

UNICEF HUMANITARIAN ACTION MADAGASCAR IN 2009



Core Country Data	
Population under 18 (thousands)	9,829
U5 mortality rate (2007)	112
Infant mortality rate (2007)	70
Maternal mortality ratio (2000–2007, reported)	470
Primary school enrolment ratio (2000–2007, net, male/female)	96/96
% U1 fully immunized (DPT3)	82
% population using improved drinking-water sources (rural/urban)	36/76
Estimated no. of people (all ages) living with HIV, 2007 (thousands)	14
% U5 suffering moderate and severe underweight/stunting	42/48

Source: *The State of the World's Children 2009*

Madagascar is affected by three or four cyclones in an average year which systematically involve flooding. The island is also affected by endemic droughts. With 68 per cent of Madagascar's population of 19.7 million people living on less than US\$ 1 a day, coping mechanisms for emergencies are limited; the challenge for the humanitarian actors is to ensure that, in spite of access constraints, the most vulnerable children and women are reached with a timely response. Funds raised through the *Humanitarian Action Report* will directly support an estimated 300,000 people, over 75 per cent of which are expected to be children.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health	2,100,000
Nutrition	500,000
Water, Sanitation and Hygiene	2,000,000
Education	1,400,000
Child Protection	300,000
Shelter and Non-Food Items	300,000
Total**	6,600,000

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

** The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

Madagascar is prone to natural disasters, such as recurrent cyclones, flooding and endemic droughts. Together they cause damage to local communities as well as health and educational infrastructure, setback economic growth and render parts of the country vulnerable to food insecurity. Seasonal food insecurity is not uncommon. In 2005, it was estimated that 25 per cent of the population suffered from chronic food insecurity, with large variability within regions as the lean season coincides with the cyclone season. In 2007 and 2008, more than 780,000 people were directly affected by cyclones. Moreover, a recent March 2008 report on climate change in Madagascar showed that tropical cyclones in the country stand to increase in intensity in the future.

Damage from cyclones can be large in scale, in particular for livelihood and social infrastructure (such as schools and health centres) in a country with already limited infrastructure. Roughly one third of the rural population and two thirds of the urban population have access to improved drinking-water sources, whereas access to sanitation facilities is much more dire (18 per cent urban, 10 per cent rural), which has implications for child health during emergencies both at home and in schools, where girls often suffer disproportionately from a lack of adequate and private sanitation. Additionally, access to health facilities, particularly in rural areas is limited, with 40 per cent of the population living further than 5 kilometres from a health facility.

The humanitarian implications of the various natural disasters are particularly significant, since Madagascar is one of the poorest countries in the world, ranking 143 out of 177 countries in the 2007–2008 Human Development Index. Large structural problems, such as the remoteness of some towns and villages (problems reaching disaster victims), and poverty (vulnerability in contingency situations due to the impossibility to accumulate resources) weaken the resilience of the population. Nevertheless, national systems have been strengthened, including at subnational levels, and with attention to child-focused responses on nutrition, water, sanitation and hygiene, warehouse management and teacher/student support.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

The 2007–2008 cyclone season was particularly intense; Madagascar was hit by three cyclones among which Cyclone Ivan is being cited as the worst regional cyclone since the 1980s. Resulting floods affected heavily populated areas, such as the capital city of Antananarivo, as well as important farming areas. Approximately 342,000 people were affected. Following the Government's request for international assistance, a cyclone Flash Appeal for a total of US\$ 36,476,586 was issued in the beginning of March 2008. Within the framework of the Flash Appeal, the humanitarian community identified key priority needs. The UNICEF requirements amounted to US\$ 14,735,039 and were 40 per cent funded.

In collaboration with local, national and international partners, UNICEF responded to the humanitarian needs of the affected Malagasy population, focusing on the priority areas of health, nutrition, water, sanitation and hygiene (WASH), education, child protection and shelter. In the area of health, 12,202 infants (more than 80 per cent of children under age one) were vaccinated with DPT3HepB3. Populations affected by malaria, acute respiratory disease and diarrhoea benefited from 10,200 free medical consultations, including 4,244 to children under age five; 32,907 pregnant women and children under age five were protected against malaria through the distribution of impregnated mosquito nets in order to increase the coverage of long-lasting insecticidal nets from 40 per cent to 100 per cent in affected communities.

