de la part du Peuple japonais

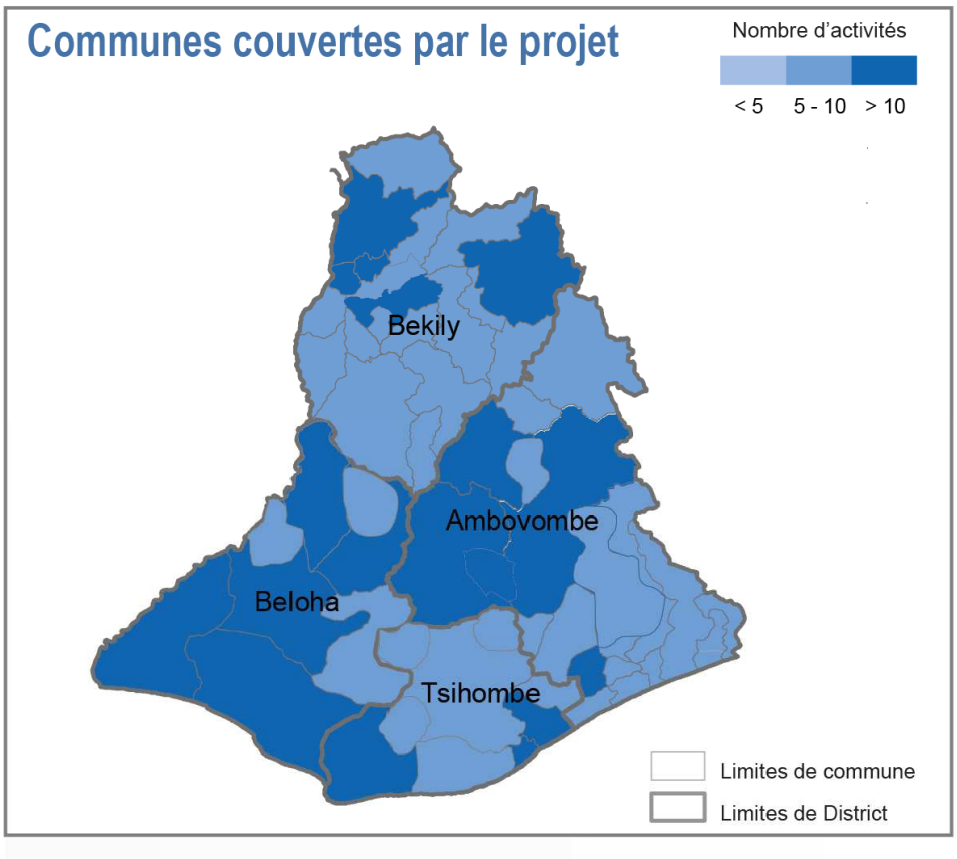
2018 final report to the Government of Japan for Assistance through Supplementary Budget

Madagascar

Report Cleared by: Marie Dimond, UNDP Deputy Representative (Programme)

PROJECT SUMMARY	
Country	Madagascar
Project Title	Support to humanitarian response and early recovery activities for the most vulnerable people in a situation of severe food insecurity affected by the drought in the Androy region ("Grand Sud" of Madagascar)
Duration	March 22, 2017 – September 30, 2018
Total Contribution	US$ 2,095,000

Mapping of the Municipalities covered by the joint project in the Androy region



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Executive Summary

The joint project is part of the emergency response plan and the early recovery/resilience plan in response to the drought situation in the South (Grand Sud) of Madagascar where over 1.61 million people live. These plans cover the period from February 2016 to June 2019. Priority was given to the Androy region which has been the most affected by the humanitarian crisis.

The joint project effectively started in September 2017 although some Agencies starting pre-financing the implementation of activities from May 2017. Implementation was somewhat delayed in part by the outbreak of a pulmonary plague epidemic from September to November 2017 which affected a large part of the country in an unprecedented manner, including major urban areas, and led to restrictions in movement and activities.

Despite these constraints, due to a six month No-Cost Extension which was requested at the end of 2017 and subsequently approved, efforts jointly conducted by UN Agencies allowed to attain all the achievements by the September 2018, while also ensuring the visibility of the project. 100% of the overall funding was committed and 100% of the targeted objectives were reached. In total, 7,000 households (35,000 persons) benefited from assistance whereas all the population in the Androy region has indirectly benefited from the outputs of the future Early warning system and Data Tracking Matrix.

A monitoring mechanism in line with the UN joint project approach has been fully put in place both at the national and local levels.

1. Background/Issues

The joint project is based on the priority needs resulting from the effects of two years of cumulated erratic rainfall aggravated by the El Nino phenomenon, affecting 978,000 people in the three regions in the Grand Sud (Androy, Anosy and Atsimo Andrefana) according to the Integrated Food Security Phase Classification (IPC) analysis conducted published in October 2016. This humanitarian situation represented the worst case over the 35 past years. In total, the national emergency response plan required $US154.9 million for six clusters including education, health, food security and livelihoods, nutrition, protection, and WASH.

The project was concentrated in the Androy region, the most affected, due to the following reasons.

- In addition to the severe effect of the drought, the region of Androy, where 700,000 people live, is the poorest region in the “Grand Sud”. Seventy per cent live more than 5 km away from the nearest health facility and Androy has the highest prevalence of diseases in children under five (prevalence of pneumonia is 16% against the national average of 10%, prevalence of diarrhoea is 14% against 11% nationally). Of those sick children, only 29% and 20% received appropriate treatment for pneumonia and diarrhoea, respectively. This high prevalence of illnesses paired with lowest attendance at health facilities puts the population at higher risk of mortality. In Androy region, 74% of the 63 basic health facilities are managed by only one staff member. Deliveries at health facilities occur only in 20% of all pregnancies, compared to the national average of 40%.

- In Androy, only 31.2% of the population has access to improved drinking water; and less than 15% have access to proper hygiene. Figures from this survey indicate that rates for the consumption of surface water in the south are above the national average: Androy 23.3% compared to 19.6% nationally. Similarly, the prevalence of open defecation in Androy 88% is above the national average of 43.6%. During the height of the crisis, for some rural areas the price of one liter of water increased substantially from pre-drought levels when a liter cost 10 MGA. Fifty per cent of deaths related to malnutrition are associated with diarrhoea or repeated infections of intestinal nematodes due to unsafe water, inadequate sanitation or insufficient hygiene. Furthermore, women and girls are affected disproportionately by this crisis. Lack of access to clean water means that girls must spend hours every day accessing water instead of going to school; boys spend hours every day leading cattle to water instead of going to school; and children with diarrhoea struggle to recover from dehydration.

- Recovery at the household level is difficult due to the problems of non-availability or restricted access to quality seeds, but also to the non-availability of water for irrigation in agriculture due to a lack of infrastructure or adequate equipment even in areas where water supplies are available (shallow groundwater, rivers, etc.).

- As a result of bad weather conditions due to the rainy season, accessibility to the area most affected by the humanitarian response was very difficult due to very bad conditions of National Roads 10 and 13 and inter-communal roads. These are partially impracticable including trucks. The immediate impact of these very damaged roads were: some affected areas were not accessible or only with great difficulty, the cost of transport increased as a

result of the additional time and toll payments required which reduced the amount and type of resources available. If roads were not repaired, some of the most vulnerable populations in need of humanitarian assistance could not be reached or would be reached much later than anticipated. This could contribute to aggravating the already severe humanitarian crisis. As a result of reduced flow of goods, market prices would also increase; based on past experience in some locations this could lead to a threefold increase which most populations cannot afford. Furthermore, some pregnant women cannot reach health facilities in time for their delivery, as during the context of crisis, they wait until the last moment to go to the health facilities to save money. Therefore, in case of any complication requiring caesarean, lives of the babies and/or mothers could be lost.

