

# Madagascar

In Madagascar, extreme poverty, recurrent natural disasters and a political crisis have created a potent recipe for crisis. The suspension of most external assistance to the country has resulted in reduced capacity of the Government of Madagascar to respond to emergencies. Food insecurity has become a daily reality for many. In fact, unless food insecurity in the southern areas of Androy, Anosy and Atsimo Andrefana is addressed immediately, it is very likely that the nutritional status of 136,000 children-at-risk under age 5 will deteriorate – requiring an emergency intervention during the first three months of 2011.<sup>1</sup> This will be a crucial year for UNICEF in its efforts to improve the welfare of Madagascar's women and children.

In addition to being one of the poorest countries of the world, ranked 145 out of 182 countries in the 2009 Human Development Report,<sup>2</sup> due to its geographical location and its topography, Madagascar is continually exposed to drought and tropical cyclones. The island is hit by two or three cyclones in an average year, affecting around 360,000 people per year for the past five years.<sup>3</sup> These emergencies, coupled with poverty, increase hardship – particularly food security, in some areas – among an already vulnerable population. In 2010, the Food Security Early Warning System (SAP) declared 53 municipalities to be food-insecure, compared to 44 municipalities in 2009 and 10 in 2008.<sup>4</sup> Food insecurity in the southern region of the country affects around 720,000 people, more than half of the population, and including 129,600 children under age 5.

UNICEF is requesting US\$19.2 million for its 2011 humanitarian work in Madagascar, a 40 per cent increase over the 2010 request. Government suspension of funding for procurement of essential drugs and vaccines as well as fuel for vaccine refrigerators has prompted a significant increase in the request for funds for health-related work – funding necessary to stave off a massive crisis in health-care services that millions of people depend on. Without funding for key humanitarian activities, the well-being of women and children in Madagascar will be jeopardized to the point of requiring additional emergency intervention.

In 2011, UNICEF will continue to work in partnership with its counterparts in district government, UN agencies, non-governmental organizations and communities to respond to the needs of the drought-affected people in southern Madagascar. UNICEF will also respond to the needs of an estimated 300,000 people likely to be affected by the 2010–2011 cyclone season.

To avert a potential humanitarian crisis in the major cities due to an ongoing political crisis that has led to decreased



budget support from the government and suspension of most development aid in the country, UNICEF is engaged in close monitoring of the situation through the 'Multi-cluster Rapid Assessment' (McRAM).<sup>5</sup> In a context of already-eroding social services, and where the capacities of government structures at all levels to assess and respond to emergencies has been weakened, UNICEF's focus will be on ensuring adequate access to health, nutrition, safe water, sanitation and hygiene, educational and protection services.

## CRITICAL ISSUES FOR CHILDREN AND WOMEN

In Madagascar, the mortality rate of children under age 5 has improved, from 168 deaths per 1,000 live births in 1990 to 58 in 2009, but still remains very high. In 2005, it was estimated that 25 per cent of the population suffered from chronic food insecurity, with large variability within regions,<sup>6</sup> potentially putting approximately 5 million people at risk. The south is the most affected: 73 per cent of households were food insecure, thereby increasing the vulnerability of children and women living in areas where drought or flooding, alongside socio-economic distress, is on the rise.

The political crisis is having an adverse impact on the ability to provide social services to children and women, and on their ability to access these services.

Lack of government funding to treat those children and women who are severely malnourished and those at risk jeopardizes the well-being and development of the population. To continue filling this gap, UNICEF will double its 2011 contribution by diverting resources from other important programmes in Madagascar. The government budget reduction will further hamper health-care services because the petrol used by refrigerators for storing vaccines is typically purchased with government funds. This is likely to have an impact on coverage rates for key antigens and could possibly lead to outbreaks of preventable disease.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

