Highlights

- In February 2022, three cyclones, with wind speeds approaching 200 km/h, made landfall on the southeast coast of Madagascar, provoking massive rains.
- Initial assessments indicate that 187,000 people were affected, including 43,000 displaced and 131 killed, while infrastructures including roads, schools, health centres and homes across several regions were damaged or destroyed.
- UNICEF pre-positioned supplies reinforced its field presence in key locations and placed a staff member in the National Risk and Disaster Management Office (BNGRC) to facilitate coordination.
- UNICEF has provided emergency water and sanitation services to 67,000 people.
- UNICEF supported the Municipality of Antananarivo (CUA) which was heavily affected by flooding and cyclone ANA in January. The response was a (HACT) fund transfer for WASH, Health and Protection with focused intervention for populations in the hosting sites.
- Clusters and sectoral coordination groups were mobilized to assess needs and ensure coordination of response, in an environment characterized by limited aerial logistical capacity.
- 2 million USD is required for the immediate lifesaving (phase 1 & 2), with an additional 4.5 million for rehabilitation (phase 3). Some international support (EU, France, Italy, Germany) has started to flow in, but are concentrated in the zone of primary impact.
- Parallel crises in the South (drought) and related to the COVID response (oxygen, vaccination) remain of concern and require continued attention.

UNICEF’s Response and Funding Status
Situation Overview and Humanitarian Needs

In the meantime, drought has continued in the South and might be indirectly impacted since major roads enabling access were cut. Rains resulting from the cyclones are continuing and are indirectly benefiting the South.

In the context marked by structural acute poverty (77% of people living with less than USD 1 a day), by a COVID 19 pandemic that has fragilized the economic environment and increased the island isolation, Madagascar was already facing a major drought in its southern part, affecting 1.5 M people. The recent cyclones just add to the fragility and further impacts, in directly affected zones but also at structural level, public systems’ ability to support the delivery of efficient social services to the most vulnerable children in Madagascar.

The most immediate needs are: i) access to clean consumable water and adequate sanitation to avoid outbreaks of acute water related disease, medicine, foods, cooking equipment, and other basic items for survival; and ii) basic social services including health, education, protection, as well as shock responsive social protection through the provision of humanitarian cash transfers.

Funding Overview and Partnerships

To immediately respond to ongoing humanitarian crisis, and to prepare for potentially worsened emergencies due to drought and cyclones, UNICEF Madagascar launched a US$ 40.08 million appeal to meet the most urgent humanitarian needs of children and women. As of 28 February 2022, 16 per cent had been received.

UNICEF strongly supported the preparation and the coordination of the response, partnering with the BNGRC thus reinforcing their capacity during the crisis, prepositioning supplies in most at risk areas, providing reports on the situation and facilitating sectoral coordination – especially with its NGO partners - and response especially in WASH, Health and Education, while promoting and advocating for specific attention to be given to protection and gender concerns in assessment and response.

Summary Analysis of Programme Response

WASH

The WASH response includes provision safe water, sanitation, and hygiene services including vector borne disease control measures. Positioning of handwashing devices with soap and distribution of hygiene kits¹ to targeted families and dignity kits² to adolescent girls and women will be prioritized. Among the 200,000 target beneficiaries (for all cyclones), UNICEF support was able to reach 67,000 persons with mainly hygiene kits and sensitization, clean water and sanitation in the most affected regions of Analanjirofo, Atsinanana, Vatovavy, Fitovinany, Atsimo Atsinanana, and Anosy. Out of the total beneficiaries around

- 26,000 benefited from water provision through disinfection of water points, installation of water storage tanks, water treatment (using household water treatment product or disinfectant)
- Emergency latrine construction, fecal sludge and solid waste management and vector control (spray) services have been provided to more than 1,000 people in the temporary settlements

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¹ Hygiene Kits for WASH: bucket, can, soap, kettle for handwashing, squatting pot for children, plastic cup, basin.
² Dignity Kits for WASH: Cotton rags/ sanitary pads, underwear, kettle for cleansing, soap
• Hygiene messaging and distribution of hygiene kits including household water treatment tablets/solutions, sanitary pads, soap bars, buckets with lid, plastic cups, hydroalcoholic gel, and handwashing devices have been provided to 13,400 households.
• Sanitary pads will be distributed to 1,000 women for menstrual hygiene management.

