

# Madagascar: *Grand Sud* Drought

## Office of the Resident Coordinator Situation Report No. 6

(as of March - April 2017)



This report is produced by the Office of the Resident Coordinator in Madagascar in collaboration with humanitarian partners. It covers the period from March to April 2017. The next report will be issued at the end of June 2017.

## Highlights

- March marks the peak of the lean season across many countries impacted by last year's El Niño-induced drought (source: FEWS NET).
- The rainfall season has been continuing to bring rain to the *Grand Sud*. While welcome, these rains are still hampering the delivery of humanitarian assistance and the access to local markets.
- Some communities have opted for migration as a survival strategy because of the "Kere", this has affected until 35% of the population in the village of Beloha South (cumulated figure).
- Preliminary results of SMART nutrition surveys in four districts in the South show GAM rates: below 10 per cent in Tsihombe and Toalagnaro districts and between 10 and 15 per cent in Beloha and Amboasary districts, just below the emergency threshold of 15 per cent. No excess child mortality was observed.
- Except Betioky and Tsihombe districts, severe food insecurity rates decreased significantly compared with both the situation in March 2016 and August 2016. The national IPC exercise to be conducted in June 2017 will inform on the effective humanitarian situation.



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.

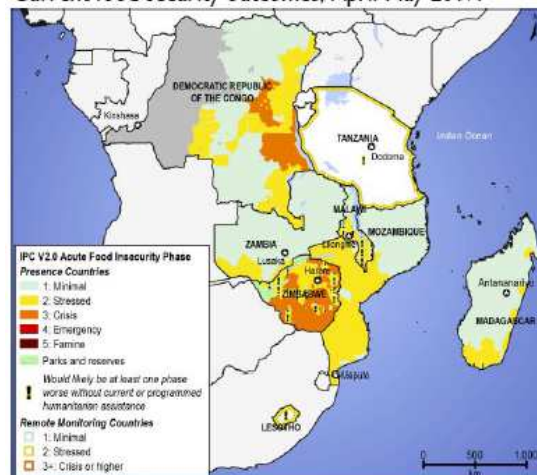
<p><b>850,000</b> People in need of humanitarian assistance</p>	<p><b>5,000</b> children with severe acute malnutrition</p>	<p><b>62%</b> Of the of \$155 million required secured</p>	<p><b>685,160</b> People received food assistance</p>	<p><b>25%</b> Of those in most-affected districts received access to sustainable potable water</p>	<p><b>15,500</b> Cases of severe acute malnutrition treated in February and March.</p>	<p><b>215,000</b> Children from 1,060 primary schools received daily hot meals in March.</p>
---	---	--	---	--	--	--

## Situation Overview

As opposed to the below-normal rains received by the rest of the country, the *Grand Sud* has benefited from close to normal rains from November 2016 onwards, with good rains recorded until April 2017. March and April is the peak of the hunger-gap season in the *Grand Sud*, and all the districts are classified at stressed phase (IPC 2) in April/May by FEWS NET. At the national level, two main surveys were conducted in order to assess the food security and nutrition situation as planned in the emergency response plan.

Preliminary results of four SMART nutrition surveys supported by UNICEF in four districts and conducted by the National Nutrition Office with UNICEF and ACF-Canada, show a prevalence of global acute malnutrition (GAM) ranging from 13.9 per cent in Beloha to 8.1 per cent in Taolagnaro and rates of severe acute malnutrition (SAM) between 2.7 per cent in Beloha to 0.7 per cent in Taolagnaro. While none of the four districts covered by the survey has rates of GAM above the emergency threshold (15 per cent), two districts (Tsihombe and Amboassary) have rates of GAM above the alert threshold of 10 per cent. These results also show high rates of

Current food security outcomes, April-May 2017.



chronic malnutrition, which ranges from 31 per cent in Beloha to 47.7 per cent in Amboasary. Overall mortality rates are within non-emergency range except for crude mortality in Tsihombe. Signs of improvement of the nutrition situation are starting to show with decreasing trends in mass screening results and number of SAM admissions in the treatment facilities.

Preliminary results of the food security survey conducted in March 2017 in 8 affected districts show an evident improvement of the food insecurity situation compared with the situation in 2016 at the almost same period (February 2016) and in October 2016. Except the situation in Betioky district where the high rate of the Severe Food Insecurity is chronic during the hunger-gap season, and Tsihombe where this rate has persisted at 50%, all the Severe Food Insecurity rates are relatively low (between 3% and 40%). However, Moderate Food Insecurity rates are remaining high, this situation requires a continued support via the early recovery activities. A food security IPC is planned in June 2017, the findings of this exercise will inform on the real humanitarian situation.

Regular monitoring of the situation by UNICEF, in collaboration with the decentralised services of the Ministry of Education, shows that since January 2017, the rate of absenteeism of pupils in Anosy and Androy has continued to increase, most particularly in Anosy (from 19 per cent in February to 21 per cent in March) and Androy (from 6 per cent in February to 27 per cent in March). In Atsimo Andrefana, there was a small decrease in absenteeism, from 14 per cent to 12 per cent, for the same period. Children are often pulled out of school so that they can work in the fields or otherwise support their families as a negative coping strategy of families who are struggling to recover their livelihoods. Teacher absenteeism in the three regions declined from February to March due to the arrival of teachers' salaries/stipends, but still remains high: 71 per cent in Anosy, and 43 per cent in Androy.

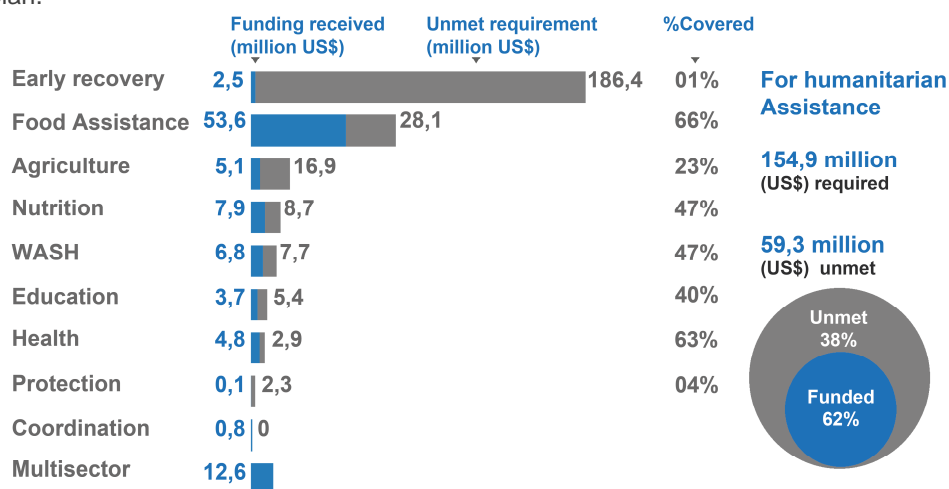
On the other hand, the long-term effect of the erratic climatic conditions, some communities have opted for migration as a survival strategy. The community in Andragnarivo (which is not targeted by humanitarian response) said that 10 to 20 people leave every week. In the fokontany of Beloha South, 35% of people have emigrated and in the fokontany of Avaradrova, 8 homes have left because of the "Kere". Migrants have unstable, low-skilled and low-paid jobs, and are exposed to different forms of exploitation and their children are not in school. The main challenges are remaining the same: i) limited access due to rainfall damaged roads, which has affected all sectors and all interventions; ii) weak transport capacity, making operations more costly; and iii) the sustainability of the local presence of the coordination office, as its running costs are still not covered.

## Funding

The revised humanitarian response needs stand at \$154.9 million, of which 62 per cent has been secured, leaving a funding gap of \$59.3 million.

The main donors are USAID, CERF (OCHA), ECHO, SIDA, DFID, AfDB, World Bank, UNDP, Australia, Canada, Finland, France, Japan, Norway, South Korea and Switzerland. Early in March 2017, ECHO allocated \$4.42 million, CERF \$6 million, Japan \$6.2 million and USAID \$2.7 million. However, no more funding is in the pipeline for the two remaining months covered by the emergency response plan.