Routine nutritional surveillance and surveys uncovered a nutritional emergency and led to the screening of 44,059 children aged 6–59 months in 22 municipalities for malnutrition, and equipping and training staff in 46 health centres to manage cases of acute malnutrition diagnosed during this screening. In total, 375 severely malnourished children were treated. An additional nutrition survey was conducted among children aged 6–59 months living in the most vulnerable areas of the capital Antananarivo in response to food price increases; at the beginning of September 2008, global acute malnutrition (GAM) was at 6.5 per cent; however, more than half of the children (50.7 per cent) in these areas were stunted. Three sites have been set up in the city to monitor and ensure that nutritional interventions are put in place for children and pregnant/lactating women if needed.

Access to safe drinking water and hygiene was provided to 312,022 people (95 per cent coverage) through the distribution of WASH kits and the cleaning and disinfection of 3,373 flooded/contaminated wells; 110,000 students (roughly 76 per cent of students in affected districts) in 440 out of 740 schools benefited from WASH kits alongside an intensive hygiene-awareness campaign. Latrines and handwashing facilities were also set up in displacement camps. Schools and health centres were provided with safe water and appropriate sanitation through the construction of 58 water points and 45 latrines. Innovative household water treatment initiatives were conducted, using ceramic filters, watermakers, and solar disinfection systems.

UNICEF supported the most severely affected pupils out of 295,200 who suffered disruption of their education. Through direct support, 16,455 pupils restarted education in temporary classrooms; 19,040 benefited from adequate learning conditions after receiving school kits; approximately 2,000 pupils who had temporarily stopped going to school resumed their education; 18,000 pupils benefited from leisure activities through the distribution of recreational kits; and 70,281 students and 1,372 teachers throughout the region of Analanjirofo received 100 grams of biscuits per day to reduce the risk of school drop-out.

Some 2,300 young children benefited from child-friendly spaces serving as protective, educative, rehabilitative and recreational zones in displacement camps; 832 school-aged children not previously attending school were identified through these spaces and reinserted into education; and 633 children without identification documents will now be provided with a birth certificate.

A total of 600 households (roughly 3,000 persons) comprising the bulk of displaced persons arriving at key sites were equipped with materials to ensure adequate shelter and appropriate living conditions, such as kitchen equipment, beds and electricity. Communities were also trained to rehabilitate/construct houses themselves.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership

UNICEF is leading the UN thematic group on emergency prevention and management and is providing cluster coordination leadership in nutrition, WASH and education. It also participates in the health cluster led by the World Health Organization (WHO). UNICEF is currently developing an emergency response coordination mechanism on child protection. The National Office for Risk and Disaster Management (BNGRC) is the overall coordinator of all partners for all emergency-related activities.

Linkages of HAR with the Regular Programme

Emergency preparedness and response is integrated into all programmes of the Country Programme: mother and child survival and development, education, child protection and HIV/AIDS prevention. Programme communication promotes and informs on appropriate emergency preparedness and response. Supply planning includes emergency stocks and prepositioning.

The overall focus of UNICEF Madagascar's emergency programming is to ensure capacity to quickly respond to natural disaster-related emergencies for 300,000 people, the majority of which are children, both in rural and urban settings. With prepositioning for 100,000 people, UNICEF intends to work with Government and cluster partners in preparedness and response in order to effectively reach vulnerable populations affected by the coming 2008–2009 cyclone season or drought situations. UNICEF will continue to develop the logistical, planning and communication capacity of government partners to prevent and respond to these natural disasters and, hence, ensure transfer of knowledge and capacity.