- In the absence of a functioning Early Warning System in Madagascar since 2012 after fifteen years of prior existence, and the absence of a monitoring mechanism to detect population movement caused by the drought, only the data from the three different assessments available in March 2016 allowed for the determination of the scope and the magnitude of the situation, resulting in a delayed start of the humanitarian response.

Therefore, the project has focused on the main areas of intervention as summarized below.

- Continuing to support WASH interventions, including construction of mid-scale water systems or connections with existing pipelines.
- Providing quality health services to the most affected populations in Androy region (pregnant women, children under five and newborns) and promoting life-saving healthy behavior, with a special focus on the most vulnerable such as those in the communities who cannot reach any health facility.
- Continuing to support the agriculture relaunch by producing seeds and promoting income diversification.
- Strengthening early recovery and resilience to support and capitalize on the humanitarian activities results through essential basic infrastructure rehabilitation in the areas most affected by the ongoing humanitarian crisis, namely primarily some segments of National Roads 10 and 13 and inter-communal roads which are partially impracticable even for trucks. This is to allow immediate access to humanitarian assistance and arrival of goods otherwise significantly delayed by the very bad road conditions and therefore undermining urgent humanitarian response. This action was implemented through cash for work schemes in order to improve the income of 3,000 households, selected from among the most vulnerable affected by the crisis.
- And finally, as a cross-cutting issue, improving vulnerable populations targeting and information management through the rolling out of the Displacement Tracking Matrix (DTM) tools by stabilizing communities affected by migration through targeted resilience-building initiatives; and ensuring the relaunch and institutionalization of the Early Warning System (EWS) for drought, combining with the reinforcement of information management and coordination.

2. Results

2.1. Objectives

The main objectives are to provide continued support to basic services targeting the most vulnerable people, to reinforce their livelihood activities and ensure monitoring of the post-acute emergency situation.

Specific objectives are:

- Reduce food insecurity of smallholder farmers exposed to drought and ensure their early recovery.
- Prevent/reduce excess maternal, and new-born morbidity and mortality as a complement to WASH, nutrition and food program activities by supporting the implementation of high impact Maternal and Child Survival activities and by providing access to quality preventive and curative health services in health infrastructures and in the community.
- Prevent water-borne diseases, malnutrition and food insecurity by providing access to safe drinking water through infrastructure development, management involving private operators and community mobilization which will be locally driven, maintained and sustainable.
- Monitor the evolution of humanitarian indicators on a regular basis in order to detect early on any deterioration of the situation by putting in place an early mechanism, strengthening data collection, information management and coordination.

These objectives will contribute to the following SDGs: zero hunger (2), good health and well-being (3), gender equality (5), and clean water and sanitation (6). Furthermore, they will contribute to the following Sendai Disaster Risk and Reduction Framework 2015-2030 priorities of action: understanding disaster risk (priority 1), investing in disaster risk reduction for resilience (priority 3), and enhancing disaster preparedness for effective response, and to “Build Back Better” in recovery, rehabilitation and reconstruction (priority 4).

2.2. Achieved Results

In order to achieve best possible results in response to the priority needs resulting from the prolonged drought in the Androy region, all involved UN Agencies agreed to provide a coordinated assistance to the same areas and beneficiaries. This approach led to the development of a joint project implemented by eight UN Agencies based on their respective comparative advantages.

The project started effectively in September 2017 but encountered delays as a result of the three month plague epidemic which led to restriction in movements and activities. A six month no-cost extension was therefore requested and subsequently approved.

By the end of September 2018, despite the constraints listed above, project implementation reached 100% of funds committed and 100% of objectives achieved. A mapping of the activities shows clearly that activities have been more concentrated in the most affected districts in the Androy region (see reference map in the page 2).

Six projects have been implemented in total, key achievements are summarized below.

- IOM implemented a component related to the tracking of local populations displaced by the drought through the roll out of a context-specific Displacement Tracking Matrix (DTM) set of tools to Disaster Risk Management (DRM) stakeholders in Madagascar. This set of tools and the resulting reports (DTM reports) from the data collection rounds, was aimed at informing key DRM and development stakeholders in the Androy region and at national level, of existing pockets of vulnerability in the Androy region in relation to human mobility and forced population displacement. This set of tool is designed to give data and statistics about the levels and trends of displacement at a given point, and in comparison to previous times, as well as to make available information on multisectoral vulnerabilities which may result from displacement itself, or from living in a community affected by displacement. From the results of the DTM reports, it was also expected that communities most affected by displacement would be identified, and that these would be the communities where the community stabilization initiatives would be implemented.

  IOM has trained a total of 62 actors on DTM tools through the project life-cycle (46 DRM actors trained at the local level in the Androy region, and 16 DRM actors trained at the central level – consisting in a total of 27 Females and 35 Males).

  IOM has collected five DTM data collection rounds, in coordination with local stakeholders and trained DRM actors; and has produced and released five DTM reports (July 2017, October 2017, February 2018, November 2018, and September 2018). Only four reports were initially foreseen to be released, but the NCE granted by the Government of Japan and residual funding available under the relevant budget lines allowed for IOM to conduct a fifth DTM collection round, and to release a firth DTM report towards the end of the project. Through the five reports, IOM and partners have covered a total of 48 municipalities out of the Androy region's total of 54.

  Throughout the project duration, IOM has continued to provide coaching and capacity development so that local stakeholders can assume data collection and handling responsibilities themselves by the end of the project.

  IOM has procured and handed over IT equipment to the BNGRC, notably 15 tablets – already uploaded with programs and data collection forms – which will sustain the technical capacity of the BNGRC to continue conducting data collection rounds, after the end of the project.[RR1]

  The DTM – which through the project was rolled out in Madagascar for the first time – has received praise from the BNGRC, regional authorities and from a range of humanitarian and development stakeholders. The BNGRC has expressed its ambition to extend the roll out of the tools nation-wide, to track and collect information on various trends of population displacement within the country.

  As regards to community-stabilization initiatives, based on the first DTM reports, IOM and local authorities have identified a total of eleven communities most affected by migration, and community-based dialogues with heads of households were held in coordination with local authorities in the eleven communities (Angondongondo, Etsoa Marofoty, Andaza, Ankazomagitse, Bevaro Patia, Zambe Centre, Namandriha, Anjamalanjary, Manakompy Centre, Sihanamena Marolava, and Behavoa Nord). Community-based dialogues were consultative and discursive in nature, and women were actively engaged to participate and share their own views.

  Based on the results and prioritization of needs that emanated from the community-based dialogues in the eleven target communities, community stabilization initiatives were identified and presented back to the communities to ensure their community consensus and ownership. The identified initiatives were also presented to local authorities, and their sound technicality and feasibility were also assessed by IOM through outreach and exchanges with regional authorities in charge of water and sanitation, and in charge of agriculture, animal husbandry, and fisheries.

The 11 community stabilization initiatives involved work around the rehabilitation of water wells (4 locations); the handover of water kits (2 locations); technical capacity building on- and the setting up of community-managed poultry farming (4 locations); and capacity building on- and handover of fishing and fish conservation equipment (1 location). The work was spearheaded and monitored by IOM while direct implementation was conducted by local non-governmental organization (NGOs) and service providers providing the necessary range of technical expertise and understanding of local socio-economic and cultural dynamics.

Towards the close of the project, a wrap-up community-based evaluation dialogue was conducted in each of the eleven target communities where community stabilization initiatives had been implemented. The objective was to assess – with the perspectives of the beneficiaries themselves – the methodology (how the initiatives were identified and the implemented), the impacts (what were the challenges in implementation, and what were the effects on the community in relation to forced displacement), in order to inform a possible future scaling up of community stabilization initiatives in the Androy region.

The community stabilization initiatives have benefited directly 165 households in the 11 communities across the region's 4 Districts.

- In complementarity with the DTM, the relaunch of the Early Warning System (EWS) for drought was technically co-launched with the DTM in June 2017 and effectively started in November 2017, jointly with OCHA, UNDP and WFP.

