



This report is produced by Office of the Resident Coordinator in Madagascar in collaboration with humanitarian partners. It covers the period from April to May 2016. The next report will be issued around 31 June 2016.

Highlights

- Due to the latest deterioration of the humanitarian situation since March 2016, the humanitarian response has started effectively in April 2016.
- A 12-month humanitarian response plan (April 2016 to April 2017) has been jointly developed by all humanitarian actors; and a recovery plan linked to long-term drought mitigation will be developed in order to establish good foundations and effective linkages to longer term development.
- A third of the US\$70m required for the response has been received. \$34.5m is needed for the first 6 months of the acute emergency phase.
- Despite improvement in the nutrition situation in five districts between February and April 2016, three new municipalities have reached the emergency threshold (GAM >15%) and the number of municipalities with GAM between 10 and 15% has remained unchanged.
- 150,000 people receive food assistance in April/May, 300,000 children under age 5 were screened for acute malnutrition, and 106,300 people gained access to safe water through new or rehabilitated water points.



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



Situation Overview

Like many parts of Southern Africa, Madagascar has been hit by an El Niño-induced drought, mostly in its chronically arid zone referred to as the *Grand Sud*, which has been hit by two consecutive years of prolonged erratic rainfall.

The *Grand Sud*, where 1.8 million people reside, is the least developed part in the country. Madagascar has the fourth highest stunting rates in the world. Nearly 10 per cent of all children suffer from acute malnutrition nationally, and nearly 20 per cent of children in drought-affected districts (nutrition screening, April 2016). Under-five and infant mortality in the *Grand Sud* is already 42 per cent and 47 per cent higher than the national average respectively. The most vulnerable groups are the estimated 267,000 women of childbearing age, including 51,000 pregnant women, and 205,000 children under the age of 5 (WHO rapid assessment, May 2016). Access to water and sanitation is also a major concern.

This chronic drought situation is further aggravated by the impact of El Niño. The *Grand Sud* only received 50% of normal rains since May 2015, with significant implications for agriculture.

[+ For more information, see “background on the crisis” at the end of the report](#)

In the absence of a functioning early warning system (*Système d'Alerte Précoce*) since 2012, 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: 665,000 people (including 333,750 women and girls) are severely food insecure, the highest figure in a decade. In April 2016 mass screening targeting children under age 5 showed pockets of acute malnutrition from 15 per cent to 22 per cent in drought-affected communes, over 7,000 children are currently suffering from severe acute malnutrition (SAM) and close to 32,000 suffer from moderate acute malnutrition (MAM). An estimated 80 per cent of losses are predicted for the main harvest in June 2016.

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 diarrhea struggle to recover from dehydration. The humanitarian situation due to the ongoing drought aggravates the already challenging education context in these regions. Enrolment rates, ranging from 40 per cent to 53 per cent, are much lower than the average for Madagascar (69 per cent).

According to the GEOGLAM Early Warning Crop Monitor Bulletin of April 2016, "although the climatic phenomenon (El Niño) is already declining after reaching its maximum strength in late 2015, the consequences on affected populations have not yet reached their peak and the aftermath will continue during 2016 and far into 2017. In particular the full effects of El Niño on food security are expected at the end of 2016 and at the beginning of 2017". The peak of the crisis is not yet been reached.

Funding

A joint humanitarian response plan targeting the 665,000 people in severe food insecurity for 12 months has been developed, budgeted at US\$ 69.9m, of which US\$ 34.5 m is required for the first six months, corresponding to the acute emergency phase. The plan includes six sectors (Food Security, Education, Nutrition, Health, WASH, Protection and Coordination) and prioritizes first the districts with high severe food insecurity rates (Amboasary, Ambovombe, Ampanihy, Bekily, Beloha, and Tsihombe) and secondly communes with each district where the prevalence of malnutrition reaches the threshold for intervention (SAM > 2% or GAM > 10%).

Funding received is detailed in the table below. Coordination and WASH remains the least funded. The main allocations have come from CERF, USAID, ECHO and reallocation funds from various regular programmes.

