

## Supporting Preparedness and Response to Cyclone Freddy In Madagascar- A Contribution from the Social and Behaviour Change Communication

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### Abstract

Social and Behaviour Change Communication (SBC) is one of the vital strategic programs that aim to empower people to be resilient in preparation and response to emergencies. This paper outlines steps undertaken by SBC partners in Madagascar as a contribution towards preparation and response initiatives to cyclone Freddy, and discusses observations and lessons learnt to inform future programming in the country and other cyclone-affected regions. It bases its conceptual framework around the emergency prevention, preparedness, response and recovery (PPRR), the Emergency Risk Management Framework (ERM) as well as the UNICEF Framework on Accountability to Affected Population (AAP) to define the interventions based on three major phases of the intervention i.e., before, during and after.

An SMS-based survey was used as a feedback mechanism and as a tool to assess SBC interventions 3 days after the passage of cyclone Freddy. The survey used a structured questionnaire where 450 respondents participated from 13 regions of the country. Scouts (youth mobilisers) and other NGO partners in the emergency network conducted phone calls, entered data into a Kobo-Collect template and analysed the data using simple percentiles in excel sheets.

Analysis of the processes and results of the survey indicated that there was adequate utilisation of systematic steps in emergency preparedness. These included strategic planning and prepositioning of communication materials in all the 23 regions of the country, coordination and partnership at national, regional and district levels, implementation of a mixture communication and engagement methods and efforts to collect and respond to feedback. Three days from the onset of Freddy, the affected people were highly exposed to life saving messages (86%) but needed more exposure to life improving messages i.e., health (29.6%), child stimulation (29.3%), WASH (29.3%), nutrition (18%), Gender-based Violence (10.2%) and Violence against Children (4%). SBC interventions showed positive results in the use of bed nets to prevent malaria (85.7%), hand washing with soap to prevent diarrheal diseases and COVID-19 (95.6%) and reporting of cases on gender-based violence and violence against children (31.6%). 50.9% of the interviewed individuals acknowledged having been well informed about humanitarian interventions.

Future interventions need to consider enhancing a mix of communication and engagement methods, with a bias toward interpersonal communication and more emphasis on sustaining and reinforcing positive behaviours in health, WASH, education, nutrition, child protection and gender. In addition, humanitarian partners need to close feedback loops to ensure that they provide timely response to concerns. There is need for more community participation and dialogue between communities and duty bearers (government and partners) to increase transparency, trust and satisfaction.

## **Introduction**

Situated in the Indian ocean, Madagascar is an island country lying off the south-eastern coast of Africa with a population of 25,674,196 of which 50.7% are female. <sup>1</sup>On average, the country is annually affected by 1.5 cyclones, the highest frequency in Africa. <sup>2</sup>Freddy is one of the worst cyclones that hit the country and crossed over to other countries in Africa, claiming 676 lives in Malawi, 198 in Mozambique, 17 in Madagascar<sup>2</sup> in Zimbabwe and 1 in Mauritius.<sup>3</sup>

Madagascar is divided into regions, districts, communes and fokontany. Regions are the largest geographical areas under which district jurisdictions are located. Under each district, there are communes that govern the fokontany at the lowest level.<sup>4</sup> The *Bureau National de Gestion des Risques et des Catastrophes* (BNGRC), coordinates all emergency response at the national level and provides technical advice to regional and district structures.<sup>5</sup> At regional level, there are disaster preparedness and response networks (iFandray GRRC) that guide the implementation of actions at the district level.

The recurrent cyclones and other disasters make it imperative for Madagascar to learn by doing and do by learning and come up with relevant strategies addressing community expectations. Social and Behaviour Change Communication forms a crucial part of preparedness and response interventions in emergency. This paper aims to outline steps undertaken by the Social and Behaviour Change (SBC) network and partners in Madagascar as a contribution towards preparation and response initiatives to cyclone Freddy. Secondly, the article discusses observations and lessons learnt to inform future programming in the country and other cyclone-affected regions.

## **Conceptual Frameworks**

**PPRR and ERM Frameworks:** Developed in the 1980's, the emergency life cycle categories interventions in four phases that include emergency prevention, preparedness, response and recovery. Prevention, also referred to as mitigation,

refers to the measures taken to prevent the risk or reduce its hazards when it happens while preparedness refers to measures taken to build the capacity of people to respond to an emergency e.g., training and planning. <sup>6</sup>Aimed at saving lives, saving property and sustaining livelihood, response refers to actions taken immediately before, during and after the emergency, while recovery refers to activities aimed at re-establishing life to normalcy e.g. repairing infrastructure. <sup>7</sup> Various scholars and programmers have regrouped the PPRR life cycles into three linear phase that include the period before emergency (prevention/mitigation and preparedness), the period during the emergency (response) and the period after the emergency (recovery). <sup>8</sup>Due to the interoperability of communication interventions, this paper utilises the three-phase definitions of response i.e. before, during and after.

