



Children jostling joyfully at the water distribution point set up by UNICEF in Toamasina.
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MADAGASCAR Flash Update #4 CYCLONES FYTIA and GEZANI

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Situation Overview

FYTIA: Cyclone FYTIA made landfall near Soalala, in Boeny Region on January 31, crossing the island and causing widespread flooding and destruction across the northwest. Updated assessments have broadened the picture of Cyclone FYTIA's impact and over 203,000 people are reported affected, particularly in the districts of Ambato Boeni, Kandrehy, Marovoay, Mitsinjo, and Soalala. Approximately 20,000 houses were damaged or destroyed, along with 556 classrooms and 27 health centres. Agricultural losses are severe, with rice crops flooded across thousands of hectares — up to 70% in the worst-affected districts — raising serious nutrition and food security concerns in the coming months.¹ Access to Soalala and Mitsinjo remains a major challenge — while maritime crossings are becoming increasingly possible as ferry services resume, significant overland access difficulties persist, constraining the delivery of assistance to some of the most affected communities. Supply dispatches to these districts are underway in coordination with BNGRC.

GEZANI: Intense Tropical Cyclone GEZANI made landfall on February 10 in Tamatave, Madagascar's second largest city. Updated assessments confirm the scale of impact: over 478,000 people affected, 59 deaths, 102,000+ homes and 761 schools damaged or destroyed, and 30 health centres impacted.² Approximately 1,150 people remain displaced across 13 active sites. Restoration of electricity and water infrastructure remains the critical bottleneck — roughly a quarter of works completed, with full power restoration across Tamatave projected by end of March. The water network has partially resumed in Tamatave I but Tamatave II remains without supply. While initial response efforts were necessarily concentrated in Tamatave I as the urban centre and most densely populated area, needs in Tamatave II are equally critical and require urgently reinforced attention from partners and humanitarian actors.

Aid distribution has faced growing operational challenges, with public discontent around distribution modalities

¹ <https://www.unocha.org/publications/report/madagascar/madagascar-appel-eclair-cyclones-fytia-et-gezani-mars-mai-2026-fevrier-2026>

² Ibid.

causing delays and temporarily halting cash transfer activities. Debris management remains a significant concern, with a fire incident linked to cyclone debris raising public health and protection risks. High-level political engagement has been strong throughout the response. On February 20, the Prime Minister visited alongside UN leadership to demonstrate commitment and support advocacy efforts. On March 6 and 7, the Prime Minister returned to the affected areas, and on March 7 the President visited Tamatave — formally launching the early recovery phase and signalling the Government's commitment to driving reconstruction forward.

Coordination

FYTIA: In Boeny Region, UNICEF continues to coordinate with partners — including WFP, WHO, and CARE International — to ensure complementarity across the multisectoral response. Regular engagement with BNGRC ensures authorities remain informed of UNICEF's support. Coordination mechanisms are being reviewed to strengthen regional-level collaboration as the response continues.

GEZANI: The Government-led Operations Centre continues to hold daily coordination meetings chaired by the Prefect, bringing together government ministries, UN agencies, NGOs, civil society, and military and civil protection forces. The head of the Operations Centre has been replaced as the government transitions toward early recovery. Inter-sector coordination has strengthened throughout the response, with the BNGRC Director of Operations now participating in OCHA-led inter-sector meetings — ensuring humanitarian cluster inputs feed directly into national response planning. UNICEF co-leads the WASH, Nutrition, Education and Child Protection sectors as well as the Cash and Voucher Working Group, alongside government counterparts. Across all sectors, UNICEF convened regular coordination meetings throughout the reporting period:

- Education: 1 meeting/week with 7 partners
- WASH: 2 meetings/week with 16 partners, including a dedicated Water Trucking Working Group
- Child Protection: 2 meetings/week with 16 partners
- Nutrition: 2 meetings/week with 15 partners

It should be noted that on 9 March, the Government of Refoundation was dissolved, and a new Prime Minister was appointed on March 15. This change of government adds an additional layer of complexity to an already challenging response and recovery context, and UNICEF will work closely with the incoming government to ensure continuity of coordination and sustained commitment to affected populations.