On the other hand, the 12-month national emergency social protection program, Fiavota, funded by the World Bank (\$12.6 million) and UNICEF (\$1 million), has contributed to the humanitarian response in the five targeted districts since December 2016. The programme will combine a cash transfers and a nutrition and livelihoods recovery program. After the 12 months, the beneficiaries of the programme will be transferred to Vatsinan'ankohonana (national cash transfer programme); the nutrition component will be also added.



# Humanitarian Response



## Food Security and livelihoods

### Needs analysis:

In line with the Emergency response plan, relief assistance is continuing until the end of May 2017 for two main reasons: expected delays in harvest season due to late rains, and the non-availability of sufficient information on the situation to declare the end of the emergency in the south. For these reasons, food security assessments are being conducted since February 2017 in the southern areas in order to analyze the short-term impact of food assistance during the lean season, as well as evaluate the start of the agricultural campaign. The final findings of these food security assessments and the next IPC analysis that will be conducted in June 2017 will inform the interventions that will be implemented beyond May 2017.

Nevertheless, the findings of Community Household Survey (CHS) and Post Distribution Monitoring conducted by WFP reveal an improvement of the situation of populations in severe food insecurity (43 percent decline in absolute average) in districts that received WFP's assistance. The findings also indicate that due to several factors such as low level of assistance, late arrivals of food and half rations, severe food insecurity in some areas such as district of Betioky, and the commune of Beheloka (district of Tulear II) persisted; and a less significant decline level of severe food insecurity in districts such as Ampanihy and Ambovombe (reduction of about 12 to 15 points of percentage) was observed. While in other districts, the reduction of severe food insecurity reached significant level between 29 and 60 points of percentage (Bekily, Tsihombe, Beloha and Amboasary districts, as well as the four communes of Taolagnaro district). Furthermore, since food assistance was targeted to severely food insecure communities, the situation in areas affected by moderate food insecurity also deteriorated.

### Response capacities and response to date:

- The food security cluster led by FAO and WFP has established a monthly bulletin in order to update information about emergency assistance and 3W map of implementing partners
- SISAV bulletins (Système d'information sur la Sécurité Alimentaire et Vulnérabilité): documents produce each two month to present the food security situation ongoing in the south of Madagascar.

### Food assistance:

- In February and March 2017, the Food Security Cluster has been able to provide food assistance to 685,160 people out of the 978,000 people in IPC phases 3 and 4, out of which 246,170 people received unconditional cash assistance (7,045 MT of food and USD 3,7 million in cash have been distributed).
- In order to enhance and improve the targeting of beneficiaries, the BNGRC and local authorities were involved in the beneficiary targeting process in three communes of Fort Dauphin assisted by WFP.
- In March, the pilot e-voucher project was initiated by WFP in 6 Fokontany of Amboasary commune. WFP was so far able to support 520 households (2,600 beneficiaries).
- The beneficiaries of the vouchers programme will be able to use their credit of 60,000 ariary purchase food from pre-selected vendors (retailers) which are equipped with an electronic payment terminal. A list of available commodities is defined in advance, which leaves the beneficiaries with the choice of the products and quantity.
- Based on the results of the pilot phase, the project will be gradually scaled up reach to 35,000 beneficiaries.
- The e-voucher programme ensures that cash is utilized for purchasing food, contributes to stimulating the local economy and enables beneficiaries to choose the food of their preference.
- A beneficiary feedback hotline +26133 65 650 65 and third-party complaint mechanisms (through CURA, University Center of the Androy Region) were established by WFP in March for all the implemented activities in order to ensure beneficiaries protection, transparency and continuous improvement of food assistance quality and efficiency.

### Agriculture recovery:

- In February and March 2017, 331 MT of seeds and 1,035,263 linear meter of plant cuttings, 49,365 agricultural tools have been distributed to 551,857 people and 105,000 farmer households have received agricultural inputs for the new planting season.
- ADRA, CRS and Care International continue to assist populations through the provision of seeds and agriculture tools to 54,394 households in five the districts (Bekily, Ampanihy, Tsihombe, Beloha and Amboasary).
- On-going FAO activities are targeting 51,000 vulnerable farming households (out of 170,000 households to be assisted), focusing on seeds and small agricultural tools distribution; community-level seed production; small-scale irrigation; livestock support activities; animal health interventions; cash transfers to strengthen

households resilience capacities; information, coordination and analysis; early warning; and food security and vulnerability mapping.

- Joint programming between FAO and WFP has been undertaken to support the needs of vulnerable households, by preventing the utilization of the seeds which will be distributed during the upcoming crop season.
- This program aims at protecting the seeds given by FAO by providing food to households and thus, simultaneously ensuring the improvement of households' livelihood status after the planting season. More than 90% of WFP's targeted communes are expected to be assisted by FAO as part of this program.

#### Perspectives:

- Contingent upon the availability of resources, food assistance will target the planned targeted 978,000 food insecure people in IPC 3 and 4 phases until the end of May 2017.
- FAO plans to provide agricultural support for additional 20,000 households.

#### Gaps & Constraints:

- For the period April to June 2017, WFP faces a funding shortfall of USD 2.8 million. After the emergency phase, WFP plans to focus on recovery and resilience programmes. In order to implement resilience programmes, WFP requires USD 18 million for the period June to December 2017.
- Road degradations related to the rainy season have delayed food distributions. The issue has been discussed with donors, BNGRC as well as national and local authorities in order to find collective solutions.
- As indicated in the seed security assessment conducted in October 2016, given the magnitude of El Niño crisis in the South of Madagascar, at the beginning of the 2016/17 cropping season, the demand for seeds at the national level has dramatically increased. National seed production capacities were not able to meet the demand during the peak period of the agricultural season. The identified gap affected the capacity of the Government, humanitarian and development partners to respond to the crisis through the provision of improved seed and planting materials.
- Given the food crisis in the South of Madagascar due to the protracted drought exacerbated by El Niño and the numerous emergency interventions taking place, it was difficult to identify reliable implementing partners available for the implementation of activities since most of them were already under contract with other partners. Once the implementing partners were identified, most of them experienced some delays in the recruitment of the technicians required for the implementation of activities which led to a delay in the identification of beneficiaries and other response activities.



## Health

#### Needs analysis:

Emergency response priorities up to end of June 2017 will focus on the following most urgent needs: i) access to health services for 850,000 people in IPC Crisis and Emergency phases, focusing on the most vulnerable people (pregnant and lactating women, children under age 5 and people living more than 10 km from a health facility); and ii) scaling up an early warning system to early detect and respond to any epidemic-prone disease outbreak.

**35,000**

people received free disease case management since July 2016

#### Response capacities and response to date:

Improved access to healthcare:

- 35,000 people benefitted from disease case management since July 2016 through the free management of illness among the most affected households.
- Distribution of mosquito nets for Malaria prevention in the UNICEF targeted area for 6200 households.
- 3,000 rapid test and treatment for malaria distributed, medicines for case management of 130,000 children under five with acute respiratory infection (ARI) and case management of 120,000 children under five with diarrhea available at CSB level.
- 20 IEHK basic kits and 2 supplementary kits with essential medicines and supplies and basic medical equipment for three month for 20 000 beneficiaries.
- In terms of capacity building, 109 additional health workers were trained on IMCI in the four district of Androy and two district of Anosy. 1076 community health workers are currently in updated emergency training on ICCM.

- Reproductive health kits in emergency situations, which include medical equipment and medicines, were procured: (1) for 50 referral level 1 health centres reference level 1 to facilitate free management of childbirth and obstetric complications; and (2) to facilitate the management of obstetric complications and the realization of cases of caesarean operations at three referral level 2 hospitals reference level 2 for pregnant women. 5,100 dignity kits are being procured to be distributed to pregnant women as well as 768 others for survivors of sexual violence.
- Mobile health actions continued to be carried out in remote villages.