The Emergency Risk Management Framework (ERM) on the other hand understands communication and community involvement as central components in the process of risk prevention, preparedness, response and recovery. As a principle, it stipulates that decisions have to be made based on information from a wide range of sources while stakeholders including communities, have to be involved in decision making processes. Local knowledge and community participation should guide emergency risk management. Thus, hazard data has to be regularly collected and made available to stakeholders and communities.<sup>9,10</sup>

**Accountability to Affected Populations (AAP):** All humanitarian and development actors are responsible for the people they serve, including in times of crisis. The UNICEF AAP framework places needs and interests of people and communities at the heart of decision-making, ensuring the most appropriate and relevant results for them, while preserving their rights and dignity and increasing their resilience in situations of vulnerability.<sup>11,12</sup> Thus, AAP in UNICEF ensures that affected children and families participate in decisions that affect their lives, are properly informed and consulted, and have their

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views acted on.<sup>13</sup>It is an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organizations seek to assist.<sup>14</sup>There are 7 pillars of the AAP framework at UNICEF; namely, information and communication, evidence generation, feedback mechanisms, coordination, capacity building, participation and Prevention of Sexual Exploitation and Abuse (PSEA).<sup>15</sup>These entail that affected people need to have life saving and life improving information in a timely manner, interventions have to be evidence-based, there have to be feedback mechanisms to listen to the needs and complaints of the affected people, stakeholders have to be well coordinated and equipped to ensure effectiveness of the response, communities members, especially the vulnerable ones<sup>1</sup>, need to be empowered and have to participate in planning, implementation and evaluation; and finally, affected individuals have to be protected from sexual exploitation and abuse; especially women, girls. Refer to figure 1 for a taxonomy of the framework.



**Figure 1:** The AAP Framework in UNICEF

### The Interventions in Engaging Communities in Preparation and Response

The Social and Behaviour Change (SBC) team played a core role in preparing

<sup>1</sup>E.g., Women, children (especially girls), the elderly, people with disabilities, people in hard-to-reach areas, and displaced persons

and responding to disasters. This role implied working with communities to co-create workable solutions that helped them be resilient to imminent shocks.

**Before the Cyclone:** These were the activities that were taken in prevention/mitigation to reduce hazards of the cyclone as well as measures taken to prepare the people i.e., build their capacity to respond. Preparedness interventions in Madagascar included development of a response plan and key messages to save lives and promote life improving behaviours. Emergency network (iFandray GRRC) partners provided financial and technical support to the BNGRC to revitalize regional and district coordination platforms. This was achieved through training on emergency response teams and supporting coordination and planning meetings focused on preparedness for disasters such as cyclones and droughts.

In addition, up to date and adapted communication materials were designed and pre-positioned in preparation for disasters. These included posters, radio spots, SMS messages and interpersonal communication materials to be used by frontline workers and volunteers in engaging dialogue and discussions with community members and stakeholders. Members of the emergency network (iFandray GRRC) prepared one-way messages on alerts as well as interactive tools with messages on sustaining positive behaviours in health, nutrition, WASH, education, child protection in addition to prevention of gender-based violence and sexual exploitation/abuse.

BNGRC maintained partnerships with media houses to participate in emergency activities through pro-bono broadcasts during emergencies. This was done through training of journalists and development on non-formal commitments to actively participate in broadcasting messages during emergency.

As part of social mobilisation, the BNGRC maintained the SBC platforms which comprised CSOs working in emergency, the media, the multisectoral government departments and the private sector. This was done through joint planning meetings

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at national, regional and district levels. In addition, UNICEF developed a private-sector partnership with Airtel, a private telecoms provider, to broadcast messages on alerts during cyclones and other emergencies, which included cyclone Freddy.

The BNGRC and partners equally set up feedback mechanisms that, immediately before Freddy, were in the process of being strengthened to ensure that the feedback loop was closed i.e., going beyond collection of insights to immediately respond to them.

**During the Cyclone:** This covers response actions taken immediately before, during and immediately after the emergency with an aim to save lives and property and sustain livelihood. After passing north of Mauritius and La Reunion on 20 February, Freddy made a landfall in Madagascar on 21 February 2023, stayed for days and exited before it made a demi-

tour into the island to hit for the second time and finally exited a few days later, heading to Mozambique and Malawi.

The department of meteorology announced the arrival of Freddy during its initial phases of development in the Indian Ocean. BNGRC and partners commenced broadcasting alert messages during the initial development phases of the cyclone. These included radio mentions, SMS messages and mobile announcements in communities. As the cyclone drew closer, different regions were warned depending on their susceptibility as categorised by the color-coded messages (green, yellow, red and blue). In order to guarantee more targeted communication adapted to the context of users by region, the plan for sending alert messages was updated everyday according to the evolution of the cyclone. Refer to table 1 for the color-coded messages:

**Table1:** Cyclone Alert Messages

<b>Messages for the general public</b>	
<b>Green Alert</b>	
1.	In preparation for the cyclone, strengthen the roof, doors and cut down tree branches that could be dangerous. BNGRC
2.	Regularly follow the news about the cyclone and the instructions from relevant authorities. BNGRC
3.	The weather conditions at the ocean will start to change as a result of the cyclone. Let's be watchful. Don't go fishing. BNGRC
4.	In preparation for the cyclone, store your food in a safe place so that it does not get spoiled. BNGRC
5.	In preparation for the cyclone, share information especially with those who do not understand it and the vulnerable. BNGRC
<b>Yellow Alert</b>	
1.	In preparation for the cyclone, collect clean drinking water and adequate food stocks as much as possible. BNGRC
2.	To prepare for the cyclone, leave the house and places that may be dangerous, to a safe place. BNGRC
3.	Regularly follow the news about the cyclone and the instructions from the relevant authorities. BNGRC
4.	Keep an eye on children so that they don't get separated from their parents or go out to play outside the house. BNGRC
5.	In preparation for the cyclone, secure and store valuable papers and school materials in a safe place. BNGRC
6.	Protect children from sexual abuse: avoid leaving babies and children alone in the camp or in the yard during this difficult time. BNGRC
<b>Red Alert</b>	
1.	The cyclone is here. No one should go outside the house anymore. BNGRC
2.	The cyclone is here. Turn off electricity, lock doors, tighten water pipes and electrical circuits. BNGRC
3.	Regularly listen to the official news about the weather and the instructions from relevant authorities. BNGRC
<b>Blue Alert</b>	
1.	Always be careful because the water may rise suddenly, or the land may slide as a result of the passage of the cyclone. Watch the shore. BNGRC
2.	Be careful even if the situation becomes calm because it may suddenly change. BNGRC