Funding

UNICEF's four-month cyclone response plan requires US\$ 8.4 million to deliver an integrated multisectoral response across Boeny and Atsinanana regions. UNICEF has allocated over US\$ 250,000 in internal humanitarian funds to enable early life-saving activities across both cyclone responses. Nearly US\$ 900,000 in CERF Anticipatory Action funding was released ahead of landfall, enabling critical preparedness measures and an immediate response from the first hours of the cyclone. Discussions with several donors are at an advanced stage, with contributions expected to be confirmed in the coming days. However, US\$ 7.3 million remains urgently needed and UNICEF calls on donors to support the scale-up of life-saving assistance to the most affected populations.

UNICEF Response to Date

Cyclone FYTIA Response

Education

- Ensured 7,800 students could return to school with the supplies they need through distribution of emergency education kits.³
- Enabled 1,500 students to continue learning in 30 damaged classrooms through emergency tarpaulin roofing repairs.
- Enabled 250 students to return to class through installation of 5 temporary classrooms while damaged schools are rehabilitated
- Restored safe and hygienic learning environments by delivering disinfection supplies to 1,000 schools and disinfecting 19 classrooms previously used as emergency shelters

Health

- Established 3 health posts in displacement sites in Mahajanga I, reaching 750 people, ensuring access basic healthcare and that vulnerable cases were identified and referred early
- Distributed 5,000 mosquito nets to 2,500 households to protect families from malaria and vector-borne disease in the aftermath of flooding
- Enabled 10 damaged health centres to continue operating through emergency tarpaulin roof repairs.
- Deployed 3 Integrated Emergency Health Kits (IEHK) — each covering essential primary healthcare needs for up to 1,000 people for three months (total 3,000 people), alongside a supplementary kit containing specialized medicines for more complex conditions

Water Sanitation and Hygiene (WASH)

- Distributed WASH kits to 8,670 households across accessible affected communities to maintain basic hygiene and reduce disease risk following flooding
- Ensured reliable access to safe drinking water for 1,229 displaced families through installation of 4 water tanks across 2 displacement sites in Mahajanga, with regular refilling support
- Installation of handwashing facilities and distribution of soap combined with hygiene promotion across displacement sites for 1,229 displaced families to reduce public health risks

Child Protection

- Reached 5,722 displaced people, including 1,882 children, across 8 displacement sites in Mahajanga I with life-saving messages on child protection, GBV prevention, and protection from sexual exploitation and abuse

Social Behaviour Change (SBC)

- Disseminated early warning messages to 42,500 people via SMS, U-Report, and 25 media houses (radios and TV) ahead of the cyclone on key protective measures to be taken.
- An estimated 4,707,400 people reached by radio with life-saving messages across health, nutrition, WASH, education, child protection and PSEA
- Deployed 72 youth volunteers across 5 displacement sites, reaching over 4,500 people with critical

³ A school kit contains: One school bag, four notebooks, three pens, one pencil, one slate, one ruler and one pencil sharpener.

messages on health, nutrition, WASH, education, child protection and PSEA

Nutrition

- Pre-positioned 290 cartons of therapeutic nutrition supplies ahead of landfall to ensure continuity of treatment for children with severe acute malnutrition
- Shared Infant and Young Child Feeding guidance with district health facilities to ensure young children received safe and appropriate nutrition throughout the emergency
- A nutrition survey is planned in May to better inform and guide the response.

Cyclone GEZANI Response

Education

- Enabled 12,700 students across Tamatave 1 and 2 to return to learning by rapidly establishing 127 temporary classrooms, through the installation of 18 tents and distribution of 109 tarpaulins.
- Ensured 34,099 students return to school with the supplies they need, through distribution of emergency education kits.
- Restored safe and hygienic learning environments by disinfecting 195 classrooms that had been used as emergency shelters
- Replaced cyclone-damaged blackboards in 140 schools across Tamatave I and II.
- Helped 40 schools reopen their doors through minor rehabilitation works including repairs of doors and windows
- Monitored the return of 37,750 students — only 57% of all enrolled primary and secondary school children — enabling early identification of attendance trends to reduce the risk of permanent dropout and the protection risks that come with being out of school