#### Improved access to data:

- The results of a rapid health assessment performed in Androy region are available, demonstrating real health threats within the entire region.
- Strengthened diseases surveillance through implementing an early warning system with electronic disease surveillance has continued within the six health-affected districts. 106 health facilities are involved in this disease surveillance system.

#### Gaps & Constraints:

The scarcity of human resources remain a great challenge impeding the implementation of interventions.



#### Nutrition

#### Needs analysis:

UNICEF conducted monthly mass screenings in eight districts of the south drought-affected regions for early identification and referral to therapeutic and supplementary feeding programmes<sup>1</sup> in January and February 2017. Results indicate a 1.1 per cent SAM rate and 6.3 per cent MAM rate among the 98 per cent of targeted children under five years old screened.

**17,122**

children in moderate acute malnutrition treated in March 2017

#### Response capacities and response to date:

- The National Nutrition Office and UNICEF co-lead the Nutrition Cluster response at both district and central levels. Monthly coordination meetings are held to discuss the evolution of the situation and the status of the response: progress, gaps, constraints and ways forward. During the first quarter of 2017, a total of 3 meetings were held at the national level and 20 at district levels.
- UNICEF supported the management of SAM cases in 8 in-patient facilities in hospitals and 193 out-patient facilities in health centres in the 8 affected districts.
- From January to March 2017, a total of 6,201 SAM cases have been admitted with a 72.4 per cent recovery rate, 0.7 per cent mortality rate and 12.1 per cent defaulter rate.
- UNICEF also trained 2,356 caregivers of children in humanitarian situation 0-23 months in infant and young child feeding counselling during the same period.
- UNICEF has provided therapeutic products to affected districts in support of the Ministry of Public Health since the beginning of the year, including: 4750 cartons of RUTF, 20 cartons of therapeutic milk, drugs and equipment.
- UNICEF has also supported the deployment of five mobile clinics for outreach treatment of SAM in the most remote areas in the districts of Ambovombe, Tsihombe and Beloha.
- CARE provided cash for work transfers to 15,280 households with children under age 5 and with pregnant or breastfeeding women in Anosy.
- Where acute malnutrition rates are the highest, WFP provided supplementary feeding to 19,768 beneficiaries for the prevention of MAM during the last months of the lean season (February, March, April 2017) to prevent further deterioration of children's nutritional status.
- In March 2017, 311 sites out of 530 sites were handed over to the Government for the MAM treatment activity.
- WFP in collaboration with CRS, ADRA and ACF, covered the MAM treatment program pockets of malnutrition in the districts of Beloha and Tsihombe and other districts in Atsimo Andrefana region, which were not part of the PNNC (Community-Based National Nutrition Programme). However, pockets of malnutrition also exist in the districts of Ambovombe and Bekily, which have only 50 per cent coverage.

**73%**

of the 6,200 cases of SAM have been cured since January 2017

<sup>1</sup> In and out-patient therapeutic programmes are supported by UNICEF and supplementary feeding programmes are supported by WFP

- WFP is working on the extension of the MAM treatment programme to reach out to an additional 3,500 beneficiaries, living in pockets of malnutrition (10-30 per cent GAM rates) in Ampanihy and Taolagnaro districts. These areas were identified during a joint screening conducted by the Ministry of Health and UNICEF in 2017.
- The food by prescription programme (food support to TB/HIV patients) began during the first week of February in order to provide treatment to 2,250 beneficiaries for a period of 6 months.
- To sustain the nutrition programme, UNICEF has provided trainings to 42 supervisors of Community Nutrition Agents in Ambovombe and Toliara sub-offices.

### Gaps & Constraints:

- Despite the effort made, including the establishment of mobile clinics, there are still some isolated, remote areas that do not have access to SAM treatment. UNICEF in collaboration with the MOH is planning to add 5 additional mobile clinics to ensure that these areas are covered.
- The majority of outpatient SAM treatment facilities remain understaffed, managed by one nurse who in addition to the SAM treatment also provides the other routine health services. This lead to an overwhelming workload and the frequent closing of treatment facilities. UNICEF is discussing funding options with donors and is exploring flexible support from other donors to help support recruitment of temporary staff to deal with the peaks of high malnutrition expected to occur in the lean season.
- In some districts, the proportion of SAM cases not responding to treatment remains high. While in few cases this is due to medical complications, in most cases it is due to sharing of the RUTF with other family members. UNICEF, within the nutrition cluster and in liaison with the Cash coordination group, continues to advocate for protection rations and for the inclusion of families with SAM in the non-conditional cash response programme to alleviate this dynamic.
- One of the major challenges remains the timely delivery of nutritional commodities by transporters as nutrition sites are extremely remote and difficult to access.

## Education

### Needs analysis:

Absenteeism of teachers and students continues to be a problem in the Grand sud. The rate of absenteeism of pupils in Anosy and Androy has continued to increase, most particularly in Anosy (from 19 per cent in February to 21 per cent in March) and Androy (from 6 per cent in February to 27 per cent in March 2017). In Atsimo Andrefana, there was a small decrease in absenteeism, from 14 per cent to 12 per cent) for the same period. Absenteeism results in children falling behind and even dropping out of school. Furthermore, teacher absenteeism in the 3 southern regions declined from February to March due to the arrival of teachers' salaries/stipends, and teachers leaving the classroom to collect their stipends (71 per cent in Anosy, and 43 per cent in Androy). Teacher absenteeism does not encourage children to stay in school and certainly does not improve what they are learning in the classroom.

**400,000**

Children targeted to receive school kits

### Response capacities and response up to date:

- Data continues to be collected monthly by the Assistant Technique Regional (ATR), the Direction Regionale de l'Education (DREN) and the Circonscription Scolaire (CISCO) and compiled by the Ministry of National Education (MNE) for a systematic follow-up of pupil drop-outs. The MNE also plans to collect data on absenteeism from four non-affected regions in order to strengthen its analysis and response to the situation.
- In March 2017, WFP provided daily hot and fortified meals to 215,000 children from 1,060 primary schools in the Anosy, Androy and Atsimo Andrefana regions, in support to the Ministry of Education. WFP is currently dispatching food to the assisted schools for the second quarter of the 2016-2017 school year.
- Since the beginning of the 2016-2017 school year, capacity building sessions have been periodically organized for Local School Management Committees.
- 322,000 children in the regions of Anosy and Androy as well as in the CISCO of Toliara (the distribution for the rest of the region of Atsimo Andrefana is currently underway) have received some basic school materials from The Ministry of Education.
- 58,120 children benefit from 1,246 different learning materials ((933 school-in-a-box, 155 recreational kits and 158 Early childhood development kits) procured and distributed by UNICEF to schools in the southern regions of the country. The objective of this provision of materials is to motivate children to stay in school and also to reduce the financial burden of parents who are required to purchase school materials.

- 5,738 children have attended catch-up classes with UNICEF support of which 438 are additional students since the last situation report.
- Phase 2 of the UNICEF Disaster risk reduction (DRR) training for the Chiefs of Zone d'Activites Pedagogiques and Pedagogical Supervisors are planned for May/June in the three target regions (Phases 1 and 2 for Anosy). DRR textbooks and student manuals were already distributed to students in preparation for the DRR training.

#### Gaps & Constraints:

- To date, of the US\$ 9.19 million required for the Education Sector, US\$ 8.34million has been received.
- Food dispatches to the targeted schools were delayed due to deteriorated roads.



#### Protection

#### Needs analysis:

No major change compared with the previous situation report. For the two regions of Anosy and Androy, at least 1,500 households will benefit from child protection interventions. Local protection actors and authorities, the Ministry of Population, Social Protection, Women Empowerment (MPPSPF), the Ministry of Youth and Sports, BNGRC, UNICEF as well as partners from the private sector (mobile phone companies) have given priority to households with adolescents between 10 and 18 years, who are victims or at risk of sexual and/or economic exploitation, beggars, as well as adolescent heads of households.