For the coming weeks, WASH will continue with provision of safe water, whilst reinforcing the cluster coordination, and implementing provision of emergency sanitation and hygiene services including menstrual hygiene management (MHM) and hand washing with soap (HWS) promotion interventions. In the meantime, surveillance for WASH related and vector borne diseases will be conducted.

**Nutrition**
• Emergency Nutrition services to acutely malnourished children, pregnant, and lactating women is being provided, including the prepositioning of nutrition supplies such as RUTF, F75, F100, etc. in earmarked locations. This will ensure women and children have access to these commodities, as a lifesaving measure.
• Expansion and reinforcement of infant and young child feeding in emergency (IYCF-E) services by UNICEF and its partners in Vatovavy, Atsinanana, Atsimo Andrefana, Anosy regions, as part of the cyclone response.
• UNICEF and partners (SNUT, SRSP, SDSP, CSB), continue to monitor nutrition stock situations (RUTF, systematic medicines) at the level of the centers for the management of severe acute malnutrition (CRENI-CRENAS), ensuring the availability of these supplies.
• The National Nutrition Office (ONN) and Regional Nutrition Offices (ORN) have distributed enriched flour to all children aged 6-59 months (about 5 years) at the sites and have also ensured the availability of nutrition supplies (ASPE) for the PECMAM at the sites.
• UNICEF continues to monitor the nutrition situation, through nutrition surveillance systems, and as well provide technical support and nutrition cluster support in terms of subnational and national coordination, staff support (trainings), tools (MUAC measuring tapes, scales) and guidelines. This is to ensure consistent (not interrupted) nutrition services such as mass screening and referrals of malnourished children, for treatment.

**Health**
The Health sector’s response consists of pre-positioning of stocks, particularly Interagency Emergency Health Kit (IEHK) basic kits¹, medicines and equipment for children and pregnant women. Important efforts are taking place to save vaccines in areas where the cold chain was damaged or destroyed. UNICEF also actively contributes to sectoral coordination. UNICEF continues to ensure the continuity of basic health services, especially for women and children:
• Pre-positioning of pre-cyclonic health supplies in regions close to those affected (Fianarantsoa)
• Deployment of field staff (Mananjary for the Vatovavy region, Manakara for the Fitovinany and Atsimo Atsinanana regions) who work with government and other humanitarian partners under coordination of OCHA to conduct multisectoral assessments and provide rapid responses to the affected people, in particular the displaced.
• Support to the regional directorates of public health (DRSPs) and district level public health services (SDSPs) for coordination, planning for the resumption of integrated health services for children and mothers in the health center (CSBs), by advanced and mobile strategies.

¹ Interagency Emergency Health Kit 2017, Basic Unit
• Donation of IEHK kits (14 kits at DRSP Mananjary for the Vatovavy region, 14 kits at Manakara for the Fitovinany and Atsimo Atsinanana regions; 7 kits for the Haute Matsiatra region)
• Vaccine supply
• Provision of 5 tents for the affected districts (2 Health district Ifanadiana, 1 Ikongo, and 2 in Ambalavao/Haute Matsiatra).

Education
The Education component focuses on identifying the status and extent of the schools requiring immediate rehabilitation and assessing schools used as shelter for displaced children and their families. The Rapid Multisectoral Assessment mentioned a total number of 187,918 children in need in three affected regions:
• In VATOVAVY, 6,200 children from 20 school sites will benefit from the distribution of 30 packs of tarpaulins, 105 school in a carton, 19 ECD kits and 1050 individual CRAN kits while the delivery of 400 packs of tarpaulins and 100 school in a box is in progress.
• In FITOVINANY, 1,700 children from 11 school sites benefited from the distribution of 22 packs of tarpaulins, 45 school in a carton, 11 ECD kits while the delivery of 200 packs of tarpaulins and 100 school in a box is in progress.
• In ATSIMO ATSINANANA, 600 children from 9 school sites will benefit from the distribution of 13 school in a box kits while in addition to the prepositioned stock of 120 packs of tarpaulins, 190 school in a box, 80 recreation kits, 35 ECD kits the delivery of 200 packs of 5 tarpaulins. Distribution of school in a box kits is in progress.

In the regions of Vatovavy, Fitovinany and Atsimo Atsinanana as well as in other UNICEF-supported regions Atsimo Andrefana, Anosy and Androy, education in emergency response including the following is underway:
• Procurement has been carried out for 400 school in a box kits, 5000 tarpaulins and 840 tin sheets to support rehabilitation of partially damaged schools.
• Regional response action plans will be reviewed in the light of the impact and needs as a result of the cyclones.
• The distribution of procured material will be organized to respond to the basic needs for normality in school environment and operationality of schools especially for the conduct of national examinations.
• UNICEF will provide technical and material support to Ministry of National education (MEN) regarding its school construction-rehabilitation plan.