Health

- Supplied 2,200 litres of fuel to keep generators running at the region's only two hospitals — CHU Analakininina and CHU Morafeno — while the electricity network was damaged
- Deployed additional tents to restore consultation capacity in partially damaged hospital wings, reaching 650 people
- Enabled 4 severely damaged health centres to resume services for 76,923 people through emergency tarpaulin roof coverage and solar-lit tents to expand capacity
- Established 7 health posts in displacement sites, bringing free healthcare directly to displaced families.
- Supplied 16 Integrated Emergency Health Kits (IEHK) and 1 supplemental IEHK to the regional ministry of health to ensure enough essential medicines to cover 26,000 people for 3 months across the most affected areas
- Distributed 2,000 mosquito nets to protect 1,000 families from vector-borne disease outbreaks, with 444 nets reaching households directly in displacement sites.
- Deployed 11 mobile clinics to bring free healthcare to communities where health centres remain non-functional, reaching to date 7,260 people including 1,730 children

Water Sanitation and Hygiene (WASH)

- As anticipatory action, distributed water purification supplies to 2,400 people in Brickaville district ahead of landfall, ensuring safe drinking water was available for the first 10 days after the cyclone.
- Distributed household water treatment supplies to 57 households in the shelter site Ankirihiry to support safer drinking water access where services remained disrupted
- Installed four 10,000-litre water bladders across Tamatave I and II and one water treatment unit in Tamatave II, providing clean drinking water to over 7,720 people across affected communities
- Ensured safe drinking water for over 15,879 people through daily water trucking to temporary water points across affected areas
- Sensitized 2,966 people on key WASH messages and distributed WASH kits to 450 households to reduce the risk of waterborne and hygiene-related diseases.
- Installed 26 emergency latrines and 10 showers in six schools across Tamatave I and II, restoring safe sanitation and menstrual hygiene for 3,798 students including 2,040 girls
- Cleared 3.5 km of drainage canals in 15 days, protecting 425 households in flood-prone areas and providing income support to 480 workers through cash-for-work
- Mobilized 250 youth and scouts to remove solid waste in 16 EPP (public primary schools) in Tamatave I before the reopening of classes, in collaboration with SBC.

Child Protection

- Reached 4,496 people (2,660 children and 1,836 adults) with critical child protection awareness messaging on violence prevention, available services and coping in the aftermath of the cyclone
- Provided psychosocial support to 2,056 people including 1,136 children and adolescents through 18 Child-Friendly Spaces and individual psychosocial first aid
- Ensured 597 of the most vulnerable people could access specialist care through case management services.
- Restored access to integrated GBV services — by ensuring survivors could continue to access lifesaving care without interruption
- Mobilised 32 social workers, 20 from the Analanjirifo region to reinforce the response, as many of Atsinanana's own social workers were themselves among those affected by the cyclone

Social Behaviour Change (SBC)

- Broadcasted critical recovery messaging to an estimated 200,000 people with access to radio across Tamatave I and II in collaboration with radio stations and NGO Studio Sifaka
- Conducted a U-Report survey following landfall to assess information reach and adapt messaging to community needs and priorities
- Trained and mobilised 255 youth volunteers as frontline community mobilisers, equipping them with key messages and practical response skills before deploying them across Tamatave I and II
- Deployed youth volunteers reached over 1,500 households with critical life-saving messages and information on available services and feedback channels, including the toll-free hotline 930
- Youth volunteers provided hands-on support across the response, installing temporary classrooms, cleaning schools and displacement sites, and disinfecting facilities

Nutrition

- Conducted situation assessments of functional nutrition treatment centres (CRENI/CRENAS) across Tamatave I and II to identify gaps and guide the response

- Provided essential nutrition equipment provided to health facilities (5 mother-baby space equipment sets, 10 height measurement boards, 2 baby-weighing scales)
- Ministry of Health and ONN teams deployed for infant and young child feeding sensitization and community-based acute malnutrition management
- Screened 4,012 children for acute malnutrition across affected areas, identifying 37 cases of severe acute malnutrition and 106 cases of moderate acute malnutrition and referring the most severe for treatment
- Mobilised the transport and storage of 2,145 cartons of life-saving therapeutic nutrition supplies to Tamatave, ensuring treatment continuity for acutely malnourished children
- 43 children received Vitamin A supplementation and 735 caregivers reached with infant and young child feeding guidance through health centres and mobile clinics