#### Response capacities and response up to date:

- Beneficiary identification is being coordinated by the MPPSPF and BNGRC with technical and financial support from cluster partners, and will be finalized in early May. To date, 1,477 out of the 1,500 targeted households have been identified.
- The MPPSPF and BNGRC developed a package of services for beneficiaries. It includes an unconditional cash transfer to households (30,000 MGA per month till December 2017) and literacy and life skills sessions for both adolescents and their parents. Unconditional cash transfers coordinated by BNGRC and UNICEF, and executed by Telma are expected to start in May.
- A UNICEF regional Child Protection technical assistant has been placed in Ambovombe to supervise Child Protection interventions in the two regions of Androy and Anosy.

#### Gaps & Constraints:

- Capacity building interventions integrated into the response strategy plan to address the operational challenges and limited geographical coverage of both intake services and referral mechanisms for child victims of violence and exploitation are ongoing, but have not yet contributed to more progress of Child Protection interventions.
- Capacity and financial resources to develop vocational training and tailored educational mechanism for vulnerable children and adolescent, including literacy and life skills sessions to reinforce the families' capacities to better protect children and adolescents from violence and exploitation remains extremely limited.

### Emergency Cash Transfers

#### Needs analysis:

Emergency cash interventions expanded in recent months to complement other responses and to mitigate negative coping strategies in families, boost resilience as well as enable populations to meet their basic needs (water, food, and access services). Vulnerable populations, such as mothers with children under five, the elderly, single mothers, pregnant women, disabled, malnourished and other vulnerable families are prioritized during emergency cash distributions. After May 2017, WFP will develop an early recovery strategy (to include cash and vouchers) which will be based on the nutritional and food security assessments.

#### Response capacities and response to date:

- The emergency cash group, co-led by MPPSPF, BNGRC and UNICEF, has met regularly to coordinate complementarities of the emergency cash/voucher responses.
- A joint communication strategy has been developed by MPPSPF, National Office for Nutrition (ONN), Intervention Development Funds (FID), WFP, World Bank, and UNICEF which includes a joint press release on

the status of implementation of the national cash program Fiavota and WFP's cash program in the Grand sud. Information sessions to local authorities/communities are/will be organized.

- The agreement between WFP and MPPSPF with regards to coordinated actions and the phasing-out of WFP cash program and phasing-in of the national emergency cash program, Fiavota in 11 communes is as follows: a) WFP will continue operations until end of May 2017; b) Fiavota program will phase-in in the current 11 WFP communes from 1 of June and will retake some of eligible WFP beneficiaries. Communication efforts are underway for beneficiaries and local authorities to be aware of the situation.
- The national emergency cash program, Fiavota (funded with a World Bank grant) has continued implementation by FID and ONN in coordination with MPPSPF. The program plans to reach 68,000 households in 39 communes in regions of Androy and Anosy with a monthly unconditional cash-transfer, a livelihoods-recovery grant and nutrition service. UNICEF with funds from DFID/Zonta covers 4,000 beneficiaries in the district of Amboasary Sud.
- Up to now, the Fiavota program has registered 56,931 households, of which 50,672 have received their monthly transfers (9,990 in Anosy and 40,682 in Androy). Livelihoods recovery fund is in process of being implemented. In partnership with NGOS and local agricultural authorities, two pilot sites are being tested (CARE in Amboasary sud and with FRDA in Ambovombe). For the nutrition component of Fiavota, the UPNNC-ONN has done monitoring of child growth in the 338 sites. In addition, nutrition education activities for women with children under 2 years (breastfeeding and supplementary feeding) and child nutrition from 2 to 5 Years (high-protein diet) is ongoing (see nutrition section FID).
- FID, supported technically and financially by UNICEF, is in the process of developing the Communication for Development Component (C4D) of Fiavota. As of now, 4 experts or trainers of trainers were recruited and trained; b) communication materials on essential family practices developed.
- In order to offset the limited market availability of high quality seeds and support the resilience of vulnerable households, FAO implemented unconditional cash transfers to households already receiving agricultural assistance (cash plus approach). Cash transfers to 47,067 vulnerable households in 9 districts have started on 22 March and ended on 21 April 2017. The post-distribution monitoring activities are presently on going and will last until mid-June 2017.
- CARE continues its emergency operations in the 14 communities of Amboasary Sud and Ambovombe districts in doing activities of Cash-for-Work and Unconditional Cash. To date, 60 construction sites have been realized in 79 fokontany. The total number of beneficiary gets up to 6,963 households, which means 40,964 people where 24,649 for the project under funding ECHO and 16,315 for OFDA. This emergency response allows vulnerable people, who are mostly women (54%), to improve their capacity to access in food, water, market and support their basic needs with track rehabilitation work, development of agricultural parcels and dune stabilization.
- In order to put in place early recovery activities, WFP has set up: a) a community household survey on food security; b) a post-distribution monitoring survey. These two surveys will help plan the future zones and early recovery intervention, which will include cash and vouchers to target 120,000 beneficiaries.
- UNICEF has distributed water vouchers for 3,500 (out of 10,000 total) families in affected districts through CERF and ECHO funds continues. This operation improves access to safe water for the targeted families with SAM children, pregnant women and families with mothers who recently gave birth.
- The following is an update of cash-based programs targeting people affected by the drought:

Agency	Households planned 2017	People/Households reached - April 2017	Type of intervention	Complements to sector
WFP	421,045 people 84,249 households	246,215 people 49,243 households	Unconditional cash/e-voucher	Food Security
FAO	51,000 households	47 067 households	Unconditional cash	Agriculture/resilience
WB/FID (Fiavota)	64,000 households	47,595 households	Unconditional cash	Nutrition, Livelihoods recovery, Resilience
UNICEF/FID (Fiavota)	4,000 households	3,727 households	Unconditional cash	Nutrition, Livelihoods recovery, Resilience
CARE	15,280 households	6,963 households/ 24,649 persons	Cash for work/cash unconditional	Résilience, Food Security, Nutrition
CRS	13,350 households	24,404 households	Voucher	Agriculture recovery
UNICEF/WASH	10,000 households	3,500 households	Voucher	WASH
UNICEF/MPPSPF	1,500		Unconditional cash	Child protection

### Gaps & Constraints:

Data beneficiary and situation of implementing status by each partner needs to reach national authority and emergency cash group in a regular manner to improve timely, evidenced-based decision-making.



## Logistics

### Needs analysis:

Pressure on local transport capacities remains high due to the dispatch of high quantity of food commodities for unconditional relief food assistance and the school feeding programme.

**7,100 MT**

of food commodities transported to Cooperating Partners in February and March 2017

### Response capacities and response to date:

- In February and March, the logistic cluster supported by WFP dispatched over 7,100 MT of commodities to cooperating partners' warehouses and final distribution points.
- The in-kind donations of Catholic Relief Services (CRS) to WFP (1,000 MT of sorghum, 50 MT of pulses and 70 MT of vegetable oil) were received and are being utilized for April distribution. The associated costs (USD 693,330) have been received from USAID's Food for Peace Programme.

### Gaps & Constraints:

The passage of the cyclone Enawo in the south has caused the further deterioration of the road infrastructure. Some roads (ie. Between Amboasary and Bekily districts) have been cut due to heavy rains.



## Water, Sanitation and Hygiene (WASH)

### Needs analysis:

During this first quarter, most areas in the south received higher than average rainfall for the season. The use of surface water and rainwater continues to increase, and the demand for water trucking remains low. Therefore, the communication around the use of potable water has been reinforced (C4D mass media campaign and, sensitization, etc.).