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3. Before returning to the ocean wait for a message that the situation is calm. BNGRC
4. Call local authorities in case of any damage to the neighbourhood. BNGRC
5. To avoid sudden danger after the passage of the cyclone, stay away from downed power lines or buildings that are in danger of falling down. BNGRC
6. Be aware of abusers and perpetrators of sexual violence during these difficult times, even in shelters. BNGRC
7. Go to a health centre if you are sick, have diarrhoea, shortness of breath or hot skin. BNGRC
8. Use carbon to avoid the spread of faeces and water pollution caused by storm-driven rain. BNGRC
9. Continue with the COVID-19 vaccination. In times like these the epidemic spreads rapidly. BNGRC

In addition to the alerts, life improving messages were communicated through radio and community mobilisers. These were messages on health, nutrition, education, child protection and WASH. Refer to the section on rapid assessment for exposure levels and annex 1 for quotes on messages reported by community members.

### Involving Affected Population in Rapid Assessment of the Situation

The rapid assessment was conducted 3 days after the passage of Freddy with an aim to guide communication response actions in terms of content, areas of emphasis and approach. 450 respondents participated through an SMS-based survey covering 13 regions. Phone numbers were collected by BNGRC and partners during field visits conducted in pre-cyclone activities e.g., community trainings and meetings. Scouts (youth mobilisers) and other NGO partners in the SBC network conducted the phone calls and entered the data into a Kobo-Collect template. They later divided sections of the data, analysed it, and shared with UNICEF that hosted the data collection platform and financially supported the rapid assessment.

### Results of the Rapid Assessment

#### *Exposure of Individuals to Interventions*

After the cyclone, the assessment helped to better understand the level to which affected people were exposed to the interventions. The level of acknowledgement of exposure to messages ranged from life-saving alerts (86%) across education (35.7%) and health (29.6%), child stimulation (29.3%) and WASH

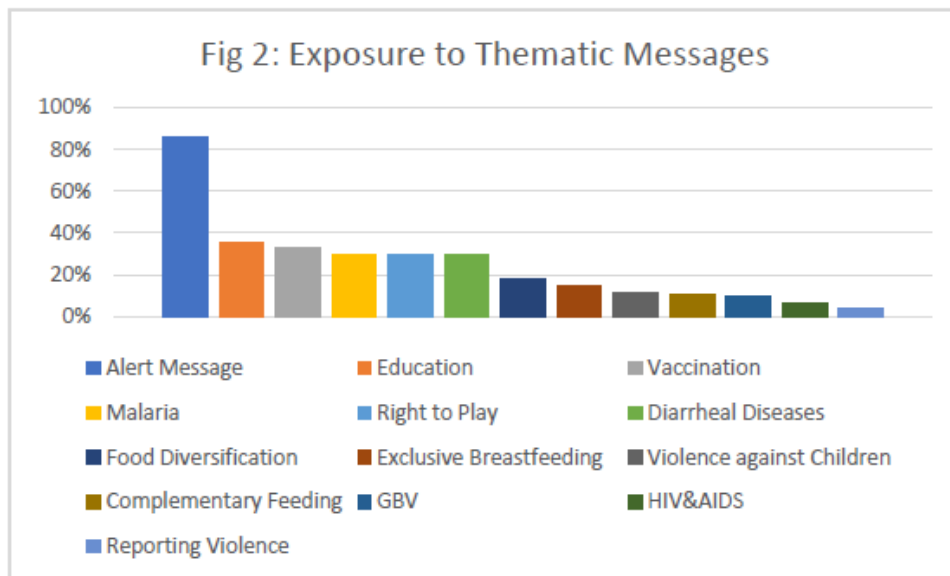
(29.3%); with low coverage on nutrition (18%) and GVB (10.2%) as well as reporting on VAC (4%).

35.6% reported having heard a message on the continued right to education during the emergency while 27% of the respondents reported having heard a message about the child's right to play. While 18% heard messages on the need for a balanced diet, 15% were exposed to messages on continued exclusive breastfeeding and 11% were exposed to messages on complementary feeding for the child.

On health, 29.6% of the respondents said they heard messages on malaria, which encouraged them to sleep in under an insecticide treated nets a net and remove stagnant water to prevent malaria. Some respondents reported that they were encouraged to use mosquito repellents and that they needed to go to a health centre when they had fever. Respondents reported that in the messages they were encouraged to continue vaccinating their children against diseases (including measles and polio vaccination) and some said fathers were encouraged to take part in children vaccination. Some said they were encouraged to be vaccinated again COVID-19.