Prevention of Sexual Exploitation and Abuse (PSEA)

- Established a regional PSEA Task Force bringing together 15 organisations across Atsinanana Region, ensuring coordination across the entire response
- Trained 20 youth leaders as PSEA Focal Points, embedding community-level accountability and ensuring reporting channels are known and accessible to all
- Reached 90 military personnel at the Infantry Battalion camp with PSEA sensitisation, ensuring accountability extends to all actors present in the response area
- Equipped 30 GBV and child protection practitioners with skills to identify, manage and refer cases of sexual exploitation and abuse
- Distributed 600 posters and 23 flipcharts across 18 organisations in Tamatave I and II, reaching an estimated 74,212 people with zero tolerance messaging and accessible reporting channels
- Mapped referral services in Tamatave I, ensuring up-to-date information on available services and reporting pathways is shared consistently across all actors

UNICEF Planned Response

UNICEF is developing a transition strategy to guide a responsible shift from emergency response to early recovery — ensuring critical humanitarian activities are maintained and scaled up where needed, while laying the groundwork for longer-term recovery in a do-no-harm manner. Key priorities across sectors include:

- **Education:** Maintain temporary classrooms until damaged schools are rehabilitated and reconstructed — building back better with complete equipment and WASH infrastructure — alongside a back-to-school campaign to prevent school drop-out, academic catch-up programmes, and psychosocial support for teachers and students
- **Health:** Maintain mobile clinics until damaged health centres are rehabilitated and rebuilt to cyclone-resistant standards — building back better. Replace damaged cold chain equipment and provide psychosocial support to health staff and community health workers to restore community health-seeking behaviours. Support the health system response to the local measles epidemic through outreach strategies, vaccines availability and communication and social mobilisation to encourage parents to get their children vaccinated.
- **WASH:** Maintain temporary water points until water infrastructure can be rehabilitated. Restore WASH infrastructure in schools and health centres across affected areas, underpinned by a full mapping of all

water points, including damaged infrastructure and a transition toward sustainable service delivery through local capacity building and market-based sanitation approaches

- **Nutrition:** Train health workers on community-based acute malnutrition management to integrate nutrition into health centres, conduct mass MUAC screening followed by an IPC analysis to establish a full picture of needs, and support district and regional teams in implementing the National Nutrition Action Plan
- **Child Protection:** Rebuild the Centre Vonjy to restore integrated GBV services for survivors, build the capacity of regional social workers for sustained support beyond the emergency phase, and scale up psychosocial support for children, caregivers and affected communities
- Support an After-Action Review with findings translated into a concrete plan of action covering coordination, information management and contingency planning

Gaps and Challenges

- With US\$ 7.3 million still required against UNICEF's four-month response plan, funding remains the single biggest constraint across all sectors — without additional resources, critical activities cannot be sustained or scaled up to reach the full scope of identified need
- Key frontline workers — teachers, health workers, community agents and social workers — are themselves among those affected by the cyclone, reducing operational capacity across every sector at the moment it is needed most
- Access constraints continue to limit reach into the most isolated communes, with several communities still entirely unreached across multiple sectors in both cyclone zones.
- Critical government administrative buildings have been severely impacted reducing the operational capacity of the government partners UNICEF works alongside to deliver the response
- As the response begins to transition toward early recovery, sustained coordination support remains critical to maintain emergency response activities, avoid duplication, and ensure a coherent scale-up that bridges immediate humanitarian needs with early recovery efforts.
- Accountability systems require strengthening: feedback and complaint channels, community engagement and participation, and capacity-building of local actors—including PSEA—need to be expanded to ensure affected populations can influence and safely report concerns throughout the response.
- The dissolution of the Government of Refoundation and appointment of a new Prime Minister on 16 March adds a layer of uncertainty to an already complex response — with the early recovery framework announced just days earlier yet to be fully established, sustained government engagement will be critical to ensure continuity of planning and commitment to affected populations

For more

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