**396,320**

people benefit from potable water (169,200 people reached by water trucking and 227,120 reached by WASH infrastructure)

### Response capacities and response to date:

- During February and March, 119 additional water points have been rehabilitated by UNICEF, benefiting an estimated additional 29,750 people, including schools and health centers. In total, 763 water points have been rehabilitated, benefiting an estimated 190,750 people. Other ongoing activities include the rehabilitation of 153 water points by UNICEF and 25 wells rehabilitated by ACF, which will benefit another 44,500 people. 100 additional water point rehabilitations are planned for May.
- Three new boreholes equipped with hand pumps were drilled in March, benefiting 750 people. In total, an estimated 27,500 people now have access to safe water from the construction of 110 boreholes. The construction by UNICEF of 42 boreholes, 4 wells and 7-mid-level water supply systems and the construction of 70 boreholes by CARE remain in progress and will benefit an estimated additional 36,600 people.
- Rehabilitation of 7 rainwater collection systems was completed in 7 health centers and 21 other system rehabilitations remain in progress.
- 169,200 people have benefited from 3,384 m<sup>3</sup> of trucked water, and 3,518 households (including 1,510 families with SAM, 464 new mothers and their newborns and 1,617 pregnant women) received water card vouchers (for 140 liters of water per week during 3 months).
- 5 additional trucks will reinforce and extend the water trucking distribution in April.
- Distribution of 4,212 WASH kits for families with SAM children will start in May 2017.
- Hydrogeological and geophysical studies of 36 additional sites in sedimentary and littoral areas in Androy, Anosy and Atsimo Andrefana regions are underway with Geodesic Observatory Institute of Antananarivo.
- The new pipeline from Mandrare River to Sampona, Marolopoty and Maroalomainty remains in construction, supported by the Ministry of Water, Sanitation and Hygiene and UNICEF.
- The study of rehabilitation and extension feasibility of the Ampotaka pipeline is under finalization and the work will start after contracting is finalized.
- Data analysis from the last WASH rapid assessment in March is ongoing and results will be for the next sitrep.

**60,000**

latrines built by households with their own means

**25,000**

sites have been cleaned and 3,764 villages declared free of open defecation

**12,770**

households received WASH kits

### Gaps & Constraints:

- Difficulty in accessing some areas has led to the temporary suspension of work.



## Early Recovery

### Needs analysis:

Cyclone ENAWO did not leave major damage apart from some rural roads that need to be rehabilitated.

**\$186.4 m**

Gap for early recovery and resilience

### Response:

- An UNDP mission was deployed in Androy Region to identify and prioritize actions to start Cash for Work activities devoted to rehabilitate main and feeder roads. Detailed needs and cost estimations for this activity were undertaken with local participation.
- BNGRC, with support of UNDP, have activated on 27.04.17 a forum to follow up on implementation of the recovery plan and related fundraising efforts. It was agreed that national level meetings would be held every 3 months, while monthly meetings would be held at regional level.

### Gaps & Constraints:

- Locust proliferation has been reported by local authorities of Androy Region (Districts of Erada, Ambazoa and Ambovombe) and confirmed by Androy Director of Agriculture. This could undermine recovery actions and will be followed by the BNGRC Antenna in Ambovombe to identify required actions.
- Fundraising for recovery related activities remains challenging. BNGRC with support from UNDP are collecting data on ongoing activities undertaken by Government, UN System and NGOs to ensure updated information on main gaps is available.

## General Coordination

The overall coordination of all interventions is led by the National Disaster and Risk Management Office (BNGRC). The Humanitarian Country Team (HCT) led by the United Nations Resident Coordinator conducts monthly strategic meetings with donors to mobilize resources and technical meetings are conducted on regular basis at the Comité de Reflexion des Intervenants en Catastrophe (CRIC) and/or inter-cluster level respectively under BNGRC and OCHA coordination.

### Response capacities and response to date:

- In the field, the monthly inter-sectoral meetings are organized in Ambovombe, chaired by the BNGRC local office. The last monthly meeting in 2017 was conducted on 30 March and chaired by the regional Prefect. The next meeting is planned in May.
- Training on the system named "Activity Info" was conducted in Ambovombe from 24 to 25 April, an online data collection system to reinforce the monitoring of the response and achievements. This system will be operationalized soon.
- Due to the Japan funding, the former Early Warning System (EWS) will be relaunched for the Grand-sud jointly by OCHA, UNDP and WFP, in support to the EWS concept note developed in 2015 under the BNGRC leadership. Furthermore, a Displacement Tracking Matrix will be put in place by IOM to complement the EWS, both systems hosted by BNGRC.

### Gaps & Constraints:

There is still a lack of funding to cover the operation cost of the BNGRC office in Ambovombe, estimated at \$3,000 per month. Power cuts are a regular occurrence in Ambovombe and the field coordination office cannot effectively work in the absence of both electricity and internet access.

#### For further information, please contact:

**Violet Kakyomya**, UN Resident Coordinator, [violet.kakyomya@one.un.org](mailto:violet.kakyomya@one.un.org)

**Rija Rakotoson**, Humanitarian Affairs Officer, UNRCO / OCHA Madagascar, [rakotoson@un.org](mailto:rakotoson@un.org), Tel: +261 33 15 076 93

For more information, please visit [www.unocha.org/rosa](http://www.unocha.org/rosa) and [www.reliefweb.int](http://www.reliefweb.int)