29.3% heard messages on prevention of diarrheal diseases. The messages were framed around the severity of diarrhoea and the need to prevent it, use of clean drinking water and hand washing with soap and water as well as boiling the water for treatment. A few respondents heard messages about gender-based violence (10.2%) and the need to report violence (4%).

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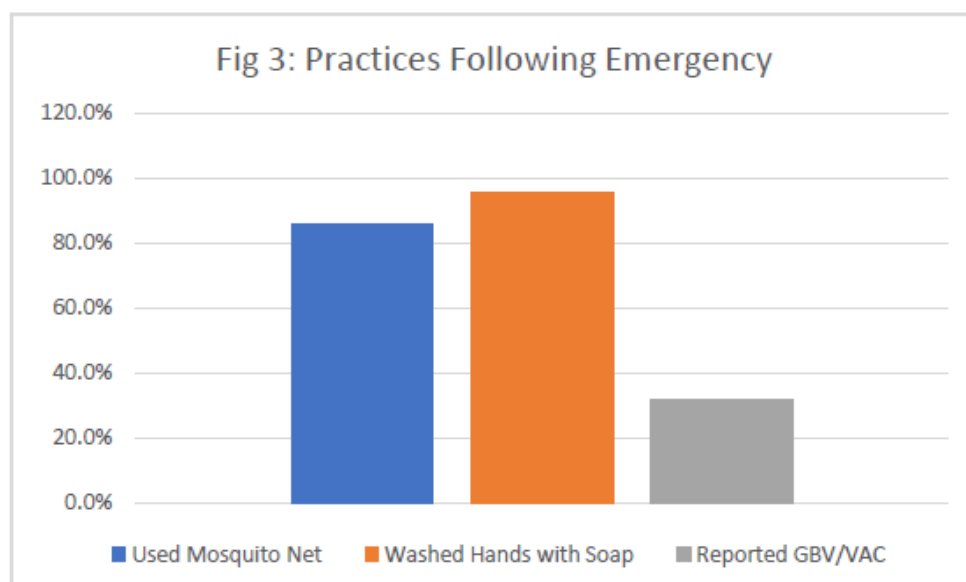
**Social & Behaviour Change Interventions on Affected Populations’ Intentions and Practices**

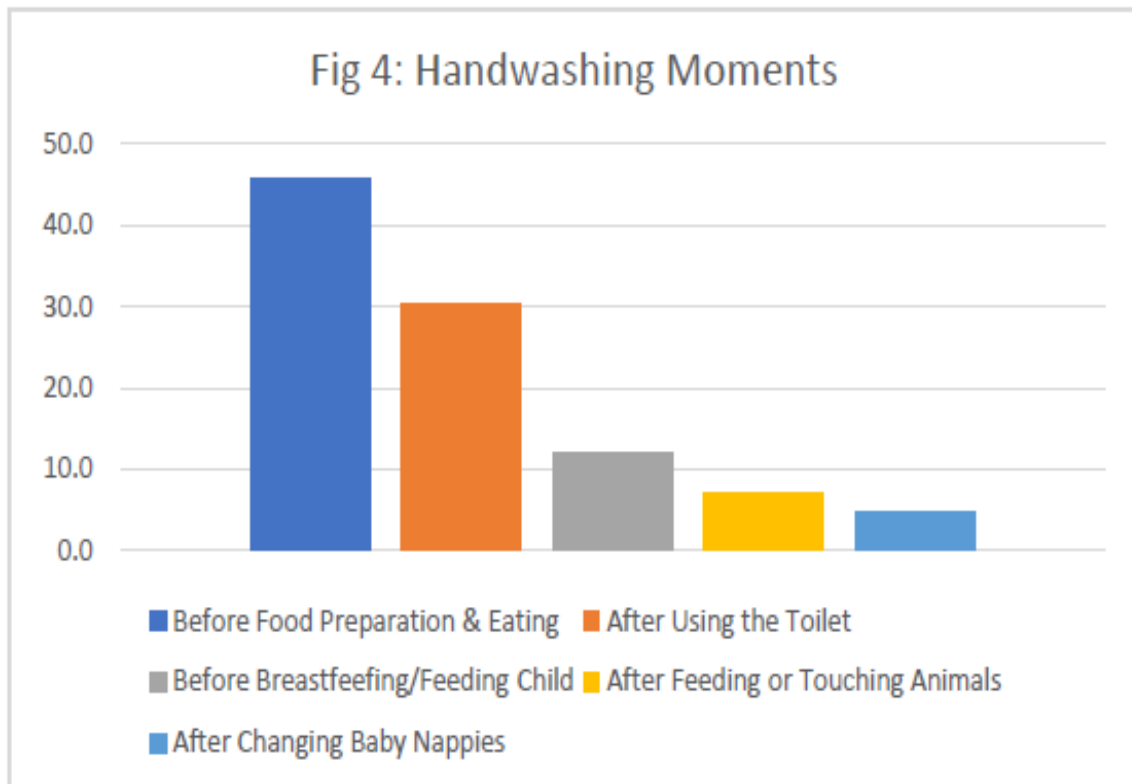
85.7% of the people used bed nets the last night before the interview while 59.5% of those who did not sleep in a bed net were willing to do so. Common reasons for not using the net included unavailability of the product. A few people mentioned that it was hot to use the net, that they forgot or were too tired to hang the net and that they were not willing to share a net. Some respondents said it was not part of their habit to use a net and that there were no mosquitoes or malaria cases in their area, so they did not see any reason for using the net.

