

Madagascar

Consolidated Emergency Report 2016



Sambefotae, age 4 years old, fills her bowl with safe drinking water from a water filter distributed by UNICEF after overcoming severe malnutrition thanks to UNICEF's nutrition program, in Sampona, Amboasary District. © UNICEF Madagascar/2016/ Ralaivita

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A. Abbreviations and Acronyms

AES	Alimentation en Eau du Sud / Water Provision for the South
AfDB	African Development Bank
ASWA	Accelerating Sanitation, Hygiene and Water for All in Off-Track Countries
BNGRC	National Office of Risk and Disaster Management
C4D	Communication for Development
CCC	Core Commitments for Children in Humanitarian Action
CERF	Central Emergency Response Fund
CHAT	Communication for Humanitarian Action
CHW	Community Health Worker
CLTS	Community-Led total Sanitation
CMT	Country Management Team
CO	Country Office
CPN	Child Protection Network
DCT	Direct Cash Transfer
DFID	Department for International development – UK Government
DRR	Disaster Risk Reduction
ECD	Early Childhood Development
ECHO	European Civil Protection and Humanitarian Operations
EFP	Essential Family Practices
HCT	Humanitarian Cluster Team
FAO	Food and Agricultural Organisation
FID	Fonds d'Intervention pour le Développement
HAC	Humanitarian Action for Children
HACT	Harmonised Approach to Cash Transfer
HMIS	Health Management Information System
HRBA	Human-Right Based Approach
HRD	Humanitarian Required Documents
ICCM	Integrated Community Case Management
IFAD	International Fund for Agricultural Development
IMCI	Integrated Management of Childhood Illnesses
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
LTA	Long term Arrangement
MCO	Madagascar Country Office
MDG	Millennium Development Goals
MdM	Medecins du Monde
MoH	Ministry of Health
MoW	Ministry of Water
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
ODF	Open Defecation Free
ONN	National Nutrition Office
OR	Other Resources
ORE	Other Resources (Emergency)
ORR	Other Resources (Regular)
ORS	Oral Rehydration Salts
RIASCO	Regional Inter-Agency Standing Committee
RO	Regional Office
RR	Regular Resources
SADC	South-Africa Development Community
SDG	Sustainable development Goals
SAM	Severe Acute Malnutrition
SMS	Short Message System
SUN	Scaling Up Nutrition
UN	United Nations
UNDAF	United Nations Development Framework

USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WB	World Bank

B. Executive Summary

Madagascar is a forgotten crisis. For years, the country has been affected by natural disasters and political crisis. 2016 saw a focus on responding to the devastating drought crisis in southern Madagascar. UNICEF Madagascar accelerated its humanitarian response by applying a multi-pronged strategy, combining humanitarian, resilience and recovery elements and ensuring capacity building, service delivery and community mobilization in nutrition, WASH, education as well as health, social protection, child protection and cluster/sector coordination. UNICEF closely collaborated with central and decentralized authorities, including the Office of Risk and Disaster Management (BNGRC) and the National Nutrition Office. It led the nutrition, WASH and education clusters as well as the child protection sub-cluster and was also an active member of the health cluster. Through these partnerships and close collaboration with government, humanitarian organizations and other partners for effective and collective humanitarian action, UNICEF realizes the Core Commitments for Children (CCC) to fulfil the rights of children affected by humanitarian crisis.

UNICEF, with its 40 field-based staff, in partnership with the National Office of Risk and Disaster Management (BNGRC) and central and decentralised ministry authorities, provided life-saving support by implementing a holistic response. Taking a systems view of humanitarian challenges also aimed at reinforcing structured systems for longer term development results for national and local resilience in the face of future shocks. Working with multiple levels of Government and cross-sectorally, always with an equity focus, targets more substantial progress toward the Sustainable Development Goals by not leaving anyone behind.

As of November 2016, US\$6.3 million of UNICEF's US\$24.7 million appeal (26 per cent funded), in addition to US\$0.58 million carried forward from 2015, have supported the capacity building and service delivery strengthening of UNICEF partners. Humanitarian thematic funding for UNICEF Madagascar was of particular importance as early humanitarian funding for the country office was mostly earmarked for life-saving interventions, rather than resilience building work. Thematic funding allowed UNICEF Madagascar the flexibility to continue intersectoral emergency relief efforts and reinforcing, where possible, ongoing development actions to ensure recovery and resilience in affected communities.

Key humanitarian response results in 2016 include periodic malnutrition screenings of 300,000 children 6-59 months in the eight most affected districts and treatment of 14,500 children with SAM in over 150 UNICEF-supported facilities in three regions. Counselling on appropriate infant and young child feeding practices benefited 55,400 mothers and caregivers. Through the technical and material support of UNICEF to its government and private, local partners, over 262,400 people gained access to safe water through 104 new boreholes, 1,494 m3 of trucked water, 550 rehabilitated water points and 3 constructed middle scale water systems. Additionally, with UNICEF and World Bank support, the Government set up an emergency cash program for 52,000 families or about 280,000 people in drought affected areas to help the meet their immediate needs and invest for future resilience.



Map 1: Most drought-affected districts

Further to the drought response, which mobilized the largest share of emergency resources, UNICEF also provided emergency assistance in response to flooding in the north-western region of Sofia in early 2016: 1,600 families received emergency cash transfers to enable them to access health services, rehabilitate their shelters and purchase food items. Moreover, 3,120 pupils continued their education thanks to 78 school-in-a box, temporary roofing and 12 temporary classroom constructions. UNICEF also prepositioned supplies for the cyclonic season and a possible La Nina effect

The implementation of UNICEF's humanitarian responses were challenged by the fact that in the South, governance capacity is weak, there is little social presence and public investments in infrastructure compared to other parts of the country. Public services are in such a fragile state that direct service provision is inevitable for humanitarian partners, until system strengthening is prioritised by the Government. For example, the health system is: largely understaffed, unable to offer quality care, with low service utilization and difficult to access due to geographical distance and costs not affordable for families. The current state of the health system will not allow Madagascar to advance on the Sustainable Development Goals. The same holds true for the education and the social protection systems, for which local capacities and geographical coverage are limited.

In 2016, the humanitarian response funding shortfall, due to competing regional priorities and crises, combined with the complex geomorphology of Southern Madagascar constrained humanitarian response delivery at times. Scarce water availability, low annual rainfall, lack of access to hard-to-reach areas, reduced presence of implementing partners and weak public services capacities in the South of Madagascar also hampered the delivery of emergency aid to many children most in need. As a result, it is estimated that two out of five children in urgent need of UNICEF's support went without vital aid last year.

Thanks to the generous support of donors, and despite difficult operating conditions, in 2016 UNICEF Madagascar continued to deliver on its Core Commitments to Children in Humanitarian Action, working with its Government partners to provide nearly 455,000 people with access to basic health, water, sanitation, nutrition, education and child protection services. UNICEF also supported affected populations using Regular Resources when humanitarian funds were not available. It was thanks to flexible Thematic Funding that UNICEF was able to complete its emergency preparedness stocks to enable an immediate dispatch and response.