<b>CORE COUNTRY DATA</b>	
Population (thousands 2009)	<b>19,625</b>
Child population (thousands 2009)	<b>9,759</b>
U5 mortality rate (per 1,000 live births, 2009)	<b>58</b>
Infant mortality rate (per 1,000 live births, 2009)	<b>41</b>
Maternal mortality ratio (per 100,000 live births 2008)	<b>440</b>
Primary school enrolment ratio (net male/female, 2005–2009*)	<b>98/99</b>
% U1 fully immunized (DPT3, 2009)	<b>78</b>
% population using improved drinking-water sources (2008)	<b>41</b>
HIV/AIDS prevalence (% aged 15–49, 2009)	<b>0.2</b>
% U5 suffering from moderate and severe wasting (2003–2009*)	<b>–</b>

Source: UNICEF, *The State of the World's Children 2011*.  
 \*Data refer to most recent year available during the period specified.

Regarding access to safe water and sanitation, the Joint Monitoring Progress report of March 2010 documents a recent downward trend in access to water and sanitation. In 2006, 47 per cent of households had access to improved water facilities (JMP, 2008, page 47); by 2008, only 41 per cent had access (JMP, 2010, page 45).<sup>7</sup>

No sector has been left untouched by the downturn in outside assistance and national government support. An assessment carried out in May 2010 by UNICEF in 65 public primary and lower secondary schools revealed an alarming trend in primary school enrolment rates, with a decrease of 4.6 per cent between 2008/09 and 2009/10 compared

to an increase of 6.5 per cent during the previous period.<sup>8</sup> The reversal in enrolment rates could largely be due to the 30 per cent increase in school expenses borne by families.<sup>9</sup>

**KEY ACHIEVEMENTS IN 2010**

According to the mid-2010 revised request, UNICEF estimated that US\$11,113,565 was needed to fund its humanitarian work in Madagascar. As of October 2010, a total of US\$331,565 – 3 per cent – had been received. Donor funding, complemented by the use of pre-positioned stocks and regular resources, helped UNICEF achieve some results.

Through its own resources, UNICEF has been fully supporting 145 outpatient treatment units for severe acute malnutrition in southern Madagascar and stabilization units in 17 out of 45 hospitals across the country. UNICEF made the funding available to maintain the support until the end of 2010 after which the service availability will be at risk – jeopardizing the health of more than 250,000 children under age 5.

UNICEF responded to the damage created in the south-east by tropical storm Hubert. In collaboration with the non-governmental organization Diakonia, UNICEF helped repair 84 classrooms damaged by flooding in 69 schools, achieving 100 per cent of its planned target for the year. In addition, 10,794 students were able to restart classes in 48 temporary classrooms after tropical storm Hubert. More than 26,000 students in 150 schools benefited from 328 School-in-a-Box kits and 152 recreation kits to replace materials lost during the floods. To enhance training for students and teachers on disaster preparedness, 5,950 disaster management manuals and 196 teacher guides were distributed.

Partnering with local water authorities and the non-governmental organizations Action Socio-Sanitaire, Organisation Secours (ASOS) and Saint Gabriel, UNICEF distributed water, sanitation and hygiene kits to 3,544 families, 191 schools and 25 health centres. One-hundred-seventy water points used by 50,000 people were disinfected. Another 1,450 people gained access to safe sanitation through construction of 29 community latrines, and 1,100 students benefited from new latrines at 23 schools.

In areas affected by tropical storm Hubert, UNICEF procured essential medicines for 179 health centres serving more than 1.4 million people, or 95 per cent coverage of the population in need. Mosquito nets were supplied to 3,864 families, and 2,418 families received blankets. Midwife kits were provided to 13 health centres. As a preparedness measure should the nutritional situation deteriorate, UNICEF reinforced the capacity of health centres to treat severely malnourished children in the area affected by Hubert.

Child rights violations were monitored through 19 child-friendly spaces in Antananarivo, reaching more than 1,700 children in collaboration with local partner Union of Professional Graduate Social Workers. The family tracing and reunification programme traced 513 children reported as missing and reunited 350.