\$69.9m

required for the 12-month humanitarian response

34%

Of required funding received, mainly for first phase

Table 1. Allocation by sector (US\$) – overall response

Humanitarian sectors	Total needs (overall responses 12 months) \$US	Total funding received - \$US	% covered compared to the total needs (12 months)	Needs for the acute emergency phase (6 months)	Funding available for the acute emergency phase (6 months)	% covered compared to the acute emergency phase (6 months)	Remarks
COORDINATION	\$401 969	\$40 000	10%	\$51 969	\$0	0%	
EARLY RECOVERY		\$100 000			\$100 000		
EDUCATION	\$4 500 000	\$1 500 000	33%	\$1 500 000	\$1 500 000	100%	Child protection included
FOOD SECURITY	\$42 172 000	\$16 097 766	38%	\$17 820 000	\$6 981 766	39%	
HEALTH	\$4 544 000	\$1 011 449	22%	\$2 683 500	\$1 011 449	38%	GBV included
NUTRITION	\$9 090 000	\$2 693 051	30%	\$5 030 000	\$2 693 051	54%	
WASH	\$9 202 785	\$2 505 622	27%	\$7 505 097	\$610 622	8%	
Total	\$69 910 754	\$23 947 888	34%	\$34 590 566	\$12 896 888	37%	

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org

Humanitarian Response



Water, Sanitation and Hygiene (since October 2015)

Needs:

- Rapidly increase temporary and permanent access to affordable and safe water in sufficient quantity and quality for multi-purpose use, and improve sanitation and hygiene, in order to mitigate effects of repetitive droughts in the South and create resilience among the affected population.
- Reduce malnutrition and risk of life-threatening waterborne diseases.

106,300

people gaining access to safe water through new or rehabilitated water points

Response (related to the joint response plan):

- More than 550 water points rehabilitated by UNICEF benefiting an estimated 100,000 people, including at schools and health centers. UNICEF also equipped 35 new boreholes with hand pumps, benefiting 6,300 people; another 20 boreholes are underway which will benefit an estimated 3,500 people. UNICEF is starting construction of 8 mid-level water supply systems with solar pumps, to benefitting an estimated 17,000 people.
- Ten water points equipped by IFDA with necessary elements to support households to do small micro-irrigation activities to diversify diet and support income generating activities
- Coordination between partners (IFAD, FAO and Ministry of Livestock) to introduce more micro-irrigation and livestock support activities in the zones targeted for water system construction or rehabilitation.
- UNICEF also supported the decentralization of structures of the Ministry of Water to initiate a water-trucking operation to provide affordable water to villages, health centers and schools without water systems. Water trucking operation in one district underway with 66,000 liters of water distributed to 3,300 households. Coordination for 4 other districts is ongoing.
- In addition, the fund provided 3,800 families with children suffering from SAM with a ceramic water filter (with 100 community health workers trained on how to use them), handwashing device and soap in order to support the nutrition response to SAM.

3,800

WASH kits distributed to families with children suffering SAM

Gaps & Constraints:

- Only few partners operating in the sector.
- The hydrogeological conditions in the *Grand Sud* are challenging, water is often of limited quantity and brackish.
- The market of small-scale, local water service providers to manage, operate and maintain water systems is very limited.
- Water trucking through the public utility has been a neglected industry and its infrastructure is poor. Road travel and low level of demand in these regions is also a constraint to efficient water delivery.



Food Security and livelihoods

Needs:

- US \$19,320,000 for emergency food assistance for 665,000 severely food insecure people.
- US \$15,300,000 for post emergency namely agriculture relaunch and livelihoods improvement, targeting 102,000 households (510,000 people).

150,000

people received food assistance in April/May

Response:

Food assistance:

- Since April 2016, a total of 150,000 beneficiaries have received food assistance, 80,000 others vulnerable people received food assistance from ADRA through the development program ASOTRY funded by FFP from March to April.
- ADRA distributed food's rations to 1,000 households for one month provided by private sector partners. From June to July, ADRA will distribute foods to 54,000 people through an emergency mechanism of FFP and ASOTRY
- Up to June 2016, with Cash for Work activities, 11,218 households will be assisted by the Development Intervention Funds (FID) 2016 through World Bank funding and 435,095 beneficiaries will receive in-kind food assistance (WFP, CRS).