# Annex 1. Funding allocation details

## Allocation by Donors and by sector

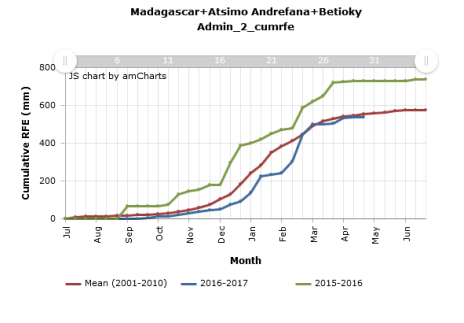
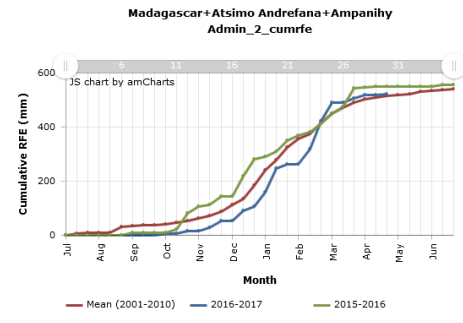
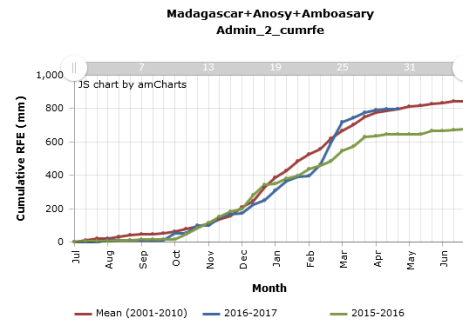
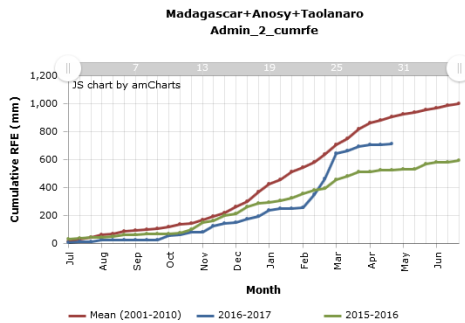
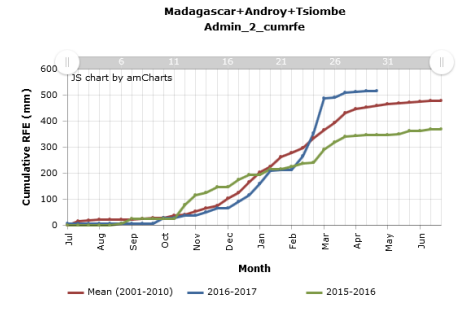
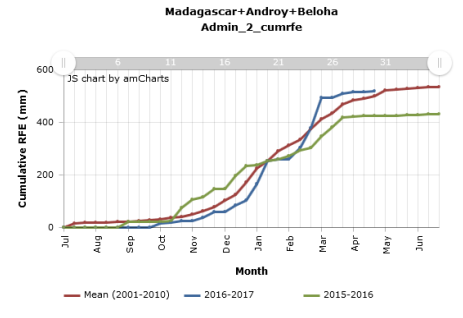
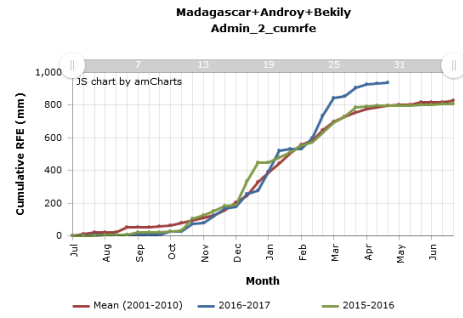
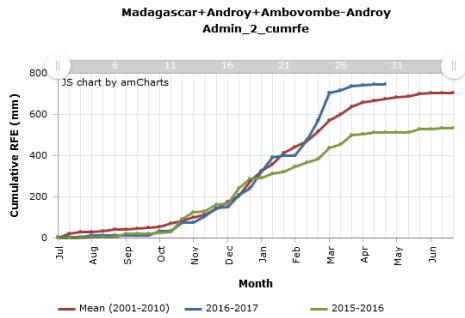
Secteurs	AfDB	Australian	Canada	Cargill Foundation	Caritas Internationalis	CERF (OCHA)	DFID	ECHO	FAO	Finland	France	Government of Madagascar	Japan	Korea (South)	Kuwait	Norway	SADC	SIDA	Switzerland	UNDP	USA	World Bank	Total
Agriculture						\$1 800 004	\$1 000 000		\$1 000 000				\$345 000								\$975 000		\$5 120 004
Coordination																	\$40 000			\$118 000			\$763 000
Early Recovery						\$400 000		\$252 768					\$250 000								\$1 632 000		\$2 534 768
Education													\$2 200 000			\$1 500 000							\$3 700 000
Food Security		\$1 240 000	\$941 000		\$166 463	\$4 603 762		\$5 850 126	\$116 000	\$1 600 000	\$1 674 544	\$300 000		\$500 000	\$54 362					\$1 527 440	\$34 581 959	\$500 000	\$53 655 656
Health	\$488 000					\$1 891 449							\$2 443 200										\$4 822 649
Multisector																						\$12 600 000	\$12 600 000
Nutrition	\$1 501 735			\$80 000		\$2 283 051		\$1 563 889										\$348 190			\$1 783 752	\$380 000	\$7 940 617
Protection						\$100 000																	\$100 000
WASH						\$910 622	\$1 420 000	\$1 416 027					\$2 490 160									\$600 000	\$6 836 809
<b>Total</b>	<b>\$1 989 735</b>	<b>\$1 240 000</b>	<b>\$941 000</b>	<b>\$80 000</b>	<b>\$166 463</b>	<b>\$11 988 888</b>	<b>\$2 420 000</b>	<b>\$9 082 810</b>	<b>\$1 116 000</b>	<b>\$1 600 000</b>	<b>\$1 674 544</b>	<b>\$300 000</b>	<b>\$8 333 360</b>	<b>\$500 000</b>	<b>\$54 362</b>	<b>\$1 500 000</b>	<b>\$40 000</b>	<b>\$348 190</b>	<b>\$1 527 440</b>	<b>\$1 750 000</b>	<b>\$37 940 711</b>	<b>\$13 480 000</b>	<b>\$98 073 503</b>

## Allocation by Donors and by Organization

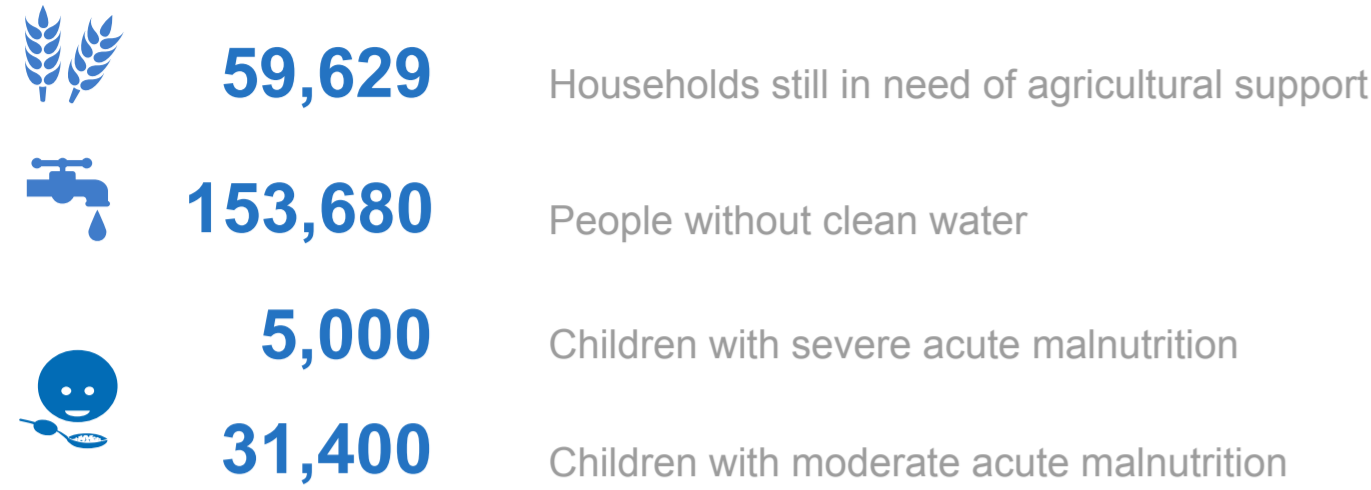
Recipient organisation	AfDB	Australian	Canada	Cargill Foundation	Caritas Internationalis	CERF (OCHA)	DFID	ECHO	FAO	Finland	France	Government of Madagascar	Japan	Korea (South)	Kuwait	Norway	SADC	SIDA	Switzerland	UNDP	USA	World Bank	Total	
ACF																					\$348 190		\$1 074 190	
ADRA																						\$726 000		\$1 726 000
BNGRC												\$300 000					\$40 000					\$3 985 872		\$3 985 872
CARE				\$80 000				\$1 251 453														\$1 290 122		\$2 621 575
Caritas Madagascar					\$166 463																		\$166 463	
CRS																						\$5 662 765		\$5 662 765
Direct Aid															\$54 362								\$54 362	
FAO						\$1 800 004	\$1 000 000		\$1 116 000				\$345 000									\$975 000		\$5 236 004
FID																						\$13 100 000		\$13 100 000
OCHA													\$50 000										\$50 000	
OIM													\$180 000										\$180 000	
ONN	\$660 000																					\$380 000		\$1 040 000
UNDP						\$400 000							\$450 000							\$1 750 000				\$2 600 000
UNFPA	\$501 735					\$756 947							\$286 000											\$1 544 682
UNICEF	\$340 000					\$2 085 597	\$1 420 000	\$2 400 678					\$4 442 360									\$1 657 752		\$12 346 387
WFP		\$1 240 000	\$941 000			\$6 011 838	\$5 430 679			\$1 600 000	\$1 674 544		\$2 375 000	\$500 000		\$1 500 000			\$1 527 440		\$23 643 200		\$46 443 701	
WHO	\$488 000					\$934 502							\$205 000											\$1 627 502
<b>Total</b>	<b>\$1 989 735</b>	<b>\$1 240 000</b>	<b>\$941 000</b>	<b>\$80 000</b>	<b>\$166 463</b>	<b>\$11 988 888</b>	<b>\$2 420 000</b>	<b>\$9 082 810</b>	<b>\$1 116 000</b>	<b>\$1 600 000</b>	<b>\$1 674 544</b>	<b>\$300 000</b>	<b>\$8 333 360</b>	<b>\$500 000</b>	<b>\$54 362</b>	<b>\$1 500 000</b>	<b>\$40 000</b>	<b>\$348 190</b>	<b>\$1 527 440</b>	<b>\$1 750 000</b>	<b>\$37 940 711</b>	<b>\$13 480 000</b>	<b>\$98 073 503</b>	