95.6% of the interviewed individuals washed hands with soap in the last 24 hours. This was mostly done before

preparing and eating food (45.7%) and after using the toilet (30.4%). Reasons for not executing the practice included lack of clean water in addition to high cost and unavailability of soap.

31.6% said they once reported a case of gender-based violence or violence against children since the strike of Freddy. 59.5% did not report cases because there was no case to report, while the rest (8.9%) had various reasons for not reporting i.e., they did not know they had to report, they did not know where to report, they found the procedure strenuous, there was no response when they called, they had personal reasons for not reporting, and they did not have time to report.





**Accountability to Affected Populations**

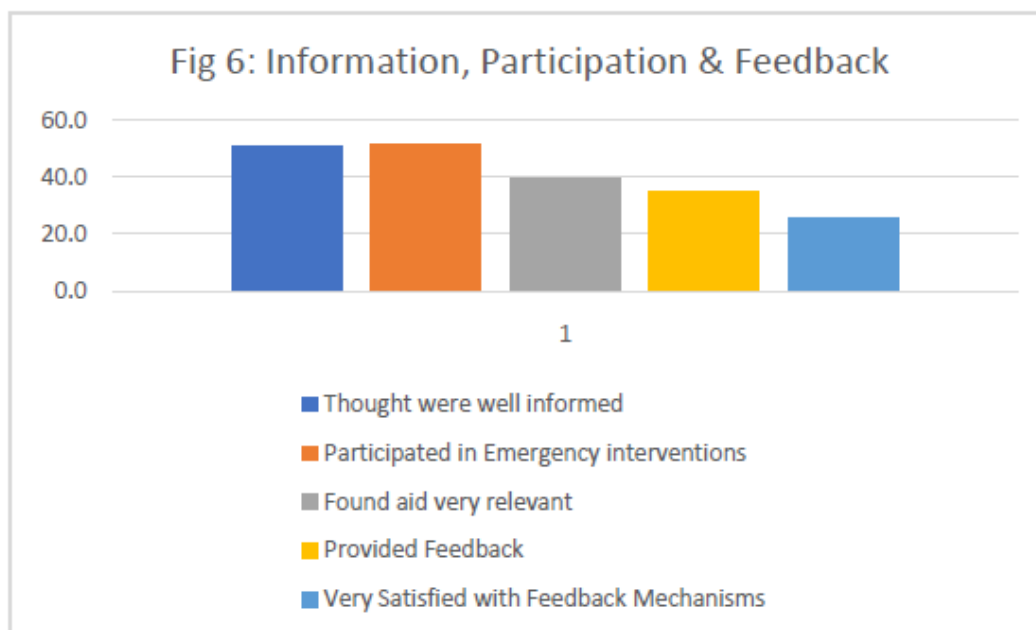
**Information:** 50.9% of the interviewed individuals acknowledge having been well informed about humanitarian interventions in their area while 33.4% said they were somehow informed and 2.7% were not sure about information provided to them. 39.8% testified that the aid provided to them was very relevant while 52.7% said it was somehow relevant.

86% of the respondents reported that they had heard a message on cyclones from community (fokontany) leaders, followed by 78.2% who cited the radio, 26.7% from a community mobiliser/volunteer and 13% from a health worker. Other mobilisers cited included teachers (3%), religious leaders (3%) and NGO workers (3%).

**Participation:** While 51.4% said they participated in planning and implementing emergency interventions, 38% said they were not engaged while 10.5% were not sure about their participation. The areas of participation cited by the respondents included

organization of community dialogue, awareness and mobilization activities (warning signs and other life improving /protecting messages), preparatory activities e.g. reinforcing roofs in the neighbourhood, cutting down trees, preparing evacuation sites, and helping victims after the passage of the cyclone (including distribution of food and providing moral, spiritual and psychosocial support to victims). A few reported that they worked with political leaders to strengthen transparency.

**Feedback:** In terms of feedback mechanisms, 34.7% acknowledged having provided feedback, of which 34.7% were very satisfied with the mechanisms used. 65.3% said they did not provide feedback. Survey participants said they reported issues on the need to ensure equity in food distribution (especially oil and rice), calls for reduced prices of food, the need for enhanced health access, nutrition education, calls for rehabilitation of schools, and moral/psychosocial support as well as protection of human rights during the emergency. Refer to fig 6 for a statistical outlook and annex 2 for quotes on feedback



***Rapid Course Correcting Interventions Using the Rapid Assessment Results***

The rapid assessment results informed the response team that the affected population were facing lack of information in some key areas. For instance, more emphasis was on life saving alerts with 86% of respondents acknowledging having heard the messages and less than 30% on other behavioural change messages. Community agents were remobilised to enhance messages in other behavioural aspects. For instance, scouts and fokontany leaders were re-mobilised through meetings and workshops to re-focus their messages and strengthen communication and engagement in health, education, nutrition, WASH and child protection. They visited evacuation camps and other villages to conduct interpersonal communication using flipcharts and message guides that were distributed in preparation of emergencies. The results also indicated that the local mobilisers were more preferred sources of information (86%). Thus, the use of scouts and fokontany leaders was enhanced in tandem with the observations of the assessment.