C. Strategic Context 2016

Emergencies in Madagascar strike a structurally vulnerable population : around half of Madagascar's population is under 18 years and almost 16 per cent are under the age of 5.¹ These youth represent a 'window of opportunity' for embedding life-long behaviours in favour of positive social change and environmental protection and resilience, but the challenges facing them are formidable. Madagascar has the 4th highest rate of chronic malnutrition in the world.² It also ranks 4th worst for use of improved sanitation, with 40 per cent of people practicing open defecation. Of all children with diarrhoea, only 15 per cent receive appropriate treatment.³ Over 40 per cent of girls are married before the age of 18

¹ UNICEF, State of the World's Children, 2015

² ENSOMAD, 2012/ 2013

³ ENSOMAD, 2012/ 2013

and almost a quarter of children aged 5 to 17 must work to survive or are forced into labour.⁴ These factors contribute to the fact that almost 1.7 million school-age children are out of school, representing an increase of 200,000 children over the past 5 years. Of those children in school, only 4 out of 10 complete the primary cycle.⁵ Of Madagascar's estimated 23 million population, 91 per cent live on less than US\$2 a day.⁶ It is the only country in the region with a historically declining GDP. According to the World Bank, families are on average 40 per cent poorer now than they were in 1960.⁷

In addition to this structural vulnerability, making some development partners consider that even under “normal” conditions, Madagascar is a context deserving an emergency response, the island is exposed to the hazardous effects of climate change. It ranks among the top ten countries most vulnerable to cyclones and with the weakest coping capacities.⁸ Among the countries most affected by the impacts of weather-related loss events (storms, floods, heat waves etc.) in 2015, Madagascar ranked 8th.⁹ Since 2015, nearly 1.5 million people have been affected by an ongoing drought, further exacerbated by the El Nino phenomenon, with 53 per cent of them facing severe food insecurity and in urgent need of assistance¹⁰, with 35,000 children under 5 estimated each year at risk of suffering severe acute malnutrition and more than 935,000 people without access to safe water (including 439,690 children). This is the third consecutive year that the southern part of the country has seen little rain and points to the effects of climate change that especially impact the most vulnerable populations in rural areas. The recurrent drought situation continued impacting the lives of children and families across all sectors, as their scarce resources had already been depleted to a large extent, especially in the case of the most disadvantaged living in rural areas, throughout the whole year.

In March 2016, the UN agencies developed a joint humanitarian response plan, budgeted at US\$ 69.9 million to cover one year (March 2016 to March 2017). The first phase of the response focused on life-saving activities. Initial donor funding was heavily focused on immediate assistance, such as food distribution, rendering it difficult to mobilize funds for longer-term resilience building, systems strengthening and access to water, as a more sustainable approach that would tackle the root causes of the crisis.

In August 2016, Madagascar joined the sub-regional South African Development Community (SADC) emergency declaration and related appeal for the chronic drought in the south of the island. A major achievement was the inclusion of the education sector in the Drought Response Plan. Due to the increase of food insecurity, loss of household assets and growing poverty, the risk of children dropping out of school remained high. UNICEF initiated a real-time monthly monitoring system to follow indicators of drop-out and absenteeism. In the South, the education system already hindered by poverty and weak local administrative capacities experienced enormous shocks as parents reverted to negative coping mechanisms, taking their children out of school to help them recover lost livelihoods. In the most affected districts, absenteeism was an average of 9 per cent (11 per cent for girls) and up to 12 per cent (14 per cent for girls) in certain schools at the start of the school year in the southwest. The absenteeism of teachers was around 40 per cent, but as high as 53 per cent in the south-eastern parts during the same period, with teachers saying that they were required to work

⁴ SOWC 2015

⁵ RESEN 2016

⁶ Millennium Development Goal Survey (ENSOMAD), 2012

⁷ Razafindrakoto, 2013; IRD, 2016

⁸ World Risk Index 2016

⁹ Global Climate Risk Index 2017

¹⁰ IPC 2016

their fields and find other sources of income. Malnutrition is a major, multi-faceted public health issue in Madagascar even outside of the humanitarian context: 1) From a development perspective, with 47 per cent – or roughly one out of two children under the age of 59 months - suffering from chronic malnutrition (stunting), totalling about 2 million children, which ranks Madagascar 4th highest in the world in terms of stunting; and 2) from a humanitarian perspective, with nearly one out of ten children suffering from acute malnutrition and a prevalence of severe acute malnutrition at 1.4 per cent (MDG survey 2012/2013).

Another associated factor posing a major obstacle for the well-being of the population in the South is the lack of quality basic health services and difficult access due to distance and financial inaccessibility. This constraint challenges the case management of malnutrition and diseases such as pneumonia, diarrhoea and malaria, as well as preventive care coverage, and adequate reproductive health coverage. Of the total population affected by drought in the 8 most affected districts, overall 70 per cent live more than 5km (more than a 2 hour walk) from a health facility. Of those, nearly 131,000 are children under 5 years old (including 30,000 new-borns); 34,000 are pregnant women and 178,000 are women of reproductive age. All of these represent the most vulnerable segments of the population, whose health and nutritional status remain at risk due to their limited access to basic health services (including Essential family Practices) and dependency on the provision of the limited services provided by Community Health Workers (CHW) (where available).

Equally important, and equally severe, are poor WASH practices, as they are a key contributor to malnutrition, since water-borne diseases weaken young children and negatively impact their food intake. The most recent national figures from the 2012-2013 MDG survey and from the 2012 Multiple Indicator Cluster Survey (MICS) indicate that the rates of consumption of surface water in the three regions of the South were very high before the crisis, at 23.3 per cent, 38.2 per cent and 10.2 per cent of the population, respectively. Moreover, the prevalence of open defecation in Androy (88 per cent), Anosy (85.5 per cent) and Atsimo Andrefana (82 per cent) were well above the national average of 43.6 per cent, which directly impacts malnutrition rates. Communities' resources have been depleted during this El Niño season. Moreover, the result of a WASH rapid assessment in October 2016 showed that, at the height of the crisis, more than 70 per cent of the population had access to less than 10 litres of water per day; more than 20 per cent of the population paid for water three times the normal price (US\$ 0.3/20liters), only 2 per cent of the population used improved toilets and more than 75 per cent of the population practiced open defecation.

The limited availability and the high price of water further exacerbated negative coping mechanisms such as the use of unsafe surface water sources and unhealthy hygiene practices which contribute directly to further malnutrition and disease. In addition, almost all health centres and all nutrition treatment centres in the region lack adequate infrastructure providing drinking water.

