners of both supplementary ration (PREMIX) to the 4,237 moderately malnourished and of family rations to all children admitted to nutrition rehabilitation programs.

In the Vatovavy Fitovinany region (South East) hit by cyclone Indlala, UNICEF and government partners (MoH and NNO) are putting the nutritional emergency response into place and will carry out further assessments this week. To date, 50,000 children under five in Nosy Varika are estimated to be at risk. The objective is to ensure that the active screening and early detection of malnutrition in Nosy Varika will be extended to other districts and lead to appropriate treatment and systematic follow-up.

- **Homelessness, child protection and schooling**

The impact of the extreme cyclone season has affected about 420,000 people and temporarily displaced 64,000. Although most have been accommodated by relatives and local communities, some communities in the Indlala affected areas of the northwest have reportedly lost all household possessions, including shelter, clothing, cooking items, etc. In some areas, the displaced have been quartered in schools, churches and public buildings. There is need for shelter assistance in Sava, Diana, Sofia, Anala Jirofo and Atsimo Atsinana. Although figures concerning Indlala are being updated on a daily basis, 26,000 people have had their house totally or partially destroyed together with their domestic food stock and all their other belongings. Meanwhile, their fields were flooded and blocked in sand or mud, leaving the next harvest expected for July compromised. Sectoral assessments are undertaken in the accessible areas to determine the losses more precisely.

166 classrooms were reportedly destroyed or rendered unusable in the North following cyclone Indlala, while another 1,200 classrooms were damaged in the previous cyclones. Some schools require only replacement of school and learning supplies, while others require furniture and rehabilitation to structures.



Before the impact of Indlala, approximately 70,000 students had had their studies disrupted.

In the Malagasy context, insufficient attention is paid to the psychological effects of natural disasters on children. Training of key actors for the provision of psychosocial support of children is still at an early stage of development. Capacity is therefore lacking in most affected communities. Although some training has occurred at the district and community levels in some parts of the country, efforts are required to ensure an understanding of Government and other counterparts of the importance of psychosocial support, and to enhance existing capacity for psychosocial programming.

3. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

Even while addressing the effects of the protracted and severe cyclone and flooding crisis in the country beginning in December 2006, UNICEF was one of the first agencies to respond to the more devastating impact of Cyclone Indlala in the Northwest. While supply deliveries have begun (soap, water purification, blankets, etc.), a major focus has been on undertaking rapid assessments by helicopter as larger quantities of supplies are being procured. The government is making efforts to repair infrastructure but the impact on damage to roads and bridges will continue to constrain the response. UNICEF's response is being planned and implemented in close coordination with the WFP, including air and road transport and emergency field support bases. In the south, UNICEF continues to focus staff outreach in support of emergency nutritional interventions.

Given the complexity of the situation, UNICEF has established two temporary emergency outposts in the Northwest (Antsohihy in Sofia region and Ambanja in Diana region), each led by an international emergency officer overseeing a team of one WASH officer, one public health officer and one logistician. Logistics management, emergency reports and information, WASH and overall emergency coordination capacities have been further strengthened at the Antananarivo office. Discussions are underway with WFP toward the possible establishment of one or more additional emergency bases in the South (Manakara) to better support the emergency nutritional response.

UNICEF's response is being undertaken in close coordination with the BNGRC (the National Risk and Catastrophe Management Bureau), responsible for overall coordination of the emergency response with support from UN agencies, OCHA, bilaterals, and international and national NGOs. At field levels Madagascar has recently seen an administrative restructuring, moving from provinces to regions. With more regions, the existing capacity at this level is as yet relatively weak. The Government is mobilizing its own resources and encouraging public contributions to assist affected communities around the country.

Based on the humanitarian reform process, the Cluster Approach is being introduced to enhance the emergency response in Madagascar. This is expected to be formally adopted in the next week using an initial prioritization of clusters identified as most urgently in need of establishment. UNICEF has communicated its readiness to assume its IASC designated lead role in the areas of nutrition and WASH.

Supply and Logistics

UNICEF has mobilized supplies on the local markets in Antananarivo as well as from Regional Office Nairobi and Supply Division with offshore deliveries coming by air and sea. Based on re-programmed regular funding, two donor pledges and an Emergency Program Fund (EPF) loan from UNICEF headquarters, supplies have been procured of a total value of US\$ 1,652,000, including delivery costs. While only a small quantity of supplies have so far been delivered to beneficiaries in the north, UNICEF is now moving some 50 Mts of supplies by air, sea and road to forward delivery points while an estimated 450 Mts of additional supplies is on order and coming into the country from outside.