**Discussion**

Emergency preparedness and early warning awareness have been shown to minimise losses and vulnerability levels of communities.<sup>16</sup> The SBC preparedness in Madagascar relates to such reality in terms

of planning and prepositioning of messages and tools. Planning workshops were conducted months ahead of the rainy season and communication tools were prepositioned and made available to partners at district level. The process of materials’ development and review brought a lesson that for SBC interventions to be timely, such materials need to be reviewed in time to ensure wide coverage of all thematic areas i.e., going beyond lifesaving messages to incorporate behaviour change messages in life-improving practices. This requires a multisectoral engagement of partners in health, nutrition, education, WASH, child protection.

Partnerships with the private sector yields results in extending channels of communication that would otherwise have been costly. This is true to the partnerships with tele-communication companies and the media. In ideal situations, partnerships need to be garnered with all telecom providers to broadcast SMSs in local languages. To ensure timely response, humanitarian actors can consider developing long-term agreements with the private sector, including the telecom providers. A multi-country study of private sector engagement demonstrated that while the private sector responds to mitigate the impact of disasters, there is more need for business continuity models within the sector.<sup>17</sup> Future interventions, would need to strengthen ongoing partnerships at



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governmental level to stimulate business continuity of disaster response by the private sector.

With around 50% of the respondents acknowledging that they received relevant information, the assessment indicated that communities, families and individuals somehow agreed that the support they received during the preparedness period helped them mitigate the impact of the cyclone and adopt appropriate behaviours to optimize their resilience and lifesaving practices.

The SBC interventions helped to improve community members' attitudes and practices around solidarity and mutual support for one another. Based on their responses on levels of participation, the respondents demonstrated to have had more empathy to support others and participate in cross sectorial activities that strengthened vulnerable individuals (the most in need).

The findings of the rapid assessment suggest that community engagement and interpersonal communication are the preferred channels of communication in emergency and fokontany leaders were commonly cited as the most available agents of communication. While at national level radio and cell phone ownership are estimated at 45% and 52% respectively<sup>18</sup> one-on-one communication is the most resilient form of communication that needs to be prioritized in emergency. This is more justified with the fact that there is low electricity coverage and discontinued services during emergencies, which compromises reach through radio and cell phones. At times radio stations become closed. In addition, affected populations may not have been able to save the radio sets during evacuation.

Gender-based violence and sexual harassment and abuse have been earmarked in emergency as crucial areas of emphasis in humanitarian work as there are risk for women and children (especially girls) in terms of security e.g. domestic and sexual violence as well as child traffic, psychological trauma, physical health and sanitation risks.<sup>19,20</sup> During the cyclone Freddy, while not many people

acknowledged having heard a message on GBV and Violence Against Children (10.2% and 4% respectively), a remarkable percentage of the population reported cases of violence (31.6%). This entails that ongoing programs on reporting violence have been effective. Partners need to enhance the humanitarian-development nexus to ensure that gains obtained during development interventions are sustained and functional in emergency. However, for the 8.9% that did not report based on system failures, inadequate knowledge and unfavourable attitudes, humanitarian partners need to further strengthen responsiveness of the reporting mechanisms as well as continue promoting knowledge, positive attitudes and norms around GBV and VAC. For SBC, participatory and co-creation exercises with concerned communities need to be promoted to design and implement adaptive solutions and procedures on reporting abuse and violence. Building trust on accountability and reliability of agents in charge reporting mechanisms is very key for success and use of the concerned services.

The level of satisfaction is contingent on transparency and perceived justice<sup>21</sup>. Only 39.8% of the respondents were satisfied with the aid received. Remarks from the respondents suggested that there is more work that need to be done to enhance transparency and perceived justice. Humanitarian programs need to enhance participatory methods of engaging communities to conceptualising solutions for their problems. While service providers follow specified procedures for distribution and stocking goods, affected populations need to be more involved needs assessment, planning and distribution processes. This implies that SBC approaches of community participation have to be entrenched in other processes of services and systems strengthening.

It is important to note however that some needs hinge on inadequacy of aid while other calls/demands from affected communities cannot be immediately addressed e.g., prices of food, rehabilitation of schools. Failure to address these also has a bearing on the level of satisfaction. This could equally be resolved by enhancing

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participatory methods of engagement and promoting transparency among aid workers, government and communities. Perception of fairness and satisfaction will be influenced by procedural fairness (the communities' opportunity to present information and express their feelings/voice) and interactional fairness (apology to the community, accompanied with optional aid items en lieu of the demanded ones.<sup>22</sup>

Community responses showed that there was a gap in closing the feedback loop as only 25.9% were satisfied with feedback mechanisms and they cited non-responsiveness in some cases. This is one of the priorities in social accountability projects and future interventions need to strengthen how this will be managed. Partners already started to work on improving a common feedback mechanism for all emergency issues and are promoting the platforms. In addition to digital platforms partners will enhance offline mechanism to ensure that communities directly interact with humanitarian workers (government and partners) or their agents present at the community.

It is important to note that empowerment/Activation of communities increases community expectations and service providers are charged to deliver high quality with a resultant high workload.<sup>23</sup> In addition to increasing transparency and community participation, humanitarian workers need to improve system and service standards in providing for information and material needs.

### Limitations

Post-cyclone evaluation conducted a few days after the emergency has narrow scope. In the case of the post-Freddy cyclone some questions were not covered as required more stratification of respondents e.g., breastfeeding and child immunization practices would need to categorise respondents as mothers or care givers of children with breastfeeding or vaccination-eligible age. In addition, question on GBV and VAC would need to understand the level of knowledge before investigating the level of reporting cases. Future evaluations need to explore more on how thematic needs can be considered

while balancing interview time e.g., increased frequency of interviews with minimal questions. This could also be addressed by having pre-cyclone surveys to address some indicators e.g., knowledge, attitudes and willingness levels. Therefore, the cyclone assessment would concentrate on practices and access to services.