The first activity, under the responsibility of WFP, was the formal launch of tender and the award of contract for conducting the initial steps of the process, which consists of a series of studies, analysis and training as a pre requisite to allow the proper implementation of a sustainable, cost effective EWS within the National Disasters and Risks Management Office (BNGRC). This first study consisting of a Livelihood Zoning and Mapping, will define the EWS units of analysis and data collection that will allow the identification of the ideal warning trigger indicators, the modality of data collection related to these indicators, and the update of their reference data.

UNDP has continued the next steps from May 22 until September 30, 2018. The first step is to recruit a consulting firm to set up a technical and institutional framework of the « Early Warning System ». That framework includes the followings: definition of warning threshold, development of the methodology process (collection, processing, analysis, approbation and dissemination of the products), development of a Standard Operating Procedures for data and information flow and identification and formalization of all potential resources for data/information collection and products analysis and dissemination.

Then, another firm was recruited to ensure: the development of a data treatment and processing software, the development of the software specifications as well as the user manual of the Web application and the software for "Early Warning System"and the training of the board members and other users of the application on data management and web application settings. Finally, sensitization and information workshops on the "Early Warning System" (SAP) held in the Anosy, Androy and Atsimo Andrefana Regions have been entrusted to a Communication Agency.

- The Food and Agriculture Organization of the United Nations (FAO) has provided households with the necessary support to relaunch the 2017/18 agricultural campaign. During the implementation period of the project, two cropping seasons were covered: the counter-season 2017 (April to July 2017) and the main season 2017/18 (October 2017 to

July 2018). FAO has supported 7,500 vulnerable households in four (04) districts in Androy region. During these two campaigns, 93 MT of certified seeds, 130,000 linear meters (ML) of cassava cuttings, 41 MT of maize, 9 MT of peas, 8 MT of rice, 7 MT of groundnuts, 14,250 kits of small agricultural equipment (shovels, rakes, watering cans) units were distributed to the targeted farmers. In addition, 32 technicians from implementing partners and 316 farmer leaders benefited from capacity building through field training in more efficient agricultural techniques and the benefits of crop diversification (post-harvest and storage techniques). 50 seed multiplier farmers and implementing partner technicians were trained on standards and techniques for seed production. In total, 36 ha of area were planted, divided into: 15 ha of peanut variety F11, 15 ha of maize CIRAD 412. 01 ha sorghum, 2.5 ha of Cassava cuttings, 2.5 ha of sweet potato. Finally, staff from the Regional Meteorological Office and the Regional Agriculture and Livestock Department have benefited from capacity building in the adequate use of meteorological information related to agricultural production.

- UNICEF has benefited from several sources of funding totaling USD 5 million, of which USD 2.3 million from other Japan funds and USD 178,000 from the UN joint project. Thanks to the support from the Government of Japan through the Supplementary budget and other funding from the GoJ, UNICEF has been able to advance with the rehabilitation/ extension of the Ampotaka pipeline. The pipeline project is part of the long-term solution and allows people to have sustainable access. This water transfer project also solves the problem of very limited feasibility for certain water point such as boreholes, wells…, due to the insufficiency or lack of underground resources and / or the quality of the water. According to respondents of population which were largely very clear and articulate as to the benefits to their lives of having access to clean drinking water: less childhood illness and death, more money available for schooling and household expenses. UN joint project helped to achieve the following results:

  i) More than 7,469 people out of planned on which 3,660 women and 3,809 men have to safe water thanks to the five medium-scale water systems rehabilitated/ constructed with contribution of SB funds along the Ampotaka pipeline because the strategy is to start the work in the most populated and vulnerable sites. These works consisted of water supply ramification (water tank, fountain).
  ii) Only 2 private operators were identified and trained to manage the 5 water supply systems to serve 12 villages for the Ampotaka pipeline and all existing hand pumps in the communes under their responsibility due to lack of local private sector. The project could start the management of 5 water supply with 2 private operator by grouping the sites
  iii) More than 4,649 students (2,523 girls, 2,126 boys) and 75 teachers were reached and are now learning in 15 One Star certified schools thanks to the funding from Japan, reaching 155% of the planned target. The promotion of the “Star Approach” complemented water system construction. The “Star Approach” helps schools meet the essential criteria for a healthy and protective learning environment for children by taking simple steps to make sure that all students wash their hands with soap, have access to drinking water, and are provided with clean, gender-segregated and child-friendly toilets at school. The intervention is divided in three components and all 15 schools can promote healthy habits in daily routines at school (daily supervised group hand washing, use and cleaning of toilets and use of filtered water for drinking).

- For health project jointly implemented by WHO, UNFPA and UNICEF, key achievements are detailed below.

WHO has focused on strengthening access to health care for the population, improving the quality of care through capacity building of providers and strengthening electronic integrated disease surveillance (e-IDSR)) for the all 4 health district in the Androy region. This system has allowed for a prompt detection of epidemic.
In term of capacity building of providers, 223 trained health workers are able to offer the Integrated Management of Childhood Illness at health facility level; all health workers in the region have been trained on Infection Prevention and Control in health care settings and at community level.
To support the fight against malaria outbreak in Bekily District, WHO has provided emergency drugs and inputs to the most affected health facilities: 600 doses of ACT, 3,000 units of RDT, 8 boxes of incineration, 3,200 units of syringes and 500 units of injectable Artesunate. [RR2]
Furthermore, 60 health facilities were provided with drugs for the free care of children, pregnant women and the elderly. As results, 149,800 children under 5 received free quality health care, 36,718 pregnant women had access to prenatal care. Mobile clinic missions were carried out by 4 teams to provide local health care to people living in remote areas. 38,916 children were supported by the 4 mobile clinic teams. The 4 public hospitals of the 4 districts of the region were also provided with equipment and drugs. As results, 11,645 deliveries of which 315 obstetrical complications were managed.
As activities to strengthen integrated disease surveillance and response, all health facilities 76/76 which were previously provided with electronic tablets in the region, were provided with power bank for ensuring correctly data collection and transmission. Completeness and timeliness of reporting are always above 80%.
Among activities related to vaccine-preventable disease surveillance and EPI management, WHO provided vaccine and input transport for routine immunization and SIAs. WHO has technically and financially supported the PRSP and the SDSPs in the planning, implementation and monitoring of activities to strengthen the availability of health services in general, and vaccination in particular (SSME, SIAs). WHO provided technical assistance to the region to strengthen data quality. 90% of health facilities were supervised as part of improving indicators for vaccine-preventable disease surveillance and EPI management.

07 mobile clinics deployed has allowed to provide preventive and curative care for 34,200 people living more than 10km away from the nearest health facilities. During the mobile clinics visits 14,500 cases of under 5's diseases were managed, 2,900 pregnant women received antenatal care and 1,700 aged 0 to 11 months' children vaccinated. At community level, 70,200 simple cases of under 5 children's diseases such as diarrhea, acute respiratory infection and malaria were managed by the community health workers trained on ICCM, and provided on drugs and equipment. At health center, was provided free of charge 5 930 birth attendance and newborn attendance, 409 cases of obstetric emergencies managed , 200 cesareans section performed, 105 cases of obstetric fistula repaired , 40 386 antenatal care carried out and 20 517 Regular users of family planning.This was achieved through the provision of medical equipment and medicines for 39 basic health centers and 2 level 2 referral hospitals. The population served by these facilities has been sensitized on the use of free reproductive health services offered to them.To reinforce the quality of service, two maternal services (Regional hospital of Ambovombe and the district hospital of Beloha) were rehabilitated; health staff and administrative responsible received capacity building and provided with protective kits and other control means. 47 health

workers were trained on IMCI and 07 on BEmONC. 27 Health Centers provided on midwifery kits can manage obstetrical complication. The main challenges were the delay of data reporting from the health centers, and the lack of medical staff at all level.