Operational planning for the emergency response is expected to include at least short term reliance on helicopters. However, air transport available in the country is very limited (2 helicopters and 2 small planes of a maximum capacity of 400 kg) and UNICEF is looking for other air means of transportation outside the country. The French Army is still facilitating operations by providing air cargo transportation. However, to reach very remote and areas rendered inaccessible due to flooding, landslides and sand-ups, all possible local transportation means will be used to distribute the relief supplies in the next days, including boats when possible due to decreasing river levels; trucks and carts. WFP is expected, as the likely Logistics Cluster lead, to directly support such operations.

Water and Sanitation

In collaboration with the government (MoH), partners and NGO's, emergency response has begun in 38 camp sites in Antananarivo to ensure that basic water and sanitation needs are met, including the distribution of water and hygiene related non-food items, construction and improvement of emergency sanitation facilities. 33,000 displaced are concerned.

To improve the supply, quality and access of water to flood-affected people in Antananarivo and through the country, UNICEF has distributed water and hygiene related non-food items (household water purification products, water containers, soap) to at least 80% of 33,000 target population:

- 25 existing emergencies latrine blocks, constructed by the Municipality of Antananarivo have been improved and hand-washing facilities have been constructed for each camp sites. Number of 100-liter latrine containers has been increased from two to six;
- three raised latrines with sludge accumulation capacity (2m³) in three big camp sites have been constructed;
- a mechanism for daily evacuation of all full latrines containers in all camps sites has been installed;
- hygiene education activities focusing on hand-washing in 38 camp sites is being conducted;
- sensibilization on correct collection, storage and disposal of solid waste in all camps has been provided by health committees for 38 camp sites;
- refresher training for 38 camp site health committees is being provided.

As an immediate response to Indlala, UNICEF has provided WASH products to assist the target population in the Diana region and Ambanja district: water treatment for household, buckets, drinking mugs and soap through its buffer stock and from local markets in Antananarivo. Additional items have been procured in Nairobi and Copenhagen.

Tools for WASH immediate response based on the number of population affected and taking into account the standard minimum in case of emergency are available at the BNGRC with the technical support of UNICEF. This will help the national counterpart to accelerate the calculation of WASH needs but should be planned with the health response to assure the reduction of outbreaks of diarrhoea diseases. More support should be given by UNICEF at national and regional level to improve the coordination of all WASH responses through the cluster lead approach.

Health and Nutrition

In response to the health issues, the following actions are being undertaken:

- To avoid an increased risk of malaria, over 300,000 LLINs will be distributed to vulnerable groups (pregnant women and children under five years of age) in affected areas, including over 200,000 nets already sent to the south-eastern areas (considered unstable malaria zone). The heavy rainfalls have increased the risks of an epidemic malaria outbreak.
- 100,000 ACT tablets are pre-positioned for distribution in the North. 250,000 ACT additional tablets (3+3) need to be purchased and 31,000 tablets of Sulfadoxine- pyrimetamin will be distributed to pregnant women.
- 125, 000 RDT malaria diagnosis kits
- 100,000 ORS packets and 85,000 zinc tablets are being ordered in the event of diarrhoea outbreaks
- 1 million additional measles doses are under procurement (300,000 doses are already available at the national level)
- 4 complete health kits to serve 40,000 people during 3 months have been procured

The nutritional response is in place in the South and South West with 40,000 children below 5 and 4,200 women screened for malnutrition at end of February. 6,000 children and 920 women are currently under treatment. An assessment of the whole operation is planned for the end of April.

As the southeast is currently the region facing the most serious nutritional situation, there is an on-going joint mission with the MoH and NGO's, whose key objective is to prioritize intervention areas for nutritional supervision. The activities are expected to be operational in 2 weeks time.

- In the North, supplementary rescue rations of about 1,200 kcal will be provided for children under 5, as well as pregnant and lactating women during the first two weeks. A nutritional survey is also planned for the northern areas affected by Cyclone Indlala in May/June.
- Health center staff in affected areas will be trained and equipped for acute malnutrition detection and management of non-complicated cases. Nutritional follow-up of children under 5 will be prioritized.
- Hospital services will be reinforced with equipment, specific drugs and therapeutic food to treat acute malnutrition.