Pre-assessment evaluation is vital for establishing comparisons of behaviours of affected populations. Future activities on situation analysis may need to invest in regular assessments to gauge such trends in a more scientific manner and imperially measure the effects of social and behaviour change.

SMS messaging is one of the rapid communication tools that works well during emergency. Stratification needs to be conducted to ensure that rapid assessment is representative of the population that is directly affected. It is not enough to target the affected districts as some people in the districts may not be in affected areas.

### Conclusion

This paper aimed to outline steps undertaken by the Social and Behaviour Change (SBC) partners in Madagascar as a contribution towards preparation and response initiatives to cyclone Freddy. Secondly, the article discussed observations and lessons learnt to inform future programming in the country and other cyclone-affected regions.

A review of the processes suggests that there was adequate utilisation of systematic steps in emergency preparedness and response. Before the cyclone, the SBC team developed a response plan and prepositioned communication materials at national, regional, district and levels while establishing coordination mechanisms to manage response at those levels. Partnerships were maintained with civil society through SBC platforms and efforts were made to build partnerships with the private sector e.g., the media and a telecommunication company, to ensure concerted effort in response.

During the Cyclone actions were taken to save lives and property and sustain livelihood. These included a media mix of

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life saving alert messages coupled with face-to-face interpersonal communication and community mobilization through fokontany leaders and scouts (youth mobilisers). In addition, radio and TV messages were broadcast to increase exposure. UNICEF supported capacity building of scouts to conduct interpersonal communication at community level aimed at building resilience to prepare and respond to emergencies, including cyclones.

As part of assessment and feedback collection and assessing SBC interventions, a rapid assessment was conducted in affected regions/districts. This indicated that affected people were highly exposed to life saving messages and practised malaria prevention behaviours and hand washing and reporting of gender-based violence and violence against children. Development programs could be alluded to the positive results in sustaining these behaviours.

While there was high exposure on lifesaving messages (the alerts and calls to action), more messaging and engagement was needed in other behavioural thematic areas e.g., health areas in general, child stimulation, WASH, and nutrition. There was an acceptable level of acknowledgement of information as half of the interviewees testified having been well informed about humanitarian interventions. The assessment revealed that use community leaders is highly functional in emergency situations as they are readily available to them.

Future interventions need to sustain media mix, with a bias toward interpersonal communication, especially the use of community leaders and other volunteers close to the affected communities. Humanitarian workers need to improve standards in providing information and material needs. This equally entails enhancing participation mechanisms so that communities are more satisfied with the engagement. More work needs to be done to improve rapid response to community feedback. This requires concerted effort of partners to respond to community needs. In addition, future evaluations need to explore more on how thematic needs can be considered while balancing interview time to avoid response bias. Rapid assessments

need to be conducted regularly (before, during and after) to gauge trends in a more scientific manner and imperially measure the effects of social and behaviour change.

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### ANNEX 1: Messages Reported by Respondents

Health	WASH and Diarrheal Diseases
<p>"Continue vaccinating the children against diseases...measles and polio vaccination"</p> <p>"Fathers are encouraged to take part in children vaccination."</p> <p>"Be vaccinated against COVID-19.."</p> <p>"In order to prevent the disease, vaccination is necessary"</p> <p>"Vaccinated children are healthy"</p> <p>"Visit a health centre...vaccination continues"</p> <p>"Vaccinate children and mothers"</p> <p>"You should be vaccinated against covid-19 and children born under 18 months should be vaccinated Corona"</p> <p>"Children are taken to the health centre for vaccination.....All vaccinations required for the child are completed"</p> <p>"Babies born up to 12 months old need to be vaccinated to protect them from diseases"</p> <p>"Sleep in insecticide treated nets a net made of cotton wool"</p> <p>"Remove stagnant water to prevent malaria which is deadly but preventable. "</p> <p>"Use mosquito repellents."</p> <p>"When you have a fever, go to a health centre"</p> <p>"Nets are being distributed"</p> <p>"Malaria is very prevalent in the area"</p> <p>"Everyone needs to use a mosquito net, especially for small children"</p>	<p>"We need to clean our hands to prevent cholera"</p> <p>"Diarrhoea is deadly"</p> <p>As a result of polluted water, due to climate change....everyone needs to take responsibility to prevent diseases."</p> <p>"Eat clean food. Avoid eating dirty and unclean food"</p> <p>"Wash your hands with soap and water after using the toilet and before eating"</p> <p>"Make sure water is purified before use"</p> <p>"Wash hands t prevent COVID"</p> <p>"Wash your hands with soap"</p> <p>"Wash hands with soap and clean water."</p> <p>"Wash your hands to stay healthy."</p> <p>"You need to be clean all the time to prevent disease."</p> <p>"It is important to wash your hands with soap frequently."</p> <p>"Uses ash."</p> <p>"We need to use the toilet instead of dirtying here and there."</p> <p>"Prepare a rubbish site so that dirt does not spread."</p> <p>"It hurts to be caught in the open. Use a toilet."</p> <p>"Every household should have a toilet."</p> <p>"Everyone should use a sink so that the sewage does not spread"</p> <p>"Cleanliness is necessary to prevent many diseases."</p>