Though the joint humanitarian response plan was funded only at 52 per cent as of August 2016, the overall humanitarian situation tangibly improved in July/August 2016 thanks to sound use of the funds allocated and local prioritisation. The total number of people in severe food insecurity decreased by 90,000 people and the nutritional status of children under five improved in five of the affected districts and remained stable during the southern hemisphere's winter months, except for one district in the region of Androy. Within the communes, the number of pockets reaching the malnutrition emergency thresholds (severe 2 per cent or global >10 per cent) decreased from 32 pockets in February 2016 to 17 pockets in June 2016. Access to surface water also improved thanks to rainfall and truck-delivered

water distribution operations supported by UNICEF and national water distribution services. This contributed to more stable prices for water.

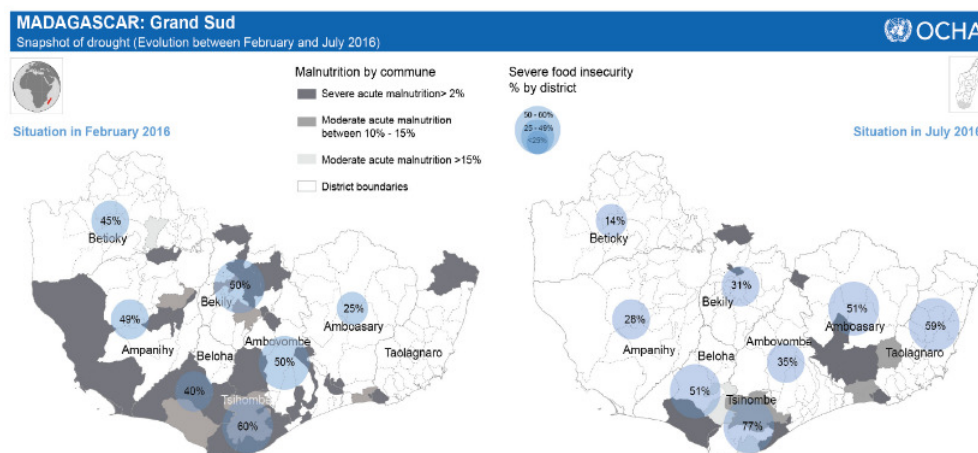


Figure 1: Evolution of drought in affected areas from February 2016 to July 2016 (OCHA, August 2016)

Despite these achievements by mid-year, the situation worsened during the second semester of the year. This already fragile situation due to the continuing drought further exacerbated by the El Nino phenomenon: an IPC Food Security exercise¹¹ carried out in September/October reported 52 per cent of households in 8 districts in southern Madagascar being severely food insecure (IPC Phase 3 "Crisis" and Phase 4 "Emergency") as a result of these consecutive years of drought aggravated by El Nino; expectations were of over 35,000 children under 5 being affected by SAM in 2016, and more than 935,000 people remaining without access to safe water (including 439,690 children); respiratory tract infections in children under five in certain districts were up to double those of last year; school attendance at the start of the school year was 20 to 80 per cent less than in 2015; a growing number of boys and girls was in need of protection services: 172,000 children have been victims of exploitation (especially boys employed as child labour), 95,000 teenage girls having been separated from their relatives due to early marriage, and 22 per cent of affected households reported resorting to begging to meet their needs.

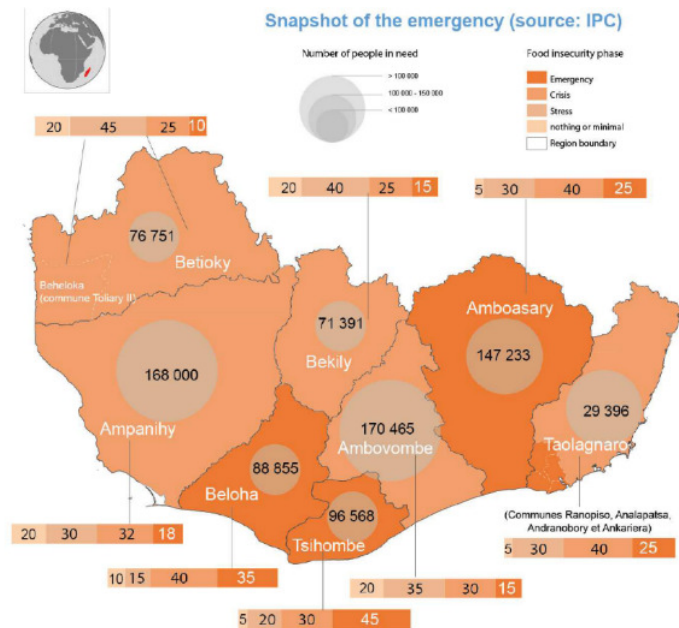
Four persistent challenges were noted:

1. Poor and late rainfall: recorded rainfall was below the average over the last 20 years and the sporadic rains came too late to save the crops that should have been harvested in June 2016. As a consequence, 95 per cent of maize, sorghum, and rice crops were lost, compared with the levels obtained in 2015, hence triggering a hike in food prices, particularly for rice. This has limited food access for market-dependent poor households.
2. Expansion of the zones with humanitarian needs: The zone that was initially affected by drought expanded to five communes located in two additional districts, namely Taolagnaro and Toliara II. Due to the limited funds available, it was not possible to cover all affected areas to the same extent and thus, a portion of people living in target areas receiving less support fell from moderate to severe food insecurity.

¹¹ The Integrated Food Security Phase Classification (IPC) is a set of standardized tools that aims at providing a "common currency" for classifying the severity and magnitude of food insecurity

3. Difficult access to populations to deliver humanitarian assistance: due to the remoteness of villages as well as the lack of infrastructures and practicable roads, the eventual cut-offs in certain areas produced by sudden torrential rains and landslides, and finally the insecurity in other zones related to cattle thieves (dahalos).
4. The complex geomorphology and low annual rainfall challenge efforts to improve WASH for people in the south. Crystalline rocks and sediment characterize the geology of the south of Madagascar. The quality of water is fresh in the majority of the crystalline zone and saline in the littoral area of sedimentary zone. These situations make it difficult to exploit available water resources in the South and require rigorous study/survey to analyse the appropriate technology and technical feasibility of water supply construction (which unicef is progressively conducting despite difficulty to mobilise donors).

As Madagascar continues to be a donor orphan, ranking second to last globally in ODA per capita terms, funding gaps remained a key constraint affecting the implementation of the humanitarian appeal: 1) To a certain extent, there is a competition for funds with other affected countries belonging to Southern Africa and equally affected by El Nino (although tentative coordination efforts under SADC and RIASCO mechanisms must be noted), and 2) early funding being earmarked for pure emergencies in addition to initial donor interest focusing on immediate assistance given the worrisome news coverage from the south. Thus, it was challenging to mobilize funds linking humanitarian emergency life-saving interventions with resilience and disaster risk reduction.



Thanks to humanitarian thematic funding, UNICEF Madagascar was able to intervene quickly and continue to implement its longer-term, development-focused interventions, while the team mobilized pooled emergency funding (ORE) from different donors that would continue to support these interventions. Activities were always carried out in complement to other intervening partners and agencies: jointly with WFP and other NGOs to treat both severe and moderate malnourished children, together with WHO and UNFPA in an effort to provide basic quality healthcare to the affected population, in collaboration with the Ministry of Water and private operators for the provision of safe potable water to areas most deprived, contributing with the World Bank and the Ministry of Population to support vulnerable households through emergency cash transfers, etc.