### HUMANITARIAN ACTION: BUILDING RESILIENCE

Building resilience into the system capacity of Madagascar has been actively integrated in each sector. On the country's west coast, UNICEF implemented a programme in collaboration with two regional education authorities to ensure that school teachers and students are adequately prepared in the event of a cyclone, flood or drought. A total of 154 teachers and administrative staff received training, with the expectation that they will train 101,000 students. One achievement of the education cluster focusing on disaster preparedness was the production of a film on tsunami preparedness, which will be provided to all regional education authorities on the east coast.

Working together with regional health and nutrition authorities, UNICEF scaled up community management of acute malnutrition, with an emphasis on health-system strengthening and community mobilization for routine and emergency activities.

Partnering with Saint Gabriel, a non-governmental organization, UNICEF developed and implemented a programme to train and raise awareness among mayors, school directors, health-centre chiefs, community-based organizations and *Fokontany* heads (village chiefs) on WASH principles and practices in emergency response. To ensure a timely and rapid response in the event of a cyclone or flooding, pre-emergency cooperation agreements have been developed with the participating organizations.

### PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF, together with partners including the Government of Madagascar, other UN agencies and non-governmental organizations, will focus on assisting the most vulnerable women and children in the drought-affected, food-insecure southern region and areas prone to cyclones. One important aspect of UNICEF's assistance is the leadership of the education, nutrition and WASH clusters as well as the protection and child protection sub-cluster. UNICEF expects to reach more than 1 million women of childbearing age and around 560,000 girls and 584,000 boys under 5 years old. Emergency response will continue to be an integral part of the overall country programme strategy. Emergency planning, implementation and monitoring will continue across all sectors, with a focus on preparedness, rapid response, early recovery and risk reduction.

#### NUTRITION (US\$2,000,000)

As nutrition cluster lead, UNICEF will provide an immediate response to any rising level of acute malnutrition among 129,600 children under age 5 in the food-insecure southern region, among the 300,000 people affected by cyclones and in urban areas by working closely with regional government partners, non-governmental organizations and the World Food Programme.

- Through the nutrition cluster, UNICEF will ensure a coordinated nutrition response to make certain that all gaps are addressed without duplication.
- Anthropometric equipment, therapeutic feeding supplies and Drugs required for the treatment of malnourished children will be provided to health-care facilities in the affected districts.
- Systematic nutrition screening at the health centre and community level will be provided; treatment will be provided for children diagnosed with severe acute malnutrition.

- 9,720 children 6–59 months old will be treated for undernutrition through community management of acute malnutrition.

#### HEALTH (US\$4,900,000)

As an active participant in the health cluster and working closely with regional government partners, other UN agencies and non-governmental organizations, UNICEF will respond immediately to lack of access to health care among 720,000 food-insecure people in the south and 300,000 people affected by cyclones.

- In collaboration with the World Health Organization, UNICEF will provide technical assistance to strengthen the decentralized health cluster and ensure a better-coordinated response.
- To improve access to health care, UNICEF will provide essential drugs, oral rehydration salts, zinc and malaria prevention supplies to health facilities in emergency-affected districts.
- To ensure continuity of services, damaged equipment and supplies at health centres in cyclone-affected areas will be replaced.

#### WATER, SANITATION AND HYGIENE (WASH) (US\$6,500,000)

UNICEF will provide reliable access to safe water supplies and proper sanitation and hygiene facilities for up to 300,000 cyclone-affected persons, 720,000 food-insecure people in the south, and 500,000 vulnerable people in the cities of Antananarivo, Diego, Majanga, Tamatave and Tulear. The following key results will be achieved through extensive support to the regional government, non-governmental organizations and the private sector:

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- Through the WASH cluster, UNICEF will ensure a coordinated WASH response to address all gaps without duplication.
- The UNICEF-led WASH cluster will ensure coordinated preparedness and delivery of emergency assistance and will link with partners to develop a longer-term and sustainable water resource strategy, focusing on cyclone and flood-related disasters.
- UNICEF will distribute 250,000 kits that include household water purification/treatment products, water containers, soap and other supplies.
- 1,500 emergency latrines and 1,000 water points will be constructed/rehabilitated, and hygiene education activities will reach more than 1 million people.