# Annex 2. Detailed rainfall recorded in the three regions of Grand-sud

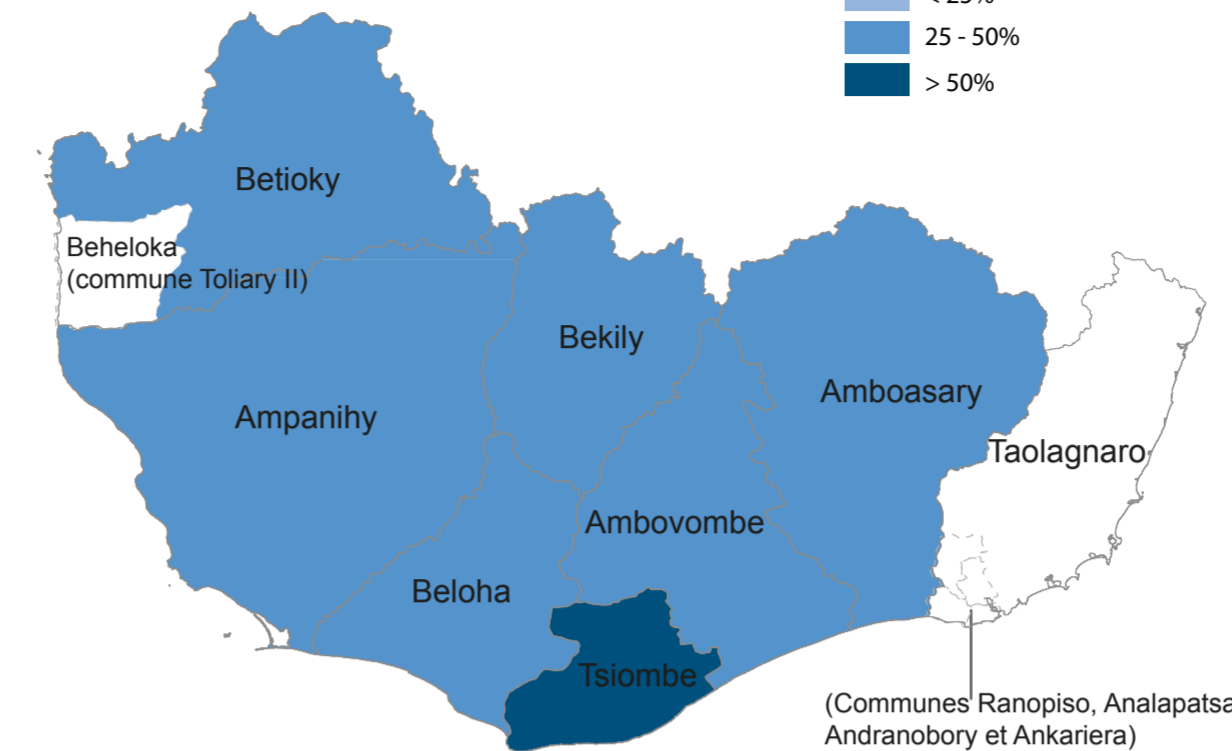
(Source: USGS-USAID-FEWSNET website)



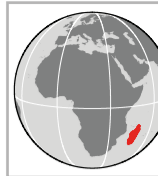
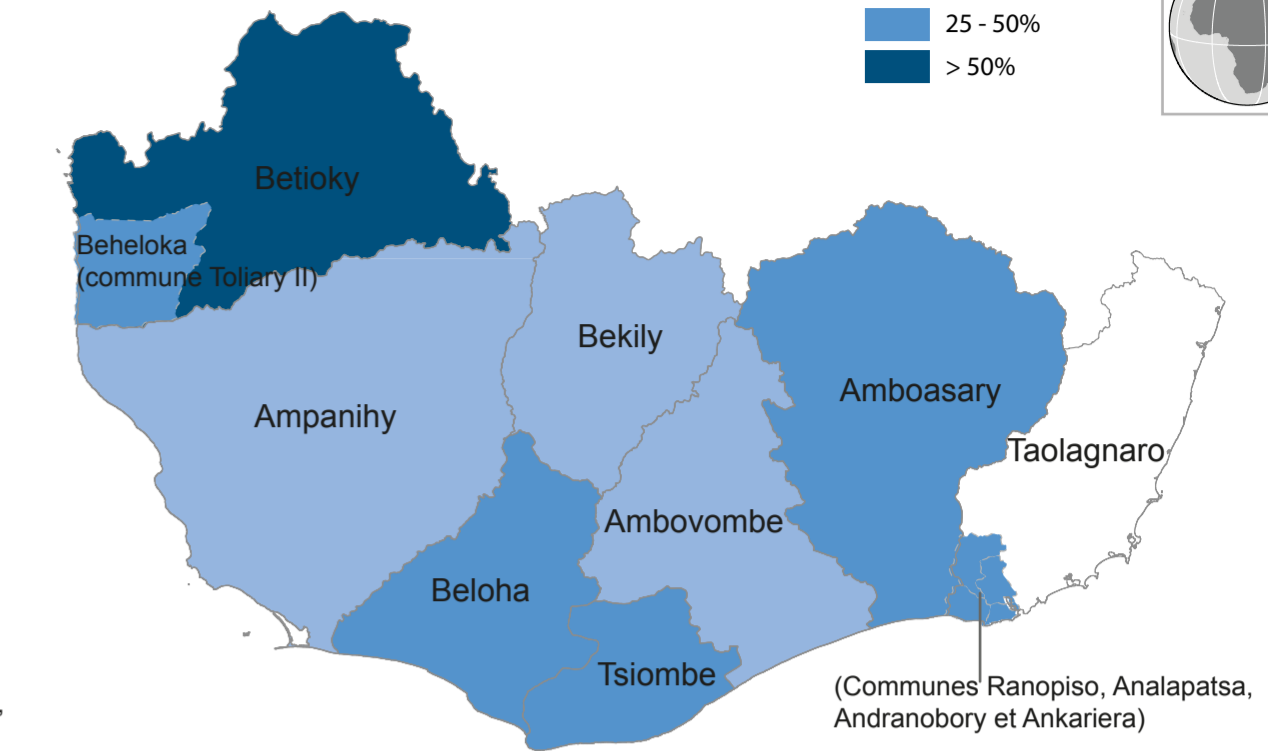
## Humanitarian situation



Severe Food Insecurity rate (Feb 2016)