At the beginning of 2017, the situation in the south remains worrying. Very likely the most affected 850,000 individuals would turn to extreme negative coping strategies during the lean season running from October 2016 to April 2017. Humanitarian assistance, reinforced by longer-term development solutions that are backed by the government and other partners, need to continue to save the lives and fulfil the rights of undernourished children under five and pregnant or lactating women.

D. Humanitarian Results

Humanitarian activities and actions are integrated in every UNICEF Madagascar's programmes (Health, WASH, Protection, Education, Social Protection, Nutrition)

*Outcome : The rights of children and women are fully integrated and prioritised in sector programming, **emergency response** and external communications (CPAP 2015-2017)*

Progress towards the full integration and prioritisation of the rights of women and children in emergency response efforts are on track.

UNICEF's 2016 emergency response and humanitarian assistance focused on identifying the most vulnerable populations, assessing their needs and providing a response based on UNICEF's Core Commitments for Children. In terms of preparation capacities of the CO and Government partners, UNICEF provided technical assistance to the design of the 2016/2017 Humanitarian Strategic Response Plan for the South of Madagascar, which targets three Goals: saving lives, preventing deterioration of the humanitarian situation, and developing a crisis exit strategy concurrently with the humanitarian response.

Based on the CCC and Humanitarian Strategic Response Plan, UNICEF provided life-saving support through an intensification of its ongoing development programme as well as intersectoral humanitarian interventions. This meant implementing a holistic response that, while addressing the alleviation of immediate needs, aimed at longer term development results for national and local resilience in the face of future shocks.

During 2016 the UNICEF Madagascar Country Office's (MCO) humanitarian strategy supported early recovery and resilience through sector coordination, capacity building, service delivery and community mobilisation. The MCO led the nutrition, WASH and education clusters as well as the child protection and social protection sub-clusters and was an active member of the health cluster. 40 UNICEF field staff supported data collection and results monitoring, provided technical advice and support to decentralised Government authorities. Strategies to support regional and local capacities to conduct monthly nutrition screenings of children 6-59 months, treat SAM children and provide counselling to caregivers on appropriate infant and young child feeding practices sought to reduce the vulnerability of communities, especially children, affected by the drought and subsequent malnutrition crises. UNICEF strengthened service provision of safe water to people affected by emergencies through boreholes drilling and water system construction, distribution of ceramic filters, water trucking and community mobilisation for hygiene and sanitation. The MCO also strengthened provision of health care for childbirth and children under 5 with pneumonia and diarrhoea, and supported the Ministry of Education to ensure access to basic education in humanitarian situations. Provision of cash transfers to vulnerable households was coordinated and implemented with partners such as the Ministry of the Population as a resiliency and recovery measure, along with communication for development (C4D) approaches by national partners to ensure that voices of children and families were considered in response and recovery interventions. The prepositioning of supplies for early response in areas likely to be affected by La Nina and seasonal floods and storms continued in coordination with central and decentralised Ministry authorities.

Humanitarian thematic funding for UNICEF Madagascar was of particular importance as early humanitarian funding for the country office was mostly earmarked, focusing on life-saving interventions, rather than resilience building work. The received contributions of emergency thematic funding provided UNICEF Madagascar with flexibility in its delivery and ensured continuity in the ongoing response, reinforcing, where possible, ongoing development implementation with intersectoral emergency relief efforts.

Output : The preparation and emergency response capacities of the CO, its implementing partners, as well as national and decentralised entities are improved and contribute to the reduction of communities' vulnerability to shocks and stress (resilience) as well as monitoring the implementation of the CCC (CPAP 2015-2019)

Progress toward the improved preparation and emergency response capacities of the CO, its implementing partners, national and decentralised entities is on track as described in the following analyses of sector progress.

a) Nutrition

In line with the Humanitarian Strategic Plan and MCO CPD, UNICEF nutritional interventions in the South aimed at preventing excess mortality due to acute malnutrition, as well as preventing a deterioration of the nutritional status of affected populations. With these objectives, UNICEF searched primarily to ensure treatment for the more than 35,000 SAM children that were estimated to suffer from severe malnutrition in any part of the country, and secondly to provide 165,000 mothers/caregivers of children 0-23 months with access to IYCF counselling for appropriate feeding.

As part of its humanitarian response to this crisis, UNICEF nutritional strategy prioritised maintaining and scaling up its support to the treatment of severe acute malnutrition in all affected Districts, as well as through coordination of the nutrition cluster at central and district levels. UNICEF responded to severe acute malnutrition considering it an emergency anywhere it occurred, and adapted its interventions in the South in order to counter some context-specific challenges.

	Cluster Response		UNICEF and IPs	
	2016 Target	Total Results	2016 Target	Total Results
NUTRITION**				
Number of children 6-59 months suffer from severe acute malnutrition (SAM) have access to treatment	35,291	21,282*	35,291	21,282*
Number of women/caregivers of children less than 24 months who have access to Infant and Young Child (IYCF) counselling	165,000	78,980	165,000	78,980

* 69% report completion rate

**Numbers may differ from those stated in the COAR since the dates of compilation also differ. The ones in the CER are final figures for 2016.

To attain these objectives of preventing excess mortality and deterioration of nutritional status of children, UNICEF provided technical, financial and supply and logistics support to the Government that contributed to the following activities and results:

:

- Outpatient management of SAM nationwide in 635 health centres (for cases with no complications) and 54 hospital-based inpatient intensive care (for those with complications) supported by UNICEF admitted a total of 21,282 children affected by SAM in 2016 (69 per cent data availability). More specifically, in the South, to ensure availability of accurate information in a data-poor environment during the El Nino drought response, and to mitigate delays with regards to decision making, UNICEF in its nutrition cluster role in partnership with the Ministry of Health and the Office of National Nutrition, organized 9 monthly door-to-door mass screenings, covering all under-5 year old children in the most drought affected districts. CHWs measured around 250,000 children each round and referred those with SAM to the nearest health facility. The door-to-door screenings innovatively used SMS technology to rapidly report and monitor the situation of children at risk of becoming severely acutely malnourished, thus providing regular real-time information to inform the response. The screenings increased admissions of SAM cases and contributed to raising and maintaining nutrition awareness among concerned families. In addition, rapid SMS reporting technology was used to provide data from the treatment programs (used for monitoring acute malnutrition treatment trends).
- To avoid stock ruptures and ensure that children had the care and medicines needed to recover from malnutrition, UNICEF provided RUTF, therapeutic milk, essential drugs and equipment (such as scales, measuring boards, beds, cooking material, etc.) and in the 8 districts of the Southern regions affected by the drought emergency, UNICEF supported the set-up of two decentralised warehouses to strengthen the supply and logistics system. Real-time monitoring of stock-outs was possible using the rapid SMS reporting system.
- UNICEF also promoted the enhancement of the health work force capacity in nutrition and emergency nutrition response with the training in active case identification and referral of over 7,000 CHWs and 413 health professionals, as well as through the provision of counselling material and training of 228 health professionals in IYCF.
- Challenges encountered in the emergency response to the Southern drought crisis were mainly in terms of programme efficiency: 1) high SAM treatment defaulter rates noted at the beginning of 2016; 2) too few admissions in the inpatient treatment facilities and; 3) incorrect use of the nutritional products (product for treatment used for prevention, for example). To address these challenges, UNICEF and the MoH conducted a study to better understand the reasons behind the high defaulter rate and develop mitigation measures. Evidence from the study led UNICEF and the MoH to provide district managers with funds to cover the meals of patients' caretakers while in hospital, since caretakers sometimes removed children from hospitals because they could not afford meals during the duration of the treatment. A special cluster meeting was held to mitigate the incoherent use of nutritional products, which led to a better understanding by partners on the necessity to fully adhere to the national SAM treatment protocol.