- UNDP supported the rehabilitation of 50 km of badly damaged rural roads in Beloha district connecting different localities using a Cash For Work approach, combined with a savings scheme implemented in collaboration with a local micro finance institution. An initial cash allocation was accorded to some 1,700 direct beneficiaries during the period that the rehabilitation work was underway which gave vulnerable families the opportunity to cater towards their immediate needs such as food or health care. The savings component at the end was used to help them start a longer-term income generating activity (most opted for poultry or small livestock) so that they would build household resilience and so that their families would be less vulnerable should the overall situation deteriorate again. The technical guidance and supervision of the road rehabilitation work was provided by the relevant local authorities. Thanks to the improved access, there is now more frequent service, including with minibuses, between the key locations which further helps stimulate economic activity.

The details of these key achievements are presented in the table provided in the Annex VII.

3. Partnership and Coordination

The joint project is part of the joint Government-HCT emergency response plan and the early recovery and resilience response plan to the El Nino for the “Grand Sud” of Madagascar. Therefore, the joint project is placed at the national level under the global coordination mechanisms within the Humanitarian Country Team and the National Humanitarian Plat-form, both of which include representation from Japan (JICA).

Coordination meetings through bilateral manner have been encouraged between Agencies in order to ensure coherence and complementarity of activities.

At the local level, an OCHA staff was recruited and based at the BNGRC office in Ambovombe, the capital of Androy, to facilitate the coordination of the project’s implementation. Coordination meeting is held on monthly basis.

4. Challenges and lessons learned

Institutional level

Challenges	Lessons learned
o Insufficient human resources at the local level of administration (for example one single staff per Basic Health Center), which renders very difficult capacity building through training sessions or	Local authorities and the community’s involvement are important during the implementation of the activities and especially for the sustainability of all actions.

organization of training supervision (given absence of staff at the center).	
oEnsuring good maintenance of roads once rehabilitation works have been completed	Work with local authorities, especially mayors, in the localities through which the road passes to ensure that a self-sustaining maintenance system is put in place
oLack of funding for completion of all lots of works to complete funding for Japan	Advocacy and research funding to donor and government implication

Operational level and environment parameters

Challenges	Lessons learned
oThe insecurity prevailing within the area with restrictions to take certain routes to reach certain communities, slowing the implementation of planned activities	
o For the agriculture sector in particular, the success depends on the availability of seeds required and the planting in line with the agricultural calendar.	o Continue and extend the collaboration with suppliers to meet seed availability on time. o This prevision and purchase planning should be kept as an exercise in advance to properly support agricultural recovery. o For each agriculture support, ensure the phytosanitary protection aspect to mitigate the negative impacts of crop pests on production.
oDelay of work due to revision and adjustment during the implementation of the works caused by incapacity of the office study and national company of work	oRecruitment of an international expert for the revision of design and coaching/technical support to national office of studies and company of work
oDelay of material purchase (solar pump, pipes….)	oProcurement direct by company

5. Monitoring

Despite the fact that the joint project is part of an overall response plan funded by several donors, the joint project has its own monitoring mechanism and tool.

Firstly, a monitoring framework has been developed to monitor the project achievements on a monthly basis, both for the financial and technical sides. UNDP, supported by OCHA, ensures the collection and consolidation of information provided by Agencies.

Secondly, joint monitoring visits are planned and conducted at the strategic and technic levels.

First joint monitoring visit, August 2017
Location: local coordination office in Ambovombe

A first monitoring visit was conducted in August 2017 jointly by the UN Resident Coordinator, the Japan Embassy Advisor and the Chief of National Disaster and Risk Management Office, with the participation of Heads of UN Agencies and other donor (Norway) involved in humanitarian interventions in the “Grand Sud”. This visit aimed to appreciate the initial achievement of the joint project, discuss with the community beneficiaries of the joint project and collect their point of views, and finally raise the visibility of the joint-project both at the national and local levels.

Successively at the end of 2017 and in May 2018, OCHA conducted a technical monitoring visit with the BNGRC in line with its support role in coordination. The main objective is to ensure that all field staff have a common understanding of the project, activities are implemented in coherence with the joint project approach, and field staff are fully aware of the project targets and expected achievements based on the monitoring framework of the project.

Final joint monitoring visit, August 2018
Location: visit of the rehabilitated road between Ambonaivo and xxx, discussion with the women beneficiaries

Finally, in August 2018 (one month prior to the project end-date), a second high level of strategic monitoring visit was conducted by the UN Resident Coordinator, the Japan Ambassador, all UN Head of Agencies, and Representative of the National Disaster and Risk Management Office.

This last visit was jointly conducted by the Government, especially with the Minister of Economy and Planning. The main objective is to have a clear view of the final achievements of the project, exchange on lessons learned with local Authorities, direct beneficiaries and implementing partners. This last high level of visit was simultaneously an opportunity to inaugurate some key achievements of the project in the presence of the President of the Republic and the UNFPA Regional Director for Southern Africa during the celebration of Young International Day.

Final joint monitoring visit, August 2018
Location: Inauguration of the health productive equipment donated to the CHRR Androy,

In addition to the overall inter-sector monitoring, some UN Agency promoted a sectoral monitoring, such as the case of the WASH project. The UNICEF WASH Regional technical assistants worked closely with the Regional Directions to implement and supervise the activities in target districts. Together, they conducted at least one joint mission every month, and one support mission every three months together with the UNICEF WASH Officer from the central level. Also, UNICEF and the Regional Water Direction participated regularly in the interagency evaluation exercises in the South such as the lesson learnt. During the implementation period of this project, 6 evaluation mission were carried.

6. Visibility of the funding from the Government of Japan

Visibility is one of the main priority areas of the project, which is under the coordination of OCHA. Three kinds of visibility tools were developed during the implementation of the project.

6.1. Brochure and banner (models in Annex).

These supports are always used for any events related to the project both at the national and local level. The brochures are shared with all audiences such as the authorities, media, community representatives, etc. The brochure contains not only information related to the project but also all information regarding Japan's humanitarian funding to the "Grand Sud". Once feasible, some activities are officially launched with the presence of Government and involved Ministers, media, local beneficiaries and partners to raise the visibility of the joint project. This was the case for the following activities:

- Official launch of the Displacement Tracking Matrix (DTM) by OIM and the Early Warning System jointly by OCHA, UNDP and WFP in June 2017
- Official launch of the anti-fistula campaign (March 2018) which targeted young girls affected by early marriage
- Final joint high level of visit in August 2018
- Official announcement of the relaunch of the Early Warning System (September 2018) in Taolagnaro and Toliara.

6.2. Press releases

In total, four press releases were published for the visibility of the project: i) two during the joint high level monitoring visit in August 2017; ii) one during the official launch of the Displacement Tracking Matrix in June 2017 in Antananarivo; iii) and one during the final high level of visit and the inauguration of some key achievements in August 2018.

6.3. Video

Towards the end of the project, a video showing the key achievements of the joint project is produced. In addition, IOM produced a short video clip highlighting the contribution from the Government of Japan and its use for DTM and Community Stabilization activities implemented.
Both video can be respectively downloaded in the following links:

xxxx and

https://l.facebook.com/l.php?u=https%3A%2F%2Fvimeo.com%2F294356883%3Ffbclid%3DIwAR1uLjMfXV1JDI4W8NYPZ-8sUeQIercy-SCda5VePZCdMjCei1qQdY_88is&h=AT35oj_WfoXFWIyLQSxikQGLu3uCtXRQpKMow4lndd8EEsvpIrtPoh5w9CgnCR-uEPJ0GFck016vNUSzvp0bd6PvcZ6qfPmSWazGyIElNB1tEHCknS-jm0-wwGWxCiNlrg.