Child Protection:
To ensure the protection of children and women 104 social workers from the Municipality of Antananarivo and the Ministry of Population, the civil society platform for child protection and 30 facilitators from the Ministry of Youth have been retrained and mobilized since January 2022 to raise awareness among people affected by tropical storm Ana and the cyclones on violence against children, gender-based violence (GBV) and sexual abuse and exploitation, and to provide psychosocial support to affected people and victims of violence and exploitation. To do so, in Antananarivo and Mananjary, social workers and facilitators conducted outreach activities in shelters housing displaced people. In Manakara District, they opted for home visits as the affected people had already returned to their homes.
• In the districts of Manakara et Mananjary, following training on prevention of sexual exploitation and abuse (PSEA) by UNICEF staff, stakeholders involved in the implementation of the response has signed a PSEA code of conduct.
• UNICEF has actively participated in the coordination meetings of actors at the national, regional and district levels. In the District of Mananjary specifically, UNICEF supported the lead and co-lead in the operationalization of the protection cluster at district level and to integrate cross-cutting protection, including PSEA, in the interventions of humanitarian actors.
• In districts affected, UNICEF has closely monitored the situation of vulnerable children including separated/abandoned, children in conflict with the law, children deprived of parental/family care, twin children
(the latter are victims of rejection by the community because of local traditions) and advocated with the actors concerned for better consideration of their case in the response (shelter, access to water, access to medical care, food, alternative measures to detention, etc.).

- In Amboasary in Anosy region, 1,680 children in three shelters (789 boys and 891 girls) benefited from child-friendly space activities.
- In total, from January to February 2022, 192 affected children and/or victims of violence (99 boys, 93 girls), 113 cases of GBV (33 girls, 67 women and 14 boys/men) received psychosocial support from social workers, 8,151 people (adults and children) took part in awareness-raising activities on child protection, GBV and PSEA in the districts of Mananjary, Manakara, Antananarivo and Amboasary. Children in prison benefited from medical care and access to drinking water from the partners in the district of Mananjary.

**Social Protection**

UNICEF is ensuring that mechanisms for **Shock-Responsive Social Protection** coordination are established and functional through the Cash Working Group. Shock-Responsive Social Protection response in the initial phase consists of:

- Implement an immediate Cash for Work (CFW) Response just after the cyclones in the most affected areas to contribute to cleaning and sanitation as well as injecting economic resources for the affected population (34,600 households for 20 days of work for a total of 100,000MGA. The CFW component is mostly implemented by FID (Fonds d’intervention pour le Developpement) using both internal resources and World Bank Funds.
- Market assessment to evaluate the feasibility for a large-scale unconditional cash transfer. The rapid market assessment has already been conducted by the Cash Working group (CWG) and conclude that large commune and districts markets can are functional a few days after the cyclones, while small isolated markets might face some challenges in responding to increased demand. A more in-depth Market Functionality Index analysis is currently underway.

**Social and Behavior Change (SBC)/ Communication For development**

- Immediate Actions had been oriented in the communication on gestures that save lives: hygiene and sanitation, the protection of children against violence (young girls), health orientation on the services available in emergency situations. The mobilization of local community, national channels, and private media to convey the actions to be taken in the face of this flood based on the message guide available.
- 1,764 young volunteers from different entities such as scouts (Tily, Mpanazava), NGO ASOS, and volunteer associations working with the MCC (Ministry of Communication and Culture) and the MJS (Ministry of Young and Sport) were mobilized and were able to carry out communication activities with more than 120,000 disaster victims at 23 hosting sites and 15 neighborhoods. Awareness-raising focuses on respect for hygiene and WASH practices, Protection, Health, Nutrition, respect for infrastructures of hosting sites, on COVID prevention measures and vaccination. 11,4 million SMS broadcasts for public and local authorities (with 3 telephone operators) were sent in collaboration with NGO MEDAIR/VIAMO and the Disaster Risk Management Com Network (GRC CN) before, during and one week after the arrival of the cyclones.
- A rapid assessment of communication needs was undertaken with the GRC Communication team after the cyclones: direct interaction with the population and local authorities on the ground (focus groups, individual interviews, meetings) and through a telephone survey. The results of this rapid assessment made it possible to develop the post-cyclone SBC response plan.
- A U-Report survey on the cyclone was implemented to guide and adjust the response with monitoring and analysis of results. (978 participants – 53% female; [U-Report Madagascar (ureport.in)]).
Annex A: Human Interest Stories and External Media