The scope of UNICEF's overall nutrition response was expanded through cross-sectoral partnerships with other development programmes' and humanitarian activities. For example, to break the cycle of poor wash practices – diarrhoea – malnutrition, UNICEF Nutrition and WASH ensured the provision of

water filters and hand washing facilities for both Nutrition treatment facilities and families with children affected by SAM. In addition, UNICEF cross-sectorally distributed WASH kits and free water vouchers for 20 litres per day to families with children suffering with SAM. Nutrition and Health interventions joined forces during the Mother and Child Health Weeks to ensure the provision of 2 doses of vitamin A and deworming tablets to over 97 per cent of the children under five nationally, and particularly for the South, provided antibiotics and training of health workers and community workers.

Fulfilling its role of Cluster Lead, UNICEF continued to support the coordination of the Nutrition cluster in close collaboration with the National Nutrition Office, from which all the national emergency nutrition activities are coordinated, as for instance the Nutritional response interventions within the overall Humanitarian Strategic Plan for the South. Major nutrition cluster results included increased acute malnutrition detection and treatment capacity, maintenance of appropriate humanitarian coordination mechanisms, advocacy and resource mobilisation, application and use of standards/guidelines and mapping of partners to avoid duplication of efforts and fill gaps. At central level, 9 coordination meetings were held, and 6 on average in the affected districts.

b) Health

The Humanitarian Strategic Response Plan set as objectives to ensure quality preventive and curative health services for the most affected populations, and to restore access to key health services for 850,000 extremely poor individuals affected by severe food insecurity. UNICEF, as an active member of the health cluster, contributed to the development of this Plan, and as per its mandate focused on the most vulnerable population, in preventing mortality of children and women, therefore setting as targets the treatment with antibiotics of 62,000 children under 5 estimated to be affected by pneumonia, and with zinc and ORS of 75,000 affected by diarrhoea, as well as turning functional and available 18 basic emergency obstetric care facilities per 100,000 people.

	Cluster Response		UNICEF and IPs	
	2016	Total Results	2016 Target	Total Results
	Target			
HEALTH				
Number of cases of pneumonia in children under 5 years treated with antibiotics			62,000	8,000
Number of cases of diarrhoea in children under 5 years treated Zinc and oral rehydration salts			75,000	13,000*
# basic emergency obstetric care facilities per 100,000 people			18	0**

UNICEF chose the strategy of supporting resilience and recovery of the affected populations, so accordingly supported the MoH in the development of an integrated health and nutrition plan for the

southern regions. Thus UNICEF strengthened the provision of child health services by training 62 health workers on clinical Integrated Management of Childhood Illness (IMCI) (representing 84 per cent of health facilities and 41 per cent of all health workers in Androy). With the goal of bridging the gap produced by the distance related lack of access to health services, UNICEF trained as well 1,341 Community Health Workers (representing 76 per cent of community sites and 50 percent of total CHW in Androy) on integrated Community Case Management (iCCM), so that health services were decentralised as much as possible in Androy region. As a result, an estimated 115,000 children under 5 years old had access to improved basic health services, UNICEF procured and delivered emergency stocks of Oral Rehydration Salts, zinc sulphate and amoxicillin, and 20 delivery kits to ensure health centres could afford safe deliveries. Due to funding shortages, UNICEF used regular resources to achieve the results on diarrhoea treatment. However, for this same specific reason, the activity on provisioning delivery kits to health facilities had not begun yet.



One of the main challenges in this regard was gathering relevant data from the field to prove the deterioration of the global health status and hence the need to strengthen the system. The case could not be built to influence donors to invest in health. Therefore, in November UNICEF and Mdm carried out a rapid health assessment in Androy Region, showing a substantial increase in under 5 mortality by 3 major killers (Pneumonia,

diarrhoea and Malaria) in comparison to previous years. The assessment will allow a better understanding of the underlying health situation in the South. In complement, UNICEF contributed to this evidence generation and knowledge management by analysing HMIS data in terms of the impact of drought on the health of pregnant women and children under 5 years old. Basing on this morbidity analysis, followed by the rapid health assessment in Androy region, this evidence is helping UNICEF and the rest of the partners to attract more funding aiming at granting access to quality health care, given that only an integrated response combining emergency interventions, capacity building and health system strengthening actions could alleviate the current situation.

Further to the emergency intervention in the South, thematic funding was critical in completing the emergency preparedness plan for the country: they enabled prepositioning of basic medical equipment and essential medicines in preparation for the effects of la Nina.

In all aspects of the emergency response, in 2016 UNICEF coordinated closely with its sister UN agencies, the Cluster lead, World Health Organisation, government partners at the national level (BNGRC) and with the local authorities in the target regions to support a wide-ranging response to the drought affected regions (El Nino), and elsewhere on the occasion of the polio vaccination campaigns and emergency preparedness in face of cyclones and floods. With the aim of offering a comprehensive package of services together with WASH and Nutrition, but as well with other UN health agencies like

WHO and UNFPA, UNICEF Madagascar continued to strengthen Community Health Workers in the dissemination of key health awareness messages, including hygiene practices and safe health seeking behaviours, especially targeted to women and children, in the target regions.

c) Water, Sanitation & Hygiene (WASH)

During 2016, UNICEF fulfilled its role of Cluster Lead WASH contributing the WASH strategy and activities to the Humanitarian Response Plan. The objectives in the Plan were very clear: that families with malnourished children under five living in zones classified as in Emergency (phase 4) were provided with water treatment equipment and hygiene products, and that families living in zones classified as in Emergency (IPC 4) and in Crisis (IPC 3) with malnourished children under five had access to drinking water at an affordable cost. The target UNICEF set for itself and the Cluster partners was to reach the 665,000 people living in the areas most affected by drought through the provision of safe water in quantity and quality according to international standards (7.5-15L per person per day).