7. Financial Implementation (in line with budget table in the proposal)

As of the 30 September 2018, the financial delivery reached 100%, each agency has respected in general the planned budget lines in the proposal without significant change. The details of the financial implementation are provided in the table below.

Sector	Agency	Amount allocated ($US)	Amount finally disbursed ($US)
AGRICULTURE	FAO	341 550	341 550
WASH	UNICEF	178 200	178 200
EARLY RECOVERY	PNUD	247 500	280 340
HEALTH	UNFPA	283 140	283 140
	UNICEF	221 760	221 760
	OMS	202 950	202 950
EARLY WARNING SYSTEM	PAM	173 250	173 250
	PNUD	198 000	165 160
DTM	OIM	178 200	178 200
COORDINATION AND VISIBILITY	OCHA	49 500	49 500
Total		$2 074 050	$2 074 050

*Funds utilization amounts in the report are only interim figures, the official financial statement will be made available in the financial report provided by the HQ.

8. CONTACTS

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ANNEX I. Banner of the joint project

ANNEX II. Press release during the strategic joint monitoring visit in August 2017

Projet conjoint SNU financé par le Japon

Fournir un soutien continu aux services de base ciblant 750.000 personnes les plus vulnérables et renforcer leurs activités de subsistance et d'assurer un suivi de la situation post urgence aiguë.

Le projet implique huit agences du SNU (FAO, OCHA, OMS, IOM, PAM, PNUD, UNFPA, UNICEF) , et cible quatre secteurs a savoir l'Agriculture, l'Eau, hygiène et assainissement, la Santé et les Systèmes d'alerte (relance du Système d'Alerte Précoce et mise en place d'une Matrice de Suivi des Déplacements).

Prévu être mis en oeuvre entre avril 2017 et mars 2018, une des realisations visitées a ete la presentation du premier bulletin sur la Matrice de Suivi des Deplacements, avec l'appui de l'OIM. Le deplacement de la population est un phenomene tres lie au contexte de la secheresse selon la premiere analyse DTM, la prochaine phase consiste a analyser le profil des ménages affectes par ces deplacements. Ainsi, ce sera un indicateurr cles a utiliser par le future Systeme d'Alerte Precoce.

Le BNGRC hébergera les deux systèmes (DTM et SAP) et un travaux d'extension de son bureau local a Ambovombe a été ainsi prévu pour accueillir les ressources nécessaires.

Projet conjoint du SNU. Présentation des travaux d'extension du bureau local de coordination et du premier bulletin de la Matrice de Suivi des Déplacement (DTM)/OIM. ©Rija Emadisson/SNU

Remerciements

Le BNGRC et le Coordonnateur résident du Système des Nations Unies remercient tous les partenaires qui ont contribué directement ou indirectement aux financements de l'aide humanitaire apportée aux populations affectées.

Des efforts doivent être maintenus pour mobiliser les ressources liées au financement des réponses humanitaire prioritaires et au Plan de Relèvement et de Résilience.

Faire du plan de relèvement et résilience une priorité

M. Mosa Romain, Préfet Androy lors de la présentation des leçons apprises post El Nino

Dans la continuité des leçons apprises, la mise en œuvre du Plan de relèvement et de résilience (PRR) constitue une priorité. Ce plan vise à maximiser les efforts humanitaires mis en place depuis la crise, mais surtout à s'attaquer aux causes structurelles de la vulnérabilité des populations et des institutions. Parmi ces causes figurent la difficulté d'accès à l'eau, les systèmes agricoles défaillants, les faibles opportunités d'emploi, la dégradation de l'environnement, le mauvais état des routes, le manque de capacités des collectivités locales décentralisées.

Pour le Gouvernement malagasy, le Système des Nations Unies et leurs partenaires, il est primordial de promouvoir et de développer une transition entre les interventions humanitaires avec celles de développement afin de rompre le cycle des crises. Le projet conjoint financé par le Gouvernement japonais, au profit de 750 000 personnes dans la région d'Androy, région la plus affectée par cette crise, qui soutient la relance du système d'alerte précoce interrompu depuis 2011 en est un exemple.

ANNEX III. Press release during the technical launch of the Displacement Tracking Matrix and the Early Warning System implementing process in June 2017

de la part du Peuple japonais

Communiqué de presse

Antananarivo, 07 juin 2107. Grâce au financement du Gouvernement japonais à hauteur de 580.000 USD, un atelier de démarrage de la relance du Système d'Alerte Précoce (SAP) et des actions liées à la Matrice de Suivi des Déplacements (DTM) pour le Grand sud de Madagascar a eu lieu à l'Hôtel IBIS Antananarivo, en présence de Monsieur Venty Thierry, Secrétaire Exécutif du Bureau National de Gestion des Risques et Catastrophes (BNGRC), d'un Représentant de l'Ambassade du Japon à Madagascar et des Représentants du Système des Nations Unies.

Cet atelier rentre dans le cadre d'un projet conjoint développé par le Système des Nations Unies (SNU), d'une durée de 12 mois, et financé par le Gouvernement japonais pour un budget total de 2,095 millions USD. Ce projet sera lancé officiellement dans le Grand sud du pays ultérieurement, il contribuera à la réponse aux effets d'El Nino dans le Grand sud du pays, aussi bien pour la phase humanitaire que pour celle du relèvement précoce. Le projet vise donc à renforcer les efforts du Gouvernement dans le cadre de cette réponse, à travers le BNGRC, et sera mis en œuvre conjointement par huit agences du SNU, à savoir l'OIM, l'OMS, l'UNOCHA, le PNUD, le PAM, l'UNFPA et l'UNICEF.

Les entités publiques concernées, les donateurs et les acteurs humanitaires ont été également présents lors de cet atelier. C'est une opportunité pour démontrer, une fois de plus, la solidarité de la communauté humanitaire et sa volonté de travailler ensemble pour prévenir et faire face à cette crise récurrente dans le Grand sud du pays. Le SAP et le DTM, projet mis en œuvre par l'OIM, le PAM, le PNUD et l'UNOCHA, joueront un rôle particulier et très complémentaire dans la détection précoce d'une éventuelle situation d'urgence humanitaire dans le Grand sud dans les années à venir. Le SAP est un système d'alerte précoce, appelé à anticiper une réponse humanitaire appropriée et à temps aux populations exposées, alors que la DTM est un système de suivi des dynamiques de mobilités locales de la population, qui capture, traite et diffuse régulièrement et systématiquement les informations pour une meilleure compréhension de ces mouvements et de l'évolution des besoins de ces populations. Les informations fournies par les rapports DTM permettent à la fois d'orienter l'intervention des acteurs humanitaires et de fournir des sources importantes de données pour le SAP.

Dans le contexte de la sècheresse récurrente dans cette zone, prévenir et anticiper sont très cruciaux, et ce, compte tenu des impacts socio-économiques et des éventuelles pertes en vies humaines constatées ces dernières années et exacerbées par une intervention humanitaire tardive. En effet, ces impacts auraient pu être évités ou du moins atténués si des systèmes d'alerte adaptés avaient été mis en place et opérationnels. La relance du SAP et la mise en place du DTM seront sous la tutelle du BNGRC, leur opérationnalisation effective est attendue à partir de mars 2018.

OCHA United Nations Office for the Coordination of Humanitarian Affairs

Organisation internationale pour les migrations (OIM) L'organisme des Nations Unies chargé des migrations

PNUD Au service des peuples et des nations

WFP Programme Alimentaire Mondial wfp.org/fr

ANNEX IV. Press release during the final strategic joint visit in August 2018

de la part du Peuple japonais

COMMUNIQUE DE PRESSE CONJOINT

12 août 2018

Visite conjointe d'échanges sur les réalisations du projet conjoint du Système des Nations Unies financé par le Japon et de suivi de l'évolution de la situation humanitaire dans le Grand sud

Ambovombe, 12 août 2018.