Non-food relief items

- As an immediate emergency response, 2.5 Mt of non-food relief items have been distributed to Antsohihy: plastic water barrels, water purifiers, soap, buckets, cooking utensils and a few tarpaulins as well as emergency health kits. On 3 April, an additional 2.5 Mt of non food-items will be delivered via French military aircraft.
- In Ambanja, 12,120 people (2,957 families) are currently in need. During the week of 26 March, UNICEF dispatched 500 kg of relief items composed of water purifiers, buckets, soap, tarpaulins, 215L barrels and drinking mugs.
- Further tents, blankets, tarpaulins, boats with engines, cooking kits and emergency food have been pre-positioned to be transported by air or sea to the various affected regions.
- UNICEF along with the BNGRC will set guidelines for the standardization of non-food item packages per family, the identification of vulnerable populations and the distribution and monitoring of the use of these supplies.

Education

- UNICEF continues to support training in emergency preparation and response to education officials.
- 90 anti-cyclone classroom structures are due to arrive on 19 April. The allocation of these structures is currently under discussion with the Ministry of Education.
- 194 School-in-a-box kits are currently available and intended to accompany the anti-cyclone classroom structures. An additional 80 kits have been ordered.
- To date, almost 4,000 primary students in and around the capital have benefited from school-in a box material and recreational kits.
- 5 school tents have been sent to Mahajunga; 4 remain available in Antananarivo. Additional school tents have been ordered.

4. APPEAL REQUIREMENTS AND RECEIPTS

On 20 February 2007, the Malagasy Government launched an appeal calling for international assistance in meeting humanitarian needs. In response, UNICEF launched the Madagascar Flash Appeal on 16 March. Total funding requirements amounted to US\$ 1,845,500 against which US\$ 390,000 have been received/secured.

However, it is expected that an additional US\$ 2,330,000 will be needed due to the devastating impact of cyclone Indlala. Altogether UNICEF estimates a revised amount of US\$ 4,175,500 will be necessary to ensure adequate response.

Table 1: Funds received against Appeal

Appeal Sector	Initial Requirements by Sector	Additional Requirements INDLALA	Funds Received (US\$)	Unmet requirements (US\$)	% Unfunded
Health		1,280,000	190,000	1,090,000	85%
Nutrition	1,140,000	400,000	200,000	1,340,000	87%
Water and Environmental Sanitation	275,500	290,000	0	565,500	100%
Non-food Items	260,000	90,000	0	350,000	100%
Education	125,000	225,000	0	350,000	100%
Protection	45,000	45,000	0	90,000	100%
Total	1,845,500	2,330,000	390,000	3,785,500	91%

Table 2: Funds received by Donor

Donor	Funds Received (US\$)	Sector
US Fund for UNICEF	190,000	Emergency/Health
French National Committee	200,000	Nutrition
Total	390,000*	

* ECHO I contribution EUR 350,000 and ECHO II contribution EUR 750,000 announced but not yet received

5. IMPACT OF UNDER-FUNDING AND CURRENT PRIORITIES

UNICEF intervention is oriented to prevent increases in morbidity and mortality by ensuring access to safe water, hygiene and sanitation; by ensuring immunization and access to basic drugs; by protecting mothers and children with impregnated mosquito nets and ensuring malaria treatment; by distributing Vitamin A and Mebendazol and ensuring timely nutritional screening and care; by mobilizing teachers and local authorities to prevent child abuse and to protect the most vulnerable children; and by re-establishing normalcy, mainly through the school. The lack of resources creates a risk to the implementation of these protective interventions in the affected zones and can result in increased morbidity and mortality.

UNICEF's financial requirements for the disaster-affected areas are currently unmet. Until now, supply orders for the emergencies have been supported by regular resources, but these efforts are far from adequate. UNICEF has diverted a significant proportion of regular resources for the emergency, however, those resources were planned to support essential basic service packages in systems that are already weak.

Table 3: Urgent priority requirements as of April 2007

Project	Beneficiaries/coverage	Amount Required (US\$)
Health	245,000 children U5; 60,000 pregnant and lactating women	1,090,000
WES	33,000 homeless people, 125,000 people living in communes that lost wells	565,500
Nutrition	245,000 children for Vit A & Mebendazol,	1,340,000
Education	8,000 children from 140 destroyed classrooms, 90,000 children who lost all the school material	350,000
Protection	5,940 children U5 from homeless families	90,000
NFI	33,000 homeless families	350,000
Total Priority needs		3,785,500

Details of the Madagascar emergency programme can be obtained from:

<p>Bruno Maes UNICEF Representative Antananarivo Tel: +261.32.05.399.36 Email: bmaes@unicef.org</p>	<p>Pierrette Vu Thi UNICEF EMOPS Geneva Tel: + 41 22 909 5601 Fax: + 41 22 909 5902 E-mail: pvuthi@unicef.org</p>	<p>Gary Stahl UNICEF PFO New York Tel: + 1-212 326 7009 Fax: + 1-212 326 7165 Email : gstahl@unicef.org</p>
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