Health (US\$ 2,100,000)

For 2009, the overall goal is to protect 70,000 people affected by natural disasters from an increase in mortality and morbidity through the following key activities:

- Ensure that the expanded programme on immunization (EPI) continues to reach over 80 per cent of children under age five in the cyclone-affected regions; support measles immunization with vitamin A supplementation; ensure vaccine availability and functioning of cold chain;
- Provide health facilities in the affected districts with essential drugs, oral rehydration salts (ORS) and malaria prevention supplies (drugs, artemisinin-based combination therapy (ACT), rapid diagnostic tests (RDTs) and LLINs);
- Support outreach services particularly for the worst affected and hard-to-reach areas, specifically for EPI and other mother and child health (MCH) services;
- Through collaboration with local health authorities, distribute LLINs to each household (those with pregnant/lactating women and children under age five) at displaced sites, reaching roughly 28,000 households;

- In collaboration with Communication for Development (C4D), ensure mobilization of faith-/community-based organizations, youths, community leaders and volunteers to engage in community mobilization, health education and distribution of prepositioned information, education and communication (IEC) supplies to promote knowledge and actions for prevention, care and health seeking;
- In addition, as a cross-cutting practice area for all sectors, engage in community mobilization and health education, distributing prepositioned IEC supplies and mobilizing local radios for the dissemination of these materials.

Nutrition (US\$ 500,000)

For 2009, the overall goal is to set up surveillance system and prepare contingency measures to screen 150,000 children affected by emergencies for malnutrition and follow up the treatment of severely malnourished children with rehabilitation services, through the following key activities:

- Provide anthropometric equipment (scales, measuring boards and mid-upper arm circumference (MUAC) tapes) to health facilities in the affected districts; train health staff and community workers in the identification of acute malnutrition, including measurement techniques, data compilation, analysis and reporting;
- Implement nutritional surveillance at health centre and community levels through the outreach strategy;
- Implement standardized nutrition surveys in the affected districts identified as being at risk of nutrition crises and/or highly food insecure;
- Treat children diagnosed as being severely acutely malnourished with ready-to-use therapeutic food and systematic drugs. If necessary, the child will find the appropriate treatment at the hospital level.

Water, Sanitation and Hygiene (US\$ 2,000,000)

For 2009, the overall goal is to prevent the outbreak of communicable diseases associated with inadequate and unsafe water supplies, lack of sanitation facilities and poor hygiene practices for up to 250,000 affected people, through the following key activities:

- Conduct a field assessment with partners including the Ministry of Water;
- Distribute water- and hygiene-related non-food items (household water purification products, water containers and soap); disinfect, rehabilitate (with the support of the Ministry of Water) and equip community and family wells with handpumps; construct adequate emergency latrines;
- Provide water storage and water treatment equipment to affected communities in cities and camps;
- Conduct hygiene education activities focusing on handwashing; train and sensitize mayors, school directors, health centre chiefs, and Fokontany heads (village chiefs) on WASH principles and practices.

Education (US\$ 1,400,000)

For 2009, the overall goal is to reach 75,000 primary school students through the following key activities:

- Distribute tents, 'school-in-a-box' and recreational kits and additional supplies (notebooks, pencils etc.);
- Support the construction of temporary school/classroom structures to accommodate primary schoolchildren; support the rehabilitation of schools and build latrines in affected localities;
- Support schools to ensure that children complete the school year and get access to remedial education to make up for time lost to emergencies;
- Support training in emergency preparation and response to education officials;
- Train primary schoolteachers, with particular attention to a child-friendly school environment, life skills and gender sensitivity.

Child Protection (US\$ 300,000)

For 2009, the overall goal is to reach 20,000 children through the following key activities:

- Protect children and women from violence and abuse; and enhance the psychosocial environment for children and their caregivers;

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- Provide technical assistance to camp management staff and community members and authorities in affected areas on the prevention of violence and abuse against children, women and other vulnerable groups, including separated children; gender-based violence; HIV/AIDS; and site/camp management;
 - Establish 15 child-friendly spaces in the accommodation centres in Antananarivo and in five rural areas; provide technical assistance to accommodation centre staff on enhancing the psychosocial environment to complement assistance provided by teachers, reaching 4,000 vulnerable children.

Shelter and Non-Food Items (US\$ 300,000)

For 2009, the overall goal is to reach up to 40,000 people through the following key activities:

- Provide emergency shelter and other basic household items (tents, plastic sheeting, cooking sets etc.);
- Deliver relief goods in the most isolated municipalities through airlift operations (using helicopters).