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<p><b>Right to Play</b>  “Children have the right to play.”  “Children need to relax and have fun”  “Play is a need for the mind.”  “Children open up through play.”  “ Create time to play for the children.”</p>	<p>“All places need to be cleaned thoroughly.”  “Clean the surroundings to prevent mosquitoes.”  “Remove the hair.”</p>
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<p><b>Gender-based Violence Messages</b>  “Violence is not acceptable. Call toll free number. If there is an incident, the person in charge will be contacted”  “Contact the authorities if there is a case”  “Everyone has the right to be protected from violence.”  “Children should not stay away from their parents”  “Both men and women have rights.”  “Need to protect the rights of children and women.”  “Avoid going to isolated spaces.”  “The community is responsible for this protecting rights of children.”  “Complaints can be taken to the commune.”</p>	<p><b>Education Messages</b>  “Children should go to school.”  “Children have the right to learn.”  “Children have a right to education so send them to school.”  “All children under the age of 18 should attend school.”  “Foster parents need to send children to school.”  “As soon as the child is born, he should have a copy of birth certificate?”  “Students who withdraw need to go back to school.”  “Going to school is a must.”  “Children need to learn that they are the future of the country.”  “There is a communal arrest for school children 6-15 years old.”</p>
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<p><b>Exclusive Breastfeeding</b>  “Feed only breast milk for 6 months.”  “Unmixed breast milk is given to babies less than six months old.”  “Exclusive breastfeeding for the first 6 months is good for the health of the mother and child.”  “Babies need to be breastfed without formula.”  “Breastfeeding helps the child’s immune system.”</p> <p><b>Complementary Feeding</b>  “Children need a varied diet.”  “At the age of six months, the baby is given the soft foods.”  “Varied and colourful food are given to the child.”  “In order to encourage the baby, it is necessary to give food gradually starting from the age of six months.”  “Baby food needs to be added gradually and the mother's breast should not be interrupted.”  “Children should be given vitamin supplements.”  “To make the child grow with appropriate weight, it is good if he is fed gradually from the age of 6 months.”</p>	<p><b>Diversification of Food Groups</b>  “Eat a clean and well-balanced diet.”  “Eat clean and well-cooked food.”  “The child should be given adequate food.”  “The food to be eaten should be balanced, with many types of food...fruits, legumes”  “Eat fruits and vegetables often.”</p>
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### ANNEX 2: Highlights of Quotations from Respondents: Feedback on Humanitarian Response

<p><b>Nutrition and Agriculture</b>  “People do not have a balanced diet because crops are destroyed.”  “Destruction of rice fields and crops caused by sea level rise.”  “We need seeds to be donated to us.”  “Distribution of aid should be done house by house.”  “Treatment of livestock and agricultural fertilizers.”</p>	<p><b>Infrastructure</b>  “Officials are asked to come down to help because the infrastructure is very damaged.”  “Waiting for the arrival of VatsyTsinjo and food aid.”  “The officials are asked to get down to the ground to fix many of the damaged ones.”  “The communal office needs to be repaired, but so far there has been no response from Batsiray.”</p>
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**Supporting Preparedness and Response to Cyclone Freddy In Madagascar- A Contribution from the Social and Behaviour Change Communication**

<p>"Donation of agricultural fertilizers."  <b>Education</b>          "Structural rehabilitation: schools, hospitals. Help not coming"          "Children's schools need to be built, Standard schools need to be added, the government doesn't see them."          "The school was damaged. The school is replacing the roof."  <b>Governance, Transparency and Equity</b>          "The support that should be given to the people does not reach the grassroots."          "No aid has been received since the typhoon but the village is one of the typhoon-affected areas."          "It is bad that the government did not come, they made many reports but there is no answer, we are waiting for the government."          "There is no representation from @ BNGRC especially @ the help section!"          "Bringing people up to high places."</p>	<p>"Look at rural areas that have been hit by typhoons."          "Requesting help for a damaged church. Food for the people" "Save the church"          Poor road conditions."          "Houses are destroyed, crops are destroyed, all the local people are worried, they need help."  <b>Communication</b>          "We should have a cell phone in every community to get Malika new news."          "No pylon means no telecommunications."          "Broadcasting information to the population because many people still do not have TV Radio Telephone."          "Need real time information."          "Communication needs to be strengthened."          "Some areas do not receive radio coverage."          "There is not enough awareness material."          "On Facebook, you post publications."</p>
<p><b>Social Protection</b>          "We need financial assistance."          "There is no help from local people."          "Assist those in need and provide for their needs as much as possible."          "Moral, mental, financial, and professional help because there are many unemployed people."          "Partial distribution of food aid."          "All crops need seeds if very perishable."  <b>Health and Wellness</b>          "We are looking at the issue of health, medicine is running out there."          "The medicine is added."          "Helping to make it closer to the clinic."          "There is a need for motivation because there is not enough motivation and some residents have not heard."          "Physically and mentally, there are a lot of things that are still not working."          "A special place to receive treatment is provided."</p>	<p><b>Ethics and Integrity</b>          "The aid needs to reach the grassroots because only those who follow the government get it."          "Abusers are given special attention during the education phase."  <b>Planning</b>          "What to do in case of disaster should be planned in advance          donation of seeds."          "I need help because it's really in the middle of nowhere."          "We need a community, We need a long-term business plan, We need food aid."</p>

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