Une visite d'échanges s'est tenue à Ambovombe, dans la région Androy, du 10 au 13 août entre le Gouvernement, le Système des Nations Unies (SNU) à Madagascar et le Gouvernement du Japon. Cette visite s'est pris place dans le cadre du projet conjoint développé par huit agences du SNU (FAO, OCHA, OIM, OMS, PAM, PNUD, UNFPA et UNICEF) afin de contribuer aux besoins exprimés dans le plan de réponse humanitaire et le plan de relèvement et de résilience élaborés pour sortir durablement la Région Androy de la vulnérabilité. Ce projet qui a ciblé cinq secteurs d'intervention (Agriculture, Eau/hygiène/Assainissement, Relèvement Précoce, Santé, Systèmes d'alerte et de suivi de déplacement) est financé par le Gouvernement du Japon à hauteur de 2,095 millions de dollars américains pour une période de 18 mois, d'avril 2017 à septembre 2018.

La délégation, composée du Ministre de l'Économie et de la Planification, du Coordonnateur résident du SNU, de Son Excellence Monsieur l'Ambassadeur du Japon, des Chefs d'Agence du SNU, et du Secrétaire Exécutif du BNGRC, a pu apprécier les réalisations mais aussi constater de visu l'évolution de la situation humanitaire dans le Grand sud. L'opportunité a été également saisie pour exposer des réflexions sur la Stratégie Intégrée pour le Développement du Grand Sud qui doit, à termes, permettre à la Région Androy d'avoir une meilleure résilience face aux crises cycliques.

Le projet conjoint a été un modèle de collaboration qui a permis d'apporter un changement au sein de plusieurs secteurs clés dont il faut retenir :

- Le renforcement des capacités d'alerte, de préparation et de coordination face aux crises ;
- La mise en place d'un système de suivi des déplacements de populations (Displacement Tracking Matrix ou DTM) qui va permettre de fournir des réponses intégrant les ménages touchés par les déplacements humains.

Par ailleurs des activités de stabilisation au bénéfice de 1034 ménages ont été mise en œuvre dans 11 fokontany affectés par le déplacement de la population ;

- L'amélioration de l'accès aux ressources en eau en faveur de 7.500 personnes vivant dans 13 villages dans 6 communes d'Androy ;
- Le renforcement des services médicaux pour les populations les plus fragiles via l'appui à 74 Centres de santé ayant permis la prise en charge de 149.000 enfants de moins de 5ans, de 36.700 femmes enceintes, et de plus de 11 000 accouchements dont 315 avec complications obstétricales ;
- La prise en charge médicale de proximité pour les populations les plus enclavées au bénéfice de près de 30 000 enfants malades de moins de 5ans au niveau communautaire et de 37.916 enfants au niveau de 7 cliniques mobiles ;
- La mise en place d'un système intégré de surveillance épidémique dans 4 districts sanitaires de la région d'Androy ;
- L'amélioration des moyens de subsistance de 7.500 ménages par la dotation de 93 tonnes de semences certifiées et de 14.250 kits d'outillage agricoles accompagnée des formations sur les itinéraires techniques ;
- et enfin la réhabilitation d'environ 90 km de piste rurale, sous une approche progressive (cash for work et épargne) ayant permis à 2.800 personnes dont 1.367 femmes de sortir de l'extrême pauvreté et d'avoir un fond pour le lancement d'activités génératrices de revenus.

Face à ces changements soutenus par le Japon, la coopération internationale demeure une donnée négligeable pour apporter une transformation dans la Région Androy. Toutes ces réalisations conjointes qui se sont focalisées sur les mêmes cibles ont fait l'objet de discussion en vue d'être reproduites à grande échelle dans l'avenir.

Inauguration de deux projets phares

Au cours de la visite, deux principales réalisations de ce projet conjoint ont été inaugurées symboliquement à Ambovombe par le Président Hery Rajaonarimampianina et la Délégation. Il s'agit de la réhabilitation et de la dotation d'équipements très sophistiqués pour la santé maternelle dans le Centre Hospitalier de Référence Régionale d'Androy, et des travaux d'extension de l'antenne locale du BNGRC à Ambovombe.

Perspectives

Il est utile de mentionner que à la suite d'un manque prolongé de pluies pendant la campagne agricole 2018, le Grand sud se retrouve de nouveau dans une situation d'alerte selon l'analyse « Cadre Intégré de Classification de l'Insécurité alimentaire] » (IPC) menée en juin 2018. Cette situation démontre que si la réponse humanitaire permet la prise en charge en période de crise et de relèvement précoce, des investissements doivent être faits pour s'attaquer aux causes profondes de vulnérabilité de la population. C'est dans cette optique que le Ministère de l'Économie et de la Planification a initié l'élaboration de la Stratégie Intégrée pour le Développement du Grand Sud en vue d'une part, de valoriser les acquis humanitaires, et d'autre part, de renforcer la résilience de la population et de soutenir un développement durable. Cette stratégie est en cours de finalisation, et pendant cette visite conjointe, une réunion d'échanges a été organisée autour de cette initiative.

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ANNEX V. Photos showing some key final achievements in September 2018

Agriculture

Agriculture diversification : peanut farming in Antalatanosy commune, Ambovombe district. FAO

Agriculture diversification: sorghum in Marovato commune, Tsihombe district. FAO

Coordination and Monitoring

First high level of joint monitoring visit, August 2017, Androy region OCHA

Final high level of joint monitoring visit, August 2018, Presentation of the key achievements of the project, Local coordination office, Ambovombe. OCHA

Displacement Tracking Matrix

Training of DTM enumerators and supervisors with IOM and BNGRC teams, Ambovombe district, August 2017

Household DTM survey, site assessment in Bekily district, November 2017. OIM

Early recovery

Rehabilitation of rural road, Ambovombe. UNDP

Women head of households, specific target of “Income Generating Activities”, Ambovombe. UNDP

Early Warning System

Local workshop to update baseline and identify early warning indicators, Ambovombe WFP/OCHA

Health

Health mobile team, Androhodroho. WHO

Woman of childbearing age in consultation at mobile health space. UNFPA

Water, hygiene and Sanitation

Water point (fountain) in Nikoly village, middle water supply and ramification to Sampona pipeline, Tsihombe district. UNICEF

Water Tank IN Nikoly village, middle water supply and ramification to Sampona pipeline, Tsihombe district. UNICEF

ANNEX VI. Brochure of the joint project

ANNEX VII. Mapping of the activities implemented through the joint project

ANNEX VIII. Achievements based on the project framework

Sector	Agency - Coordinator	Project title	Expected outcomes	Planned activities	Indicators	Final target	Effective achievement in 30 Sept 2018	% of final achievement
AGRICULTURE	FAO	Reduce food insecurity for smallholders exposed to drought and ensure early recovery in the Androy region	Small farmer's seed security is improved.	Conduct awareness / community mobilization activities	Number of accomplished awareness / community mobilization activity	95	95	**100%**
				Identify target vulnerable households at the level of intervention Municipalities	Number of identified vulnerable households	7,000	7,500	**107%**
				Implement the structuring activities of agricultural households to facilitate agricultural recovery and supervision for the transfer of adapted techniques and sustainability	Number of groups set up for diversification	316	296	**106%**
					Number of identified, trained and operational peasant leaders	296	316	**94%**
				Acquire seeds and tools	Quantity of acquired seed (kg)	93,000	93,000	**100%**
					Quantity of acquired agricultural tool kits (Spade, shovels, rakes)	14,250	14 250	**100%**
				Train and mentor agricultural households in the improvement and adoption of appropriate farming techniques	Number of trained agricultural households	7,000	7,500	**107%**
				Distribute seeds and tools	Quantity of distributed seed (kg)	93,000	93,000	**100%**
					Quantity of distributed agricultural tool kits (Spade, shovel, rakes)	14,250	14 250	**100%**
				Follow-up of production and culture	Existence of monitoring plan	1	1	**100%**
					Updated monitoring dashboard	11	2	**36%**[RR3]
				Harvesting agronomic data	Number of memorandums of understanding with DRAE on performance assessments at the beneficiaries' level	2	1	**50%**
					Number of surveyed specimens in the 4 districts	7	-	**0%**
					Up-to-date monitoring tables of agronomic data	7	2	**28%**[RR4]
			Early recovery and resilience are reinforced through adapted local quality seed production	Conduct awareness / community mobilization activities	Number of accomplished awareness, community mobilization meetings	95	95	**100%**