	Cluster Response		UNICEF and IPs	
	2016 Target	Total Results	2016 Target	Total Results
WATER, SANITATION & HYGIENE				
Number of people living in the areas most affected by drought provided with safe water	665,000	262,420	665,000	262,420

UNICEF Madagascar selected, in its capacity of cluster lead, the strategy to lead and coordinate emergency preparedness and response, but promoting the shift of leadership towards national and sub-platforms led by government. Far from substitution, the rationale was to promote ownership by the Government and its decentralised structures at Regional and District Level. In this sense, one training was provided for Regional Directors to assure they progressively move towards this leadership role.

To address the severely limited access to safe water, and the derived price speculation for water, UNICEF chose to partner with the decentralized MoW directorates and the regional water service provider AES (Alimentation en Eau du Sud) with one key goal: providing life-saving water to the most vulnerable 105,600 people, including through water trucking and restoration of non-operational water points.

In this sense, UNICEF Madagascar further rehabilitated 248 water points in 2016 benefiting an estimated 48,450 people; drilled 26 new boreholes and equipped them with hand pumps, benefiting 5,000 people; and completed 17 new mid-scale water supply schemes, benefitting more than 31,600. Since 2015, the new and rehabilitated infrastructure has given water access to a total of 126,101 children in schools and 107,344 children also in their communities.



Children fetching water out of a puddle © Unicef 2017)

As part of the integrated Nutrition – WASH approach, UNICEF supported the recovery of children with severe acute malnutrition by ensuring that 12,170 families with children receiving therapeutic feeding had a handwashing kit, soap and a ceramic water filter for safe drinking water, including those newly identified through monthly malnutrition screenings. The distribution of those kits was complemented through explanations from CHWs to the households on the importance to practice the key three messages: (1) practicing hand washing with soap, (2) drinking of safe water and (3) using of latrines.

Yet, challenges were encountered on a regular basis: drillings often ended up yielding salty water, trucking water was at times hampered by deteriorated road conditions, landslides and flooded areas. In order to tackle them and thus ensure provision of clean drinking water, UNICEF proposed innovative solutions as implanting desalinisation plants in the littoral coastal area, restoring existing pipeline system to allow distribution to far isolated areas, and drilling of boreholes at greater depth in areas where underground water availability of acceptable quality is scarce. To fund these innovations, thematic funding proved a vital bridge between emergency, recovery and development.

Given Madagascar's limited international visibility and associated resource limitations to support programmes for children, another innovative solution was the sustainable water trucking and water vouchers modality: the introduction of water cards/vouchers to complement water trucking operations as part of the El Nino drought response targeting families with children suffering from SAM, pregnant and lactating women not only ensured free water provision but moreover resulted in an increase in pregnant women frequenting the health centres for pre- and post-natal consultations and deliveries, in a context where the majority of pregnant women usually have limited to no contact with the health system during their pregnancies and child birth. In 2016, a total of 3,200 vouchers were given to families under these circumstances (mainly with children SAM). To complement this, the CLTS campaign covered vast areas of the affected districts, accelerating latrine construction and use, and increasing the 'open defecation' free areas.

Meanwhile, a “sustainable” approach to water trucking whereby water was not provided for free but rather users pay an affordable tariff at pre-crisis price not only allowed fuel and maintenance recovery but moreover influenced reduction of highly speculative water vendor prices back to more affordable rates.

As this cross-sectoral WASH/Nutrition joint response was implemented for the first time, UNICEF Madagascar conducted a study of the levels of use of the WASH devices at household level and the related behaviour change to assess effectiveness. After the first assessment of household use of those kits was analysed, a round of intense training was organized to assure CHWs provide messages and instructions on kit usage.

As drought conditions are expected to continue into 2017, building the resilience of the population is crucial to avoid annual emergency responses treating the same effects of the same root causes. In its quest of innovative solutions to increase sustainable and life-saving access to water to the most-drought affected populations, UNICEF led a partnership with IFAD and FAO to address the small scale livelihoods needs by providing micro irrigation kits and trainings to the communities surrounding the water points constructed by UNICEF. To date, more than 20 function under this partnership.

And in partnership with the University of Antananarivo geophysics department, UNICEF Madagascar carried out an in-depth analysis of the conditions in sedimentary areas to identify possible sites for drilling to increase equitable access to safe water for the most vulnerable populations.

In its role of Cluster Lead, even if not many partners expert in WASH were present in the country, UNICEF managed to coordinate the cluster at national level, as well as to activate sub-clusters in all three southern Regions affected by the drought. Leading the way to new actors, showing them geographical areas in need where to intervene, exchanging at technical level and promoting coordination with the Regional and District counterparts, helped to have a unique and coherent approach by which the water issue could be seriously addressed not only in the emergency phase, but as well in the phases after the most acute period. Given that droughts are related to climate change, and its effects are already exhibited, WASH activities needed to consider short as well as medium to long-term visions.

d) Child Protection

Protection was also a component of the Humanitarian Response in the South. Objectives were to assure that most vulnerable populations adopted positive coping actions to face the crisis and emergency situation, thus protecting their families (including children) in the zones classified as in Emergency and Crisis (IPC 3 and 4), and to warrant that protection social services were strengthened and made accessible to vulnerable groups. Thus, UNICEF struggled to achieve that 25 per cent of all estimated separated or unaccompanied children could benefit from family reunification, as well as 25 per cent of children in exploitation situations were removed from those.

	Cluster Response		UNICEF and IPs	
	2016 Target	Total Results	2016 Target	Total Results
CHILD PROTECTION				
Number of children receive psychosocial support	43,000	43,000	1,400	321***

The choice UNICEF made to attain those beneficiaries in 2016 was to focus its support in increasing the existing national capacities when responding to child protection concerns during emergencies.

With the key actors from the child protection sub-cluster, UNICEF has advocated for the integration of Child Protection components in the national “Emergency Strategic Response plan”. Identified interventions mainly focused on strengthening community based child protection mechanisms (child Protection Networks) to increase their capacities and readiness to emergencies.

As a result, 321 children affected by natural disaster across Madagascar benefitted from psychosocial support. Due to funding shortages these interventions have only reached a small portion of UNICEF’s 2016 target. In complement, UNICEF increased response capacities of protection actors through the training of 531 social workers and the deployment of Child Friendly Kits (with an overall response capacity for 3,200 children) prepositioned in the 8 regions most affected by cyclones.

Yet, challenging constraints remain: the dysfunctionality and limited geographical coverage of both intake services and referral mechanisms for child victims of violence and exploitation, the lack of socio-economic opportunities such as vocational training and tailored educational mechanisms for vulnerable children and adolescent in the Grand Sud, the limited geographical coverage and capacities of Child Protection Networks (CPN). In order to tackle these constraints, given the dramatic impact of El Nino on the wellbeing of communities and children in the south of Madagascar and the limited attention paid to Child Protection issues in the early responses plan, UNICEF advocated for a stronger monitoring of Child Protection issues in households affected by food insecurity. By doing so UNICEF again reinforced the Core Commitments for Children (CCC) throughout its interventions.