- Perspectives from June to October 2016: 491,185 people will receive food assistance; 16,200 households will receive seeds, other agricultural inputs and small agricultural tools through CERF funding, \$US 8 million from USAID could serve 300,000 affected people for food assistance for 50 days from September to December 2016.

Agriculture relaunch:

- For the agriculture emergency activities, identification of beneficiaries, inputs as well as identification of field partners have been completed.
- Up to June 2016, a total of 37,500 households will be assisted in terms of agriculture and livestock inputs by CRS, and 4,000 others households received agriculture input by ADRA through OFDA funding.

Gaps & Constraints:

- 45,300 affected farming households have not been covered by assistance in agriculture relaunch and livelihoods improvement.
- Regarding agricultural emergency support activities, there is currently a shortage of adapted seeds available at national level but the situation should stabilize towards the end of the coming month (June/July). Multiplication of adapted seeds need to be carried out in parallel with food production activities
For June 2016, about 170,000 out of the 665,000 food insecure people will not be reached through food assistance because of gap in resources.



Nutrition

Needs:

- Continue routine monthly screening for acute malnutrition in all the affected districts.
- Purchase and dispatch therapeutic foods, essential drugs and anthropometric equipment.
- Provide treatment for 20,000 MAM children under five during four months in 500 community nutrition sites.
- Provide family rations for 15 days to 10,000 households with a child affected by MAM.
- Provide ongoing support to in-patient cases with food rations for mothers/caretakers.
- Address access to care issue for children who default on SAM treatment

300,000
Children under 5
screened for acute
malnutrition

Response:

- Cluster ensured coordination and setup of a SAM surveillance system.
- 300,000 children covered in three rounds of SAM screening (National Office for Nutrition, Ministry of Health, UNICEF)
- Local purchase of 110t of supplementary foods for the treatment MAM children under age five
- Purchase and distribution of 294mt cereals and 44mt pulses for family rations
- Capacity building of 500 Community workers for the management of MAM treatment
- Counseling to 20,000 caretakers on supplementary feeding and Infant and Young child feeding practices
- 12,000 cases of SAM treated (80% of the expected cases) by Cluster members
- 150 treatment centers supported in 8 districts
- Capacity building of health staff and community workers in the detection and treatment of SAM in 8 regions
- Delivery of 12,000 boxes of Ready-to-Use Therapeutic Food, therapeutic milk and essential drugs to Health and Nutrition Centers in affected districts (UNICEF).

Gaps & Constraints:

- Limited number of partners operating in the sector
- High default rate on SAM treatment (18%) and limited concrete evidence on the reasons for default
- Low admission to in-patient treatment facilities due to distance, absence of food rations for caretakers.
- Support for moderate acute malnutrition (MAM) treatment and prevention has not been sufficient to meet growing needs
- Sharing of nutritional products due to high household food insecurity
- Insufficient number of health professionals to staff Health Centers.



Needs:

- Provide free case management on basic health services to the 665,000 people in severe food insecurity
- Health medical kits covering needs of 120,000 affected people for 3 months for free case management of priority diseases.
- Reproductive health kits and equipment for 38 basic health centres and 2 referral hospitals.
- 30 remoted villages benefiting basic health care through mobile health approach and community health.
- Setting up an early warning surveillance system within 6 affected health districts.

Response:

- Purchase of health medical and reproductive health kits engaged (WHO, UNFPA).
- Recruitment of field staff underway (WHO).
- Contract with NGO (Malagasy Red Cross) engaged to support community health being finalized (WHO).
- Rapid training of health centre staff on early warning system prepared (MoH, WHO).

Gaps & Constraints:

- Unmet needs are: Staff recruitment, Reproductive Health kits and medical kits to ensure free access to basic health services and manage sexual violence, mobile and community health intervention costs, measles immunization campaign, and electronic surveillance to setting up an epidemic early warning system.
- Performing a rapid initial health assessment of the humanitarian situation of the area.
- Large size of the area with villages dispersion and inaccessibility of certain villages or municipalities
- Habits and customs at the community level
- Technical capacity of local human resources.