Sector	Agency - Coordinator	Project title	Expected outcomes	Planned activities	Indicators	Final target	Effective achievement in 30 Sept 2018	% of final achievement
				Identification of PMS according to speculations	Number of identified PMS according to speculation	50	50	**100%**
				PMS training in collaboration with DRAE on technical standards and itineraries	Number of PMS trained on technical standards and itineraries	50	50-	**100%**
				Activities of seed production implementation	Quantity of starting seeds distributed to PMS	2,000	2,000	**100%**
					Areas planted for seed production (Ha)	30	36,01	**120%**
				Evaluation and collection of agronomic data	Quantity of produced seeds (kg)	25,000	26 121	**104%**
			Improvement of water availability through appropriate irrigation systems.	Conduct awareness / community mobilization activities	Number of accomplished awareness meeting / community mobilization	75	25	**33%**[RR5]
				Identify and target vulnerable households at the level of intervention Municipalities	Number of targeted vulnerable households	7,000	7,500	**107%**
				Put in place at community level the Pumping and Irrigation Kits	Number of set up pumping and irrigation kits	150	100	**67%**
				Training on the technical cultural itineraries and community management	Number of training on technical cultural itineraries and community management	316	316	**100%**
WATER, HYGIENE AND SANITATION	**UNICEF**	Water, Hygiene and Sanitation	Drinking water services within targeted communities, health centers and schools are provided.	Set up a technical study	Available APS/APD and DAO study	21		**100%**
				Construct and / or rehabilitate medium-scale water systems	Number of rehabilitated/constructed medium-scale water systems	5	5	**100%**
				Training of private operators in charge of water system management, water points and school committees	Number of trained private operators in charge of water systems management Number of established and trained water point committee	5	5	**100%**
				Expansion of STAR approach in schools	Number of one STAR certified schools	15	15	**100%**
				Monitoring	Number of project monitoring and evaluation	6	6	**100%**
				Reporting	Number of submitted report	1	2	**100%**

Sector	Agency - Coordinator	Project title	Expected outcomes	Planned activities	Indicators	Final target	Effective achievement in 30 Sept 2018	% of final achievement
EARLY RECOVERY	UNDP	Road rehabilitation: Cash for Work schemes with a savings component	Vulnerable groups contribute to the rehabilitation of infrastructure of public and/or community interest	Identify infrastructures to be rehabilitated	Identified Infrastructures to be rehabilitated	1	1	**100%**
				Establish the cost estimate for the works with authorized decentralized services	Established Quote	1	1	**100%**
				Define the selection criteria of beneficiaries	Defined selection criteria	1	1	**100%**
				Sensitize the public on the project and select the beneficiaries	Selected beneficiaries	1	1	**100%**
				Make needed materials available for the work	Available materials	1	1	**100%**
				Conclude partnership agreements with microfinance institutions that will be in charge of the management of allowances and savings	Concluded partnership agreement	1	1	**100%**
				Impelement the work.	Completed works	1	1	**10%**[RR6]
				Ensure follow-up and reception of the works	Handed over work	1	1	**10%**[RR7]
			Vulnerable groups have a revenue generating activity	Educate selected beneficiaries for the work on the advisability of creating and/or improving their revenue-generating activity	Sensitized beneficiaries	1	1	**10%**[RR8]
				Train beneficiaries on financial management and project planning	Trained beneficiaries	1	1	**10%**[RR9]
				Coach the beneficiaries in the business plan	Coached beneficiaries	1	1	**10%**[RR10]
				Monitor the realization of AGR	Available monitoring report	1	1	**10%**[RR11]
HEALTHCARE	UNFPA		Access to free quality health services in the most vulnerable neighborhoods of Androy has increased	Rehabilitation of maternity hospitals in healthcare facilities	Number of maternity hospitals in rehabilitated healthcare facilities	2 maternity hospitals	2	**100%**
				Capacity building of health providers on BEmONC services (basic emergency obstetric and neonatal care) within Level 2 referral maternity hospital	Number of healthcare providers trained on BEmONC and SR integrated care services	100 Service providers	100	**100%**
				Nutritional rehabilitation and surgical repair of 100 cases of fistula	Number of women with repaired obstetric fistula	100 FVFO	100	**105%**

Sector	Agency - Coordinator	Project title	Expected outcomes	Planned activities	Indicators	Final target	Effective achievement in 30 Sept 2018	% of final achievement
				Establishment of a referral and counter-referral system to reference maternity hospitals within 4 health districts (Ambovombe, Bekily, Tsihombe and Beloha)	Number of referral maternity hospitals with a referral and counter-referral system in Ambovombe, Bekily, Tsihombe and Beloha	4 connected maternity hospitals SONUB/SONUC	4	**100%**
				Procurement and distribution of BEmONC and obstetric kits, dignity kits, essential drugs to address obstetric and neonatal complications, skilled attendance at birth, Family planning, fistula repair, GBV and STI/AIDS issues,	Number of beneficiaries of BEmONC and obstetric kits, dignity kits, essential drugs to address obstetric and neonatal complications, skilled attendance at birth, Family planning, fistula repair, GBV and STI/AIDS issues,	3,000 pregnant women and 2,500 newborn that will be delivered at health facilities, as well as on the 450 complicated deliveries that may need emergency measures	•5 930 birth and newborn attendance free of charge at health center • 409 cases of obstetric emergencies managed free of charge in health facilities • 200 cesareans section free of charge are performed • 105 cases of obstetric fistula repaired free of charge • 40 386 antenatal care free of charge • 20 517 Regular users of family planning	**More than 100%**
				Social mobilization to increase disease control measure behavior and health service utilization	Number of health facilities whose population has been sensitized to use the free and quality services offered	40 health centres	39 basic health centers and 2 level 2 referral hospitals.	**More than 100%**
				Recruitment of a SR field-based coordinator in Ambovombe	1 recruited Coordinator	1	100%	**100%**
				Purchase of a Japanese-made equipped ambulance	1 Japanese-made equipped ambulance is purchased and available	1	100%-	**100%**
				Joint supervisory missions	Number of joint supervisory carried out	4	4	**100%**
				Support districts to prepare emergency and resilience plans	Number of emergency and resilience plan available	1	100%	**100%**
	UNICEF			Mobile strategy for remote populations	Number of mobile clinic visits to remote population levels	16 visits	100%	**100%**
				Supply and distribution of BEmONC and obstetric kits, essential drugs to treat obstetric and neonatal complications	Number of purchased BEmONC and dignity obstetric kits	27 CSB1 (BHC)	100%	**100%**