As a result, specific indicators were included within two interagency assessments which revealed a dramatic increase in the number of boys and girls in need of protection services. This has resulted in the mobilization of the additional US\$ 250.000 for the sector and increased emphasis on child protection in the “early recovery and resilience action plan for the south”. Given the weaknesses of local capacities in dealing with emergencies, the first phase of the response has consisted of the strengthening of community based child protection mechanisms and setting up socio economic opportunities and other alternatives to reduce negative coping mechanisms put in place by the most vulnerable families and children.

Together with the main protection actors, UNICEF developed a regional response plan including an intervention strategy: during this process, the vulnerability of populations living in urban areas has been regularly stressed, families most affected by the drought are often forced to leave their community and migrate to towns, where often they have no other alternatives but to rely on negative coping mechanisms such as begging or the sexual and economic exploitation of their children. Despite

an increase in support to the south, urban areas are often not considered as priority, leaving the most vulnerable children and families, those who migrated from the rural areas to the urbane centers, with little support. The strategy will focus its interventions in urban areas in which protection concerns are more accurate, targeting adolescent victims of economic and sexual exploitation as well as children without appropriate care.

e) Humanitarian cash-based transfers

UNICEF's consolidated efforts to improve national capacity and technical assistance in emergencies led to the development and launch of a humanitarian cash-based transfer program in the areas affected by the prolonged drought. Capitalizing on the ongoing support to the implementation of the National Social Protection Strategy, UNICEF supported the Government to integrate an extension in terms of beneficiaries and amount of transfers, contributing in a first step towards the consolidation of a shock-responsive social protection system in the country: In partnership with the World Bank, UNICEF provided support to the government to develop the *Fiavota* unconditional cash transfer program targeting 52,000 families in 5 districts affected with the aim to complement existing sectorial interventions and enabling affected families to better cope with food insecurity and build resilience. From the total households targeted, UNICEF funded 4,000 and also provided technical assistance to the development and incorporation of a Communication for Development strategy. A UNICEF nutritional assessment was used for targeting communes/districts with the highest rates malnutrition rates. Mothers with children under five were registered by using the community nutrition sites listings already available. The cash intervention is complemented by a livelihoods grant to enable families to jump-start some productive activities. UNICEF used regular resources to achieve 600 families, through direct financing of the 4,000 target, but actually supporting technically the program for the 52,000 families.

Other partners (World Food Programme, and non-governmental organizations) also implemented cash interventions, which targeted about 68,000 households (reaching about 204,000 children). UNICEF contributed to overcome the difficulties in harmonisation through increased dialogue and coordination between partners and government through its co-lead of the social protection group. The coordination capacity of the ministry in charge of social protection was enhanced and a Cash-in-Emergencies sub-group launched as part of the overall social protection thematic group.

f) Education

Reducing the dropout rate in the zones in Emergency and Crisis (IPC 3 and 4) was the objective the Humanitarian Response Plan contemplated. Avoiding any interruption and negative coping mechanisms in affected families meant the best way to safeguarding the education for children and hence ensure long term development

The strategy the Cluster selected was to reduce the burden on households, and consequently, absenteeism and drop-out rates. To this effect, 4,000 families are positioned to benefit from an unconditional cash transfers programme that started in December 2016, and Supplies for over 61,000 students were ordered and will be distributed at the beginning of 2017.

As well, in 2016 intense floods severely affected two regions on the Western coast (Boeny and Sophia). Of the total affected population, 3,120 children (48 per cent) were able to return to school in a timely manner thanks to the availability of 78 pre-positioned school-in-a-box, the repair of 22 classroom roofs and the construction of 12 temporary classrooms provided by UNICEF Madagascar.

In an effort to build linkages between emergency and recovery, throughout 2016, UNICEF Madagascar's Disaster Risk Reduction strategy improved the safety and resilience of communities, especially students, as well as improved the response to emergencies with prepositioned supplies in 5 regions. UNICEF as co-lead of the Education cluster with the Ministry of National Education ensures a pre-positioned stock for 50,000¹² potentially affected children and teachers, half of which has been pre-positioned at a regional level to ensure a quicker response to an emergency. UNICEF Madagascar trained 7 regions this year on Disaster Risk Reduction, distributing updated manuals and training guides. Around 1,000 trainers and 9,000 teachers were trained and around 328,000 teacher guides and 412,000 student manuals were distributed. These trainings aimed at improve resilience of communities by raising children's awareness and understanding of emergencies, including better preparation.

To strengthen the cluster's prevention, preparation and response capacity, an Education Cluster and emergency education training took place mid-December for 40 cluster members at national and regional level, including the regional education technical assistants who are positioned within the Ministry of Education regional offices. It regrouped not only education actors but also WASH, Child Protection, Social Protection, Nutrition and Health and other development partners to reflect on how to create better coherence between emergency and development interventions, making the link between immediate response and mid and long term response more structured with capacity building to build resilience of individuals, communities and systems.

In total, for DRR and Emergency activities Education used 1,3M USD in 2016 (OR, RR and ORE).



School in a box delivered to drought affected areas © unicef 2017

¹² The national target is 25,000 but the Education Cluster has decided to double this figure in prevision of the effects of El Nino and La Nina.

g) Emergency preparedness

UNICEF provided technical support to the National Office of Risk and Disaster Management (BNGRC) to develop a national emergency preparedness and response plan. Along with OCHA and other partners, UNICEF worked with the BNGRC to incorporate this preparedness and response plan into the national disaster risk reduction processes. This is part of a national effort to establish systematic mechanisms and procedures for disaster risk reduction and preparedness. UNICEF's work is ongoing with BNGRC on capacity development to render the national system more resilient.

In 2016, UNICEF maintained a prepositioning stock of emergency supplies (WASH, Health, Education, Protection, and Nutrition) in a series of pre-positioning hubs in the country to respond to the emergency needs of populations that could be affected by various emergencies, mainly cyclones and floods. In this same sense, UNICEF signed a protocol with BNGRC and a mobile telephone operator, which enables UNICEF to provide emergency cash transfers to 1,600 families.

Capacity building has been a main UNICEF strategy to build to build resiliency, as well, including:

- C4D: training on rapid evaluation using the CHAT tool carried out in the drought affected South,
- Training in Data management (ActivityInfo) to BNGRC staff and
- Logistical support to the decentralized coordination in the South.

h) Communication

Throughout the year, as high-level officials came to visit Madagascar, UNICEF seized the opportunity to advocate that drought response was not solely a matter of food security, but of ensuring proper nutrition – most notably to expectant mothers, newborns, infants and children.