Needs:

- Improve the food security, nutrition and health of children to support enrolment, retention and quality learning to the 300,000 students at the primary school.
- Systematic and reliable monitoring system
- Increased school drop-out rate up to 40% of children in affected region due to drought-related increased vulnerability
- Increased number of out of school children exposed to violence abuse and exploitation.
- Increased levels of vulnerabilities of families who adopt negative survival coping mechanisms including sending children into child labor, child prostitution, early marriage

40%

Of primary schools benefiting from integrated education interventions

Response:

- Implement a school feeding programme targeting school-going children in most food insecure districts of Southern Madagascar (WFP). This programme is delivered through school canteens and currently benefits 300,000 children in 1,200 schools.
- Supporting the Ministry of National Education in implementing catch-up classes to address the gap of learning time due to limited attendance of children and/or teachers by the start of the 2016/2017 school year (UNICEF).
- ILO and UNICEF support construction of schools with water points and latrines for the most vulnerable children. Constructions are currently ongoing for 7 primary and lower secondary schools through UNICEF (totaling 14 additional classrooms) and an additional 54 primary schools (108 classrooms) are being scheduled by ILO in 2016. These contributions will benefit a minimum of 3,000 children.
- Strengthen the capacity of decentralized education authorities and support the delivery of catch-up classes to remediate the dropout situation before the start of the 2016/2017 school year.
- Providing teaching and learning materials including textbooks to public schools in order to help reduce the burden of education costs on households and support quality teaching and learning in affected regions.
- Advocate for a stable, qualified and adequately compensated teaching force and support the delivery of teacher training programmes, as well as the provision of textbooks and basic school furniture to help reduce the burden of education costs on households.
- Setting up Child Friendly Space to provide psychosocial support to children and families, and to organize non-formal education activities.

- Providing Child friendly kits, social workers kits and dignity kits (NFI) prepositioned to serve up to 100,000 most vulnerable children.
- Emergency cash assistance to enable most vulnerable families to cover basic needs and thereby reduce the risk of negative coping mechanisms which put children at risk of exploitation.

Gaps & Constraints:

- There is a funding gap for 150,000 children to cover the needs of the school feeding programme for the coming school year. Starting September 2016, only 150,000 children out of 300,000 will benefit from the school feeding programme in current circumstances.
- Extremely limited funding to education in emergency to bridge humanitarian and development programs.
- Weak information and monitoring systems at the level of decentralized education authorities, which hinders timely monitoring and response to needs.



Early Recovery

Needs:

- The current humanitarian response plan for one year needs to be accompanied by early recovery activities within the context of an overall recovery plan.
- Primary focus thus far has been on the humanitarian response. Some recovery activities are already underway but are expected to gear up as additional related funds are mobilized based on a consolidated needs assessment and resulting multi-sectoral recovery plan.
- Preliminary needs have been estimated at USD 80 million to be implemented over the course of 3 years with focus on early recovery and resilience interventions.

Response:

- UNDP has allocated USD 250,000 in order to develop a recovery plan and to support the strengthening of BNGRC capacity in the most affected regions. The project aims to support the coordination of the response in the field, reinforce the data collection and analysis, conduct an early recovery needs assessment and finally develop the 3 year recovery plan. This allocation will also support the re-activation of the early warning system.

Gaps & Constraints:

- The recovery planning process has only just been launched, more detailed information on gaps will be available following consultations taking place in June and July.

General Coordination

The National Office for Disaster Risk and Management (BNGRC) and the Humanitarian Country Team (HCT) have activated the National Contingency Plan on food and nutrition insecurity for the South of Madagascar. The scope and the magnitude of the current humanitarian situation correspond to the worst case scenario (severe) as described in the contingency plan. This situation requires the activation of several sectors and a strong coordination both at the national and local levels.

The overall coordination of all interventions is ensured by BNGRC. However, the HCT conducts a strategic meeting with donors to mobilize resources and technical meetings are conducted on regular basis at the inter-cluster level under OCHA coordination.