Media
Multiple interviews have been provided with top-tier news organizations by the Representative, Deputy Representative and Chief of Communications. The interviews resulted in the coverage below:

BBC Radio: (listen from 35'19") https://www.bbc.co.uk/sounds/play/w172xv343b2q3gt
Le Monde: https://www.lemonde.fr/planete/article/2022/02/07/a-madagascar-des-dizaines-de-milliers-de-sinistres-apres-le-passage-du-cyclone-batsirai_6112589_3244.html
Le Courrier Cauchois: https://www.lecourriercauchois.fr/actualite-306543-antananarivo-afp
20 Minutes: https://www.20minutes.fr/planete/3230971-20220207-madagascar-cyclone-batsirai-fait-20-mortes-selon-nouveau-bilan
France 24: https://www.france24.com/fr/europe/20220207-cyclone-%C3%A0-madagascar-plus-d-une-vingtaine-de-mortes-riz%C3%A8res-d%C3%A9truites-crise-humanitaire-redout%C3%A9e

Key messages were produced and shared with the regional office, ASU and PFP.

We also had national coverage:

Social media posts:
Tropical storm Ana:
• WASH items donated for families affected by flooding in Antananarivo
• UNICEF’s emergency response to the flooding in Antananarivo
• Emergency toll free number
• Psychosocial support for displaced families during emergencies

Cyclone Batsirai:
• Pre-positioning of emergency equipment in sites potentially affected by the cyclone
• Guidelines and security prevention measures from civil protection authorities
• Child Protection Service during emergencies
• Cyclone arrival and precautions to be taken
• UNICEF UNV field support to shelter sites before the cyclone
• Mobilization on the ground for emergency response and cooperation with civil and local authorities, government and partners.
• Providing water, WASH services, medicine and relief items to families affected by the cyclone
• Reminder of preventive measures during the cyclone period
• Video selfie, testimony and damage report – English version here
• Support to communities affected by the cyclone
• Support for community resilience after the cyclone
• UNICEF's support to temporarily cover the Mananjary listening center in order to continue to welcome vulnerable women and children victims of violence
• Explainer video Batsirai
• UNICEF expands its emergency response based on in-depth field assessment

Cyclone Dumako:
• UNICEF’s emergency response to cyclone Dumako

Cyclone Emnati:
• Raising awareness session on hygiene and home water treatment
• Discussions and educational activities with children and youth in shelters in the south
• Preparing for the arrival of cyclone emnati in the Analanjirofo region
• Prepositioning supplies can help save lives
• Warning of rising water levels
• UNICEF teams on the ground after Emnati
• UNICEF with UN agencies and partners supports the Malagasy government in emergency response to cyclones
• UNICEF provides emergency assistance and psychosocial support to affected children and families
• UNICEF provides safe water and adequate sanitation to prevent waterborne disease outbreaks in temporary shelters
• UNICEF UNV field support in Fort Dauphin
• A new shipment of UNICEF relief supplies, including a batch of 5000 tarpaulins

Digital Content:
Madagascar CO produced jointly with Private Fundraising and Partnership Division videos and a photo library which were published on UNICEF global social media channels.
• Edited B-roll video
• Edited video
• Professional photographs

For Emnati CO produced a photo library with PFP.
• Photo and video bank (fist pictures)
• WeShare photos (PFP)

The section also produced an eyewitness video from the Education Officer on the ground. This video was sent to regional office and PFP, published on social media and available in two languages: French and English.

We are also producing B-roll video concerning UNICEF interventions on the ground.

HIS
We produced an HIS with our Wash Officer in the field to highlight his role during the cyclones:
Cyclone Batsirai, l’UNICEF répond présent pour les premières réponses d’urgence | UNICEF

Contact for further information
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Jean Benoit Manhes, Deputy Representative, UNICEF, jmanhes@unicef.org
Jacky Roland Randimbiarison, Emergency Specialist, UNICEF, jrandimbiarison@unicef.org
## Annex B

Summary of Programme Results (this relates to UNICEF’s global 2022 HAC)