In May, then-UN Secretary-General Ban Ki-moon made a two-day visit to Madagascar, during which he addressed Parliament and endorsed UNICEF's Nutrition Investment Plan for Madagascar, developed jointly with the Government's National Office for Nutrition (ONN). "Nearly one out of two children here suffers from stunting. The human toll is immeasurable. This is a tragedy for individuals and a disaster for development," the Secretary-General stated, thanking the network of female parliamentarians who champion the cause of nutrition. "Nutrition is about more than feeding people. It requires attention to health, agriculture, education, women's empowerment and water," he continued. "I encourage you to strengthen your commitment to ending undernutrition and allocate more resources to addressing this problem. I hope you will define a National Minimum Package of Essential Nutritional Services – and a plan to scale it up. The United Nations will be your unwavering partner."

In July, then-Assistant-Secretary General for Humanitarian Affairs, Kyung-wha Kang, also visited Madagascar, during which she travelled to the South and had the opportunity to see UNICEF's efforts first-hand. UNICEF used the opportunity to highlight the vital role of proper nutrition. Upon her return to New York, Ms. Kang acknowledged UNICEF's work.

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¹³ <http://reliefweb.int/report/madagascar/assistant-secretary-general-humanitarian-affairs-and-deputy-emergency-relief>

E. Financial Analysis

In 2016, UNICEF Madagascar received US\$ 10,585,300 for humanitarian interventions. This was 43 per cent of its HAC appeal for US\$ 24,722,785. Nutrition received 94 per cent of the funds needed to ensure the treatment of SAM cases. The Health Section received the least funding with 13 per cent of its total requirements. The appeals for Emergency Cash/Social Protection and Education, were funded up to 73 per cent and 45 per cent respectively. A 65 per cent gap remained for WASH and 78 per cent gap for Child Protection.

Continued successful implementation of emergency, recovery and resilience-building interventions was possible thanks to the thematic funding received during 2016. The total US\$ 814,376 received, represented around 7.7 per cent of the total humanitarian contributions. These contributions, together with the carry-over of US\$ 583,663 of humanitarian funds, enabled UNICEF to effectively respond to humanitarian needs during the first quarter of 2016. The value for money of this contribution cannot be underestimated, as it provided UNICEF Madagascar with considerable flexibility with its emergency programming, especially when many other humanitarian contributions were earmarked for specific purposes, often related to immediate life-saving assistance. The thematic humanitarian contribution was utilized for emergency health, WASH, Protection, and support to the emergency preparedness of Madagascar at the national level.

Table 1: Planned Funding status against the appeal by sector¹⁴

Appeal Sector	UNICEF HAC	Funds available for UNICEF as of 31 December 2016*	Funding gap	
			US\$	%
Nutrition	5,100,000	4,809,134	290,866	6%
WASH	10,202,785	3,571,437	6,631,348	65%
Health	4,700,000	614,844	4,085,156	87%
Education	1,920,000	871,259	1,048,741	55%
Child Protection	1,200,000	262,500	937,500	78%
Emergency Cash/Social Protection	1,100,000	807,859	292,141	27%
Coordination- Cross sectoral	500,000	585,453	-85,453	-17%
Total	24,722,785	11,522,486	13,200,299	53%

*Funds available include funds received against current appeal and carry-forward from previous year

**Funds available includes funding received against current appeal as well as funds carried-forward from the previous year

¹⁴ The Madagascar appeal is broader than the El Nino/drought emergency and funding requirements therefore include estimated funding requirements for the upcoming cyclone season expected to be further aggravated by La Nina.

Table 2: Funding received and available in 2016 by Donor and funding type (in USD)

Donor Name/Type of funding	Programme Allotment reference	Budget Programmable Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
See details in Table 3	SM/14/9910	774,882
b) Non-Thematic Humanitarian Funds		
The United Kingdom	SM/16/0499	3,902,123
European Commission/ECHO	SM/16/0040	1,545,206
USA (USAID) OFDA	SM/16/0352	979,400
Madagascar (AfDB)	SM/16/0377	952,381
Germany	SM/16/0580	786,349
Total Non-Thematic Humanitarian Funds		8,165,459
c) Pooled Funding		
UNOCHA (CERF)	SM/16/0220 & /0221	1,061,306
Total humanitarian funds received		10,001,647
II. Carry-over of humanitarian funds available in 2016		
The United Kingdom	SM/13/0487	9,521
Madagascar (AfDB)	SM/15/0413	382,907
European Commission/ECHO	SM/15/0399	191,235
Total carry-over humanitarian funds		583,653

* Programmable amounts of donor contributions, excluding recovery cost.

Table 3: Thematic Humanitarian Contributions Received in 2016 (in USD)

Donor	Grant Number	Programmable Amount	Total Contribution Amount
Japan Natcom	SM/14/9910/1269	587,436	616,808
Allocation from global thematic humanitarian*	SM/14/9910	150,000	158,250
UK Natcom	SM/14/9910/1256	37,446	39,318
Total		774,882	814,376

*Global thematic humanitarian funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2016 Annual Results Reports.

F. Future Work Plan

In 2017, UNICEF will continue to work with the Government of Madagascar and humanitarian partners to realize the Core Commitments for Children and CPD objectives, ensuring that, during emergencies, children have adequate access to education, health and nutrition care, safe water, sanitation and hygiene facilities, and receive protection support. UNICEF will support the community level and systems resilience building interventions that reduce the vulnerability of women and children in Madagascar. In the emergency-affected area of the South, UNICEF will pursue the implementation of the National Humanitarian Response Plan together with its partners.

In 2017, the humanitarian strategy pursued across sectors will be as follows : i) pursue existing interventions and orient them towards system reinforcement, ii) reinforce data collection, analysis and dissemination for efficient use of limited funding, stronger advocacy and better understanding and awareness of Madagascar's crisis (considered by UNOCHA as a “forgotten crisis”) at national, regional and worldwide level, and iii) pursue a SDG-sensitive “leave-no-child-behind approach” and target children which have so far not benefitted from interventions because of isolation and hard-to-reach situations.

To this end, through its 2017 Humanitarian Action for Children appeal, UNICEF requested US\$31,400,000 in support of humanitarian work in Madagascar next year.

G. Expression of Thanks

The valuable contributions of government donors, National Committees for UNICEF, ECHO, DFID, OFDA (USAID), AfDB and UNOCHA CERF made it possible for UNICEF Madagascar in partnership with the Government of Madagascar to alleviate the plight of children and women affected by drought and cyclones/floods and begin building their resiliency. On behalf of the children of Madagascar, UNICEF expresses its gratitude to the donors who chose to contribute their funds flexibly and thematically to contribute to our emergency interventions in Madagascar. These thematic funds were crucial to ensure UNICEF's response to be quick and effective and taking into account longer terms needs, such as the populations need for resilience, when the funding context was purely focused on immediate emergency assistance.



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H. Annexes to the CER

I. Human Interest Story

II. Donor Feedback Form

Title of Report: Consolidated Emergency Report 2016

UNICEF Office: UNICEF Madagascar

Donor Partner:

Date:

Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Daniel Ziegler

Email: dziegler@unicef.org

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

SCORING: **5 indicates “highest level of satisfaction” while**
0 indicates “complete dissatisfaction”

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!