### CHILD PROTECTION (US\$500,000)

Through the child protection sub-cluster, UNICEF will ensure that 54,000 children under age 5 affected by cyclones and 1,700 children attending child-friendly spaces in urban areas will benefit from child protection emergency response.

- To protect children from violence and abuse, UNICEF will reinforce 350 child protection networks in high-risk areas.
- The psychosocial environment for children, youth and their caregivers will be enhanced through establishment of new child-friendly spaces.
- Strengthening cluster coordination will ensure a well-coordinated protection response in which all gaps are addressed without duplication.

### EDUCATION (US\$4,900,000)

As lead agency of the education cluster, UNICEF will ensure access to safe education for 424,000 children whose education has been disrupted by cyclones and by the drought in the south.

- Through the education cluster, UNICEF will ensure a coordinated education response, addressing all gaps without duplication.
- 450 School-in-a-Box kits and 220 recreation kits will be distributed to replace damaged or lost materials.

- Construction of 400 temporary classrooms will be supported to ensure timely resumption of schooling.
- Rehabilitation of 100 classrooms and construction of 136 latrines in affected localities will use eco-friendly and cyclone-resistant materials.

### YOUTH AND HIV AND AIDS (US\$400,000)

UNICEF will ensure that 25,000 young people between the ages of 10 and 24 will play an essential role in the survival and recovery of their communities.

- By reinforcing the existing network of young peer educators, 500 young people aged 10–24 will receive training to become key actors in emergencies and transition.
- 500 young peer educator kits will be provided, and 20 youth spaces will be constructed.
- 50,000 information, education and communication materials on children's and youth human rights, sexual and gender-based violence, early pregnancy, peace-building and civic participation will be provided.

1. World Food Programme, 'Prognostic Definite 2010' [Final assessment 2010], PowerPoint presentation, Ambovombe, 24 August 2010, slides 5,8 and 9.
2. United Nations Development Programme, 'Human Development Report 2009: Overcoming barriers – Human mobility and development', UNDP, New York, 2009, p. 213.
3. Vice-Prime Minister's Office in Charge of the Interior, National Bureau of Risk Management and Disaster, 'Plan de Contingence National sur les Cyclones et Les Inondations [Cyclone and flood contingency plan] 2009–2010', Republic of Madagascar, Antananarivo, 2009, p. 9.
4. World Food Programme and Republic of Madagascar Early Warning System, 'Pronostic Provisoire [Preliminary assessment] 2009', *Bulletin SAP*, no. 139, March/April 2010, pp. 2 and 3.
5. See, for example: United Nations, 'Multi-cluster Rapid Assessment Mechanism – Madagascar', McRAM II, August 2009 (n.d.); McRAM III, November 2009 (published February 2010); and McRAM, May 2010 (published June 2010).
6. World Food Programme, 'Madagascar: Comprehensive Food Security and Vulnerability Analysis (CFSVA)', WFP, Rome, 2005, p. 87.
7. UNICEF, World Bank, African Development Bank and Ministry of Water, 'Joint Monitoring Progress Report 2008', p. 47 and 'Joint Monitoring Progress Report 2010', p. 45.
8. United Nations Children's Fund and CORE-DEV Engineering, 'Evaluation de la Situation des Ecoles Primaires Publiques et Collèges Publics en Période de Crise à Madagascar' [Report on the situation of public primary and secondary schools in Madagascar in a time of crisis], UNICEF, May 2010, p. 106.
9. *Ibid.*, p. 107.
10. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011		ESTIMATED BENEFICIARY NUMBERS <sup>10</sup>		
By sector	US\$	Total per sector (all beneficiaries)	Boys	Girls
Nutrition	2,000,000	129,600	66,096	63,504
Health	4,900,000	1,020,000	93,636	89,964
WASH	6,500,000	1,520,000	139,536	134,064
Child protection	500,000	55,700	28,407	27,293
Education	4,900,000	424,000	216,240	207,760
Youth and HIV and AIDS	400,000	25,000	12,750	12,250
<b>Total</b>	<b>19,200,000</b>	<b>3,174,300</b>	<b>556,665</b>	<b>534,835</b>