### Sector

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Disaggregation</th>
<th>UNICEF and IPs Response</th>
<th>Cluster/Sector Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total needs</td>
<td>2022 target</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># people provided with access to essential and life-saving health care Services</td>
<td>female</td>
<td>169,000 (children)</td>
<td>169,000 children</td>
</tr>
<tr>
<td></td>
<td>male</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>women pregnant</td>
<td>31,000</td>
<td>31,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children under 5 with SAM admitted to therapeutic treatment sites</td>
<td>girls</td>
<td>110,000</td>
<td>110,000</td>
</tr>
<tr>
<td></td>
<td>boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children reached with psychosocial support</td>
<td>girls</td>
<td>13,000</td>
<td>13,000</td>
</tr>
<tr>
<td></td>
<td>boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td># women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions</td>
<td>girls</td>
<td>106,000</td>
<td>106,000</td>
</tr>
<tr>
<td></td>
<td>boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>women</td>
<td></td>
<td></td>
</tr>
<tr>
<td># people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers</td>
<td>persons</td>
<td>261,000</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Children Receiving learning materials</td>
<td>girls</td>
<td>440,000</td>
<td>440,000</td>
</tr>
<tr>
<td></td>
<td>boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people who accessed the agreed quantity of water for drinking, cooking and personal hygiene</td>
<td>girls</td>
<td>800,000</td>
<td>500,000</td>
</tr>
<tr>
<td></td>
<td>boys</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>women</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C4D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people reached with access to services and behavioural change messages (through interpersonal communication activities)</td>
<td>girls</td>
<td>225,000</td>
<td>225,000</td>
</tr>
</tbody>
</table>

Notes:
- ▲: Increase
- ▼: Decrease
- N/A: Not available
<table>
<thead>
<tr>
<th># people who transmit their feedbacks and questions through available mechanisms</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>girls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>boys</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>women</td>
<td>17,900</td>
<td>▲</td>
<td></td>
<td></td>
</tr>
<tr>
<td>men</td>
<td>5,100</td>
<td>▲</td>
<td></td>
<td></td>
</tr>
<tr>
<td>men</td>
<td>900</td>
<td>▲</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household s (households)</td>
<td>200,000</td>
<td></td>
<td>29,000</td>
<td></td>
</tr>
<tr>
<td>boys</td>
<td>12,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>women</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>men</td>
<td>600</td>
<td>▲</td>
<td></td>
<td></td>
</tr>
<tr>
<td>men</td>
<td>900</td>
<td>▲</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Annex C**

**HAC Funding Status**

Reference: HAC 2022

### Funding Requirements (as defined in Humanitarian Appeal 21 February 2022)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds Received Current Year</th>
<th>Carry-Over</th>
<th>Total</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>15,794,500</td>
<td>600,000</td>
<td>1,751,121</td>
<td>2,351,121</td>
<td>13,443,379</td>
<td>85%</td>
</tr>
<tr>
<td>Health</td>
<td>6,840,000</td>
<td>1,004,951</td>
<td>39,698</td>
<td>1,044,649</td>
<td>5,795,351</td>
<td>85%</td>
</tr>
<tr>
<td>WASH</td>
<td>9,895,000</td>
<td>600,000</td>
<td>1,381,921</td>
<td>1,981,921</td>
<td>7,913,079</td>
<td>80%</td>
</tr>
<tr>
<td>Education</td>
<td>2,284,000</td>
<td>-</td>
<td>303,007</td>
<td>303,007</td>
<td>1,980,993</td>
<td>87%</td>
</tr>
<tr>
<td>Child Protection, GBVIE and PSEA</td>
<td>1,702,000</td>
<td>-</td>
<td>138,938</td>
<td>138,938</td>
<td>1,563,062</td>
<td>92%</td>
</tr>
<tr>
<td>Cross sectoral (C4D,RCCE and AAP)</td>
<td>1,642,500</td>
<td>24,933</td>
<td>16,683</td>
<td>41,616</td>
<td>1,600,884</td>
<td>97%</td>
</tr>
<tr>
<td>Cash-based transfers</td>
<td>1,850,000</td>
<td>-</td>
<td>267,066</td>
<td>267,066</td>
<td>1,582,934</td>
<td>86%</td>
</tr>
<tr>
<td>Cross sectoral / Cluster coordination</td>
<td>-</td>
<td>110,000</td>
<td>275,907</td>
<td>385,907</td>
<td>(385,907)</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40,008,000</td>
<td>2,339,884</td>
<td>4,174,340</td>
<td>6,514,225</td>
<td>33,493,775</td>
<td>84%</td>
</tr>
</tbody>
</table>