Sector	Agency - Coordinator	Project title	Expected outcomes	Planned activities	Indicators	Final target	Effective achievement in 30 Sept 2018	% of final achievement
				Capacity building of health providers on BEmONC services (basic emergency obstetric and neonatal care) in level 2 referral maternity hospitals (CSB2)	Number of healthcare providers trained on BEmONC services	07 AS	100%	**100%**
				Purchase and distribution of equipment and essential drugs (Basic medical kit for pregnant women and newborns) within level 1 healthcare facilities	Number of Level 1 healthcare facilities provided with equipment and essential drugs	27 CSB1	100%	**100%**
				Purchase and distribution of medical kits and essential drugs for the treatment of diarrhea, pneumonia and malaria among children under five (ORS Zn amoxicillin, RTD and ACT) for healthcare facilities and Community health workers	Number of purchased and distributed medical kit and essential medicines for the treatment of diarrhea, pneumonia and malaria among children under five years within health centers and CHW.	27 CSB1 47 CSB2 2,048 CHW	50%	**100%**
				Capacity building of health workers regarding provision of health care within ICCM (integrated management and treatment of pneumonia and diarrhea due to malaria)	Number of health workers trained in IMCI Clinic.	47 HA	100%	**100%**
				Social mobilization to increase the control of diseases, and to measure the behavior and use of health services	Number of households with children under 5 visited by AC for 02 months.	81,920 households	100%	**100%**
	WHO		The disease surveillance and reporting system is strengthened	Providing a reliable source of energy (solar chargers) for basic health centers	Proportion of CSB with a reliable source of energy for transmission of monitoring data	4 district hospitals 76 CSB	50%	**50%**
				Ensure real-time reports on diseases and health events through data connection within health centers	Proportion of basic health centers reporting on diseases and health events through data connection (Completeness rate of surveillance reports)	4 district hospitals 76 CSB	80%	**80%**
				Capacity building of health personnel on monitoring and diseases notification system	Proportion of health facilities with staff members trained on monitoring and disease notification system	4 district hospitals 76 CSB (BHC)	70%	**70%**
			Governance, leadership and coordination of health and partners' interventions are supported	Recruitment of a SR field-based coordinator in Ambovombe	1 recruited Coordinator	1	100%	**100%**
				Purchase of a Japanese-made equipped ambulance	1 Japanese-made equipped ambulance is purchased and available	1	-	**0%**
				Help districts to have emergency and resiliency plans	Number of districts with a resiliency and emergency plan	4	4	**100%**

Sector	Agency - Coordinator	Project title	Expected outcomes	Planned activities	Indicators	Final target	Effective achievement in 30 Sept 2018	% of final achievement
EARLY WARNING SYSTEM	PAM	Recovery of multi-sectoral early warning system in the Grand Sud of Madagascar	-The study of livelihood zoning integrating agro-socioecological and topo-climatic parameters is completed. - Data collection and analysis units are determined. - Warning (to be followed), frequency and collection level indicators (including the development of the Analysis Plan) are identified. - Reference data in relation to identified warning indicators is updated.	Preparation of Zoning Study TOR/ Statistical Analysis Unit/Trigger Indicators/Reference Data	Availability of mapping database on livelihood zoning integrating agro-socioecological and topo-climatic parameters	1	25%	100%
				TOR Consultation by EWS Committee Members	Availability of map representing collection and analysis units based on zoning	1	0%	100%
				Launch of Call for Tenders / Service Contract Finalization	List of warning indicators and their description and base value	1	0%	100%
				Conduct and completion of zoning study/statistical analysis unit /Trigger-reference data indicators				
				Validation of zoning study/statistical analysis unit/trigger-reference data indicators by the EWS Committee				
	UNDP		Warning thresholds are defined	Preparation of Warning Thresholds Study TOR	TORs available and validated by the EWS Committee	1	0	100%
				Launch of Call for Tenders/ Service Contract finalization	Signed service contract	1	0	100%
				Conduct and finalization of warning thresholds study	Draft report on warning thresholds available	1	0	100%
				Validation workshop of warning thresholds by the EWS Committee	Valid warning thresholds	1	0	100%
			The methodological process (collection, processing, analysis, validation and dissemination of products) is defined, data sources are identified and formalized and EWS operating budget is established.	Validation of the methodological study by the EWS Committee	Valid methodological study	1	0	100%
			A SOP for data and information flow is developed	Validation of SOP by the EWS Committee	SOP validated by the EWS Committee	1	0	100%
			The data processing software is elaborated	Preparation of Analysis Software Development TOR	Elaborated TORs	1	0	100%
				Launch of Call for Tenders / Service Contract finalization	Signed service contract	1	0	100%
				Analysis software development	Developed Software	1	0	100%
				Test and validation of Software Function	Validated software	1	0	100%

Sector	Agency - Coordinator	Project title	Expected outcomes	Planned activities	Indicators	Final target	Effective achievement in 30 Sept 2018	% of final achievement
			Awareness campaign at the community level on the start of the new SAP is carried out	Final validation workshop of all EWS components	Validated EWS component	1	0	100%
				Official launch workshop of EWS in Ambovombe	Achieved official launch	1	0	100%
				Awareness campaign to community level	Achieved awareness campaign	1	0	100%
			Written documentation on SAP is available	Elaborated EWS Manual	Validated EWS Manual	1	0	100%
DISPLACEMENT TRACKING MATRIX	IOM	Capacity of Humanitarian data collection, population movement monitoring, and strengthened information management for an effective response within the Grand Sud of Madagascar	The Displacement tracking matrix is contextualized and deployed to help stakeholders regarding GRC in the Androy region	Establish the project team	Number of recruited and operational staff	4	4	100%
				Organize presentation and launch workshop of DTM tools (Displacement Tracking Matrix)	Contextualized and ready to use DTM tools	3	3	100%
				Organize a 1st training workshop for BNGRC, supervisors and investigators in the region of Androy on the use of DTM tools	Number of trained BNGRC staff and Investigators	44	46	105%
				Organize a second training workshop for BNGRC, supervisors and investigators in Androy	Number of trained BNGRC staff and Investigators	44	46	105%
				Upgrade the computer system	Number of configured and operational tablets	10	15	150%
				Train supervisors and the BNGRC on the use of tablet	Number of trained BNGRC staff and Investigators	8	16	200%
			Regular DTM reports are available for GRC stakeholders	Collect data from 30 Municipalities within the Androy Region	DTM data available for identified Municipalities	30	48	160%
				Present and share DTM reports	Number of produced and shared reports	4	5	120%
				Implementation of a regular Displacement Tracking system within the 4 Districts	Number of monitoring tools adaptation and system setting up meetings	4	5	120%
				Operationalization of the regular displacement tracking system	Number of available displacement tracking reports (information collected from system operationalization)	4	5	120%
			At least 120 from vulnerable households of the identified communities have access to means of subsistence which support their resilience and stabilization	Identify the eight communities most affected by migration from the 1st DTM report data	List of 8 identified communities and characteristics	8	11	137%
				Conduct community dialogues to identify community needs	Number of completed community dialogues	8	11	137%

Sector	Agency - Coordinator	Project title	Expected outcomes	Planned activities	Indicators	Final target	Effective achievement in 30 Sept 2018	% of final achievement
				Implement community stabilization activities	Number of implemented SC activities	8	11	**137%**
				Hold a community resilience activities restitution workshop	Number of held workshops	8	11	**137%**

ANNEX IX. List of acronyms

AC	Agent Communautaire
AGR	Activités Génératrices de Revenu
APD	Avant-Projet Détaillé
APS	Avant-Projet Sommaire
BNGRC	National Disasters and Risks Management Office
CIRAD	Centre de coopération internationale en recherche agronomique pour le développement
CSB	Centre de Santé de Base
DAO	Dossier d'Appel d'Offre
DRAE	Direction Régionale de l'Agriculture et de l'Elevage
DRM	Disaster and Risk Management
DTM	Displacement Tracking Matrix
EWS	Early Warning System
FAO	Food and Agriculture Organization
HCT	Humanitarian Country Team
ICCM	Integrated management and treatment of pneumonia and diarrhea due to malaria
IPC	Integrated Food Security Phase Classification
IOM	International Organization for Migration
JICA	Japan International Cooperation Agency
Kg	Kilogramme
OCHA	Office for the Coordination of Humanitarian Affairs
PMS	Paysans Multiplicateurs des Semences
SDG	Sustainable Development Goal
SOP	Standard of Procedures
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	Fonds des Nations Unies pour l'Enfance
WASH	Water Hygiene and Sanitation
WFP	World Food Programme
WHO	World Health Organization