The main challenge is the coordination and information management issues at the local level, as neither BNGRC nor OCHA has a presence in the field. In perspective, UNDP and UNOCHA are planning to support the implementation of a BNGRC office in the field.

At the cluster level, as Nutrition Cluster lead, UNICEF has been coordinating responses both at central and field level together with the National Nutrition Office (ONN) through the Ministry of Health and the National Community Nutrition Programme. Community Nutrition and Health workers, trained with support from UNICEF, detect SAM and MAM cases at health centres and during mass screenings. SAM and MAM cases are referred to and treated in Government health facilities. As WASH Cluster lead, UNICEF is handling data analysis, planning of interventions and priority costing to strengthen data generation, knowledge management and evidence-based planning. As Education Cluster lead, UNICEF works with its co-lead, the Ministry of National Education at the central and decentralized levels, to coordinate and plan integrated educational interventions, including for disaster risk management and school feeding programs.

Background on the crisis

Madagascar is extremely vulnerable to natural disasters, 75% of people live in areas at high risk of natural disasters. The South of the country, an arid zone where 1.8 million people live, is very vulnerable to chronic drought which deteriorates into an emergency situation almost every 5 years. The last prolonged drought that affected this zone was in 2009 and 2010. Recently, the significant losses of the main harvest in June 2015, aggravated by the El Niño effect since September 2015, has quickly deteriorated into a humanitarian situation since February 2016.

- **Agriculture.** The production from October / November 2015 was almost zero for corn and legumes, and is expected to be very low for manioc. Livelihood degradation continues due to food stock depletion, multiple low production years, increased food prices and decreased livestock production. Agricultural production, already weak for the past 3 years, is expected to worsen due to the long-range weather forecast, aggravated by the El Niño phenomenon. Population migrations from villages to cities due to the loss of livelihoods as a result of the drought have been observed over the past months.

- **Food insecurity.** An estimated 1,140,000 persons are facing food insecurity, among which 665,000 face severe food insecurity and 475,000 moderate food insecurity. Over the 8 districts, 80% of the rural population is facing food insecurity, low food consumption, extreme food habits, and reduced household adaptability.

- **Nutrition.** According to the screening of nearly all under 5 children in the affected areas, over 7,000 children are currently suffering from Severe Acute Malnutrition (SAM) and close to 32,000 suffer from Moderate Acute Malnutrition (MAM), with rates as high as 20% in some communes. The prevalence of severe acute malnutrition (SAM) is on average 1.4% (MDG survey 2012/2013), but is as high as 5% in the hardest hit districts (Nutrition screening April 2016).

- **WASH.** According to the latest survey conducted by the WASH Regional Directorate in January 2016, the average water consumption for certain districts is about 1 liter per person, per day, which is far below the international recommendations of 7.5 liters to 15 liters per person, per day (SPHERE standard). Water is hard to find in the villages and people in remote villages have to walk 5 to 20 km on average to fetch water. Limited access to water due to the drought and difficult hydrogeological conditions is also resulting in major price speculation by vendors – in some cases, seven times the normal price. For people living on less than \$2 a day, spending from 13 to 30% of their daily budget on water is often not an option. As a result, people are forced to rely on unprotected wells, rivers or puddles to meet their own daily consumption needs and those of their livestock and crops or they reduce their consumption to unhealthy levels.

- **Education.** Recent rapid assessments relative to education in the southern regions conducted by Education Cluster chairs show a notable degradation of the situation since February 2016. The dropout rate for the primary cycle in two regions has climbed to around 40%. Even where there is no quantifiable data, the Education Cluster chairs note that many classrooms are empty and most families with their children are trying to work the fields. Those children who are still at school report being hungry and struggling to concentrate on their lessons. Teachers, who themselves are parents and heads of households, are increasingly absent because they are also obliged to feed their families. Numerous factors including an insecure economy and the practices of certain traditional belief systems, which vary throughout the country, but which include taboos affecting the whole life cycle, such as nutritional restrictions for women during pregnancy or refusal of latrine use, affect the well-being of children and women. The lack of water and sanitation combined with very poor hygienic practices is responsible for causing diarrhea among children and directly contributes to poor nutritional status, which impacts all aspects of their lives – including their ability to learn in school.

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