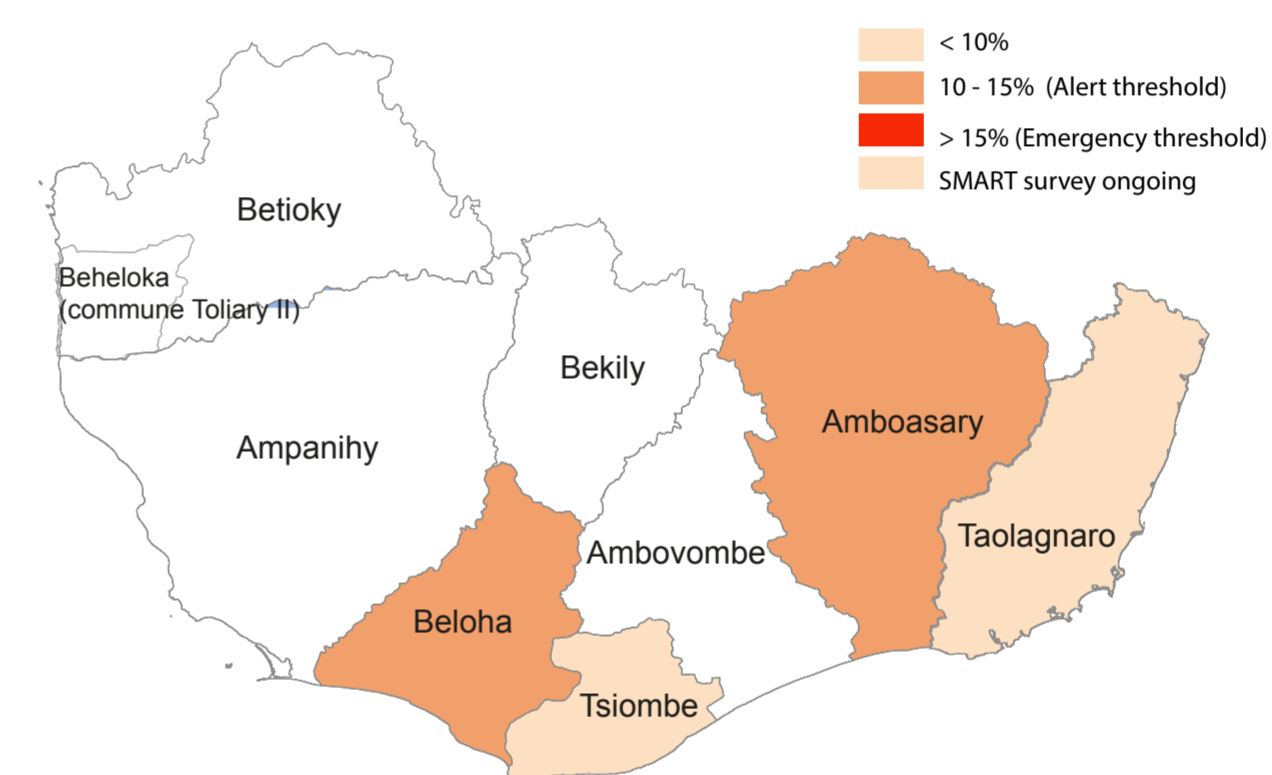
Severe Food Insecurity rate (March 2017)



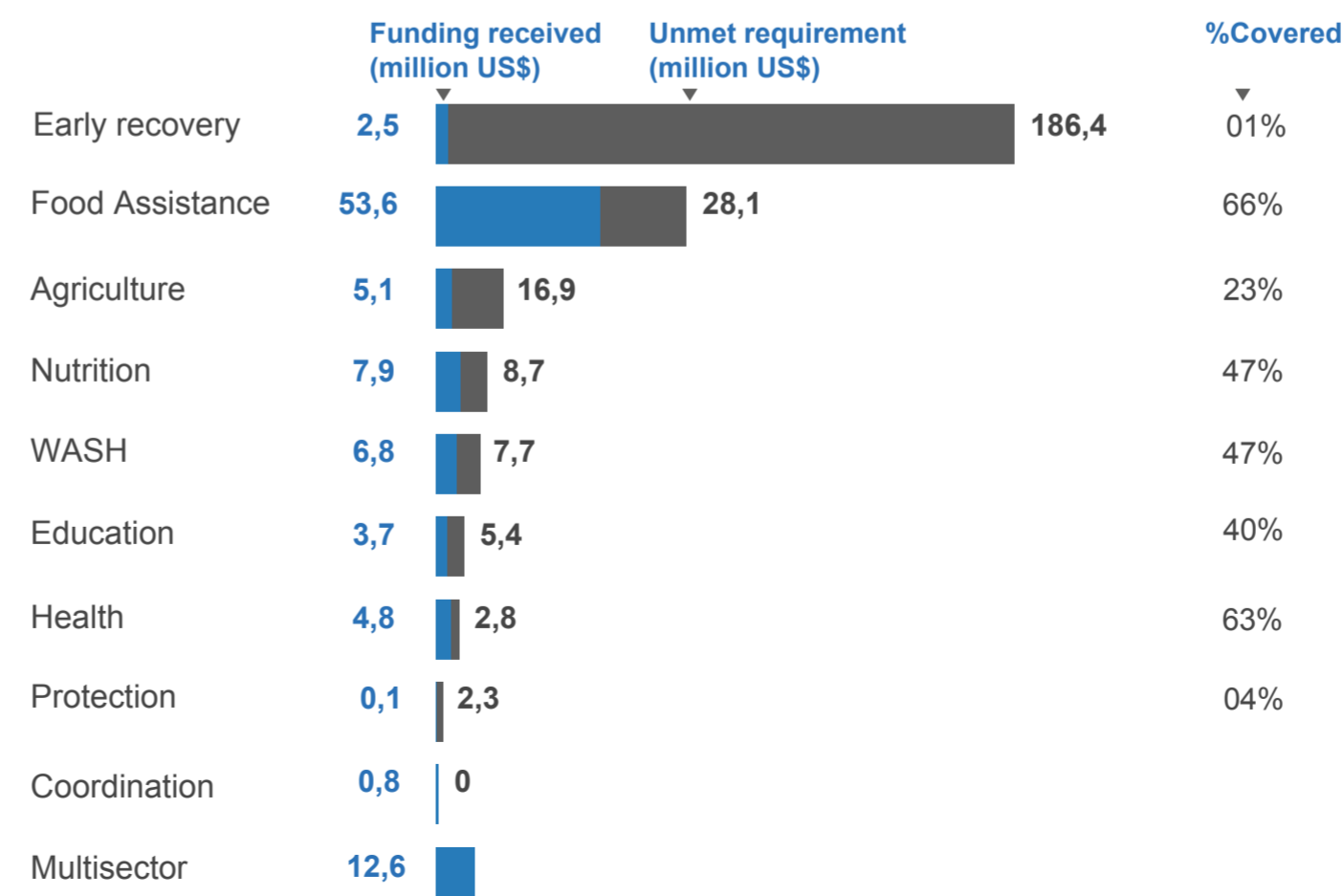
## Beneficiaries Target and reached

Activity	Targeted beneficiaries (Feb 2016)	Revised targeted beneficiaries (Oct 2016 - May 2017)	Reached beneficiaries	Beneficiary type
<b>EDUCATION</b>				
School kit distribution	425 029	425 029	380 231	Student
School feeding	150 000	300 000	246 769	Student
Cash transfer	1 000	1 000	1 000	Households
Training of teachers and distribution of teaching materials	9 700	9 700	8 800	Teachers
Refresher courses for children excluded from school or at risk of dropping out	5 300	5 738	5 738	Student
<b>FOOD SECURITY AND LIVELIHOODS</b>				
Support to goat rearing, poultry farming and bee-keeping				
Support to short cycle agriculture				
Distribution and supply of agricultural inputs and livestock (seeds, etc.)	102 000	170 000	110 371	Households
Training and support on the implementation / improvement of agricultural techniques				
Agricultural recovery				
Food assistance	665 000	978 000	685 160	People
Cash transfer			246 170	People
<b>HEALTH</b>				
Basic health care, medical supervision	300 000	425 000	251 704	People
Reproductive health services and EmONC	38 / 02	50 / 03	38 / 02	Health Center / Reference Hospital
Establishment of early warning system and epidemic response	117	117	117	Health Center
Training of staff members of Health Center and Hospital on management of childhood illness and complication of malnutrition	38/05		38/05	Health Center / Hospital
<b>NUTRITION</b>				
Screening/ monitoring of malnutrition	300 000		300 000	Children<5 years
SMART survey		2	1	Survey
Support to moderate acute malnourished children	57 000	100 000	52 722	Children<5 years
Support to severe acute malnourished children	13 000	20 000	21 700	Children<5 years
<b>WATER, SANITATION AND HYGIENE</b>				
Community Led Total Sanitation	665 000	850 000	722 312	People
New boreholes with hand pump	50 000	60 000	27 500	People
Pumps and boreholes rehabilitation	215 000	160 000	190 750	People
Wash kit distribution	50 000	350 000	63 850	People
Water supply system	60 000	80 000	8 870	People
Water trucking	262 500	50 000	169 200	People
Provision of potable water	587 500	550 000	396 320	People
<b>PROTECTION</b>				
Support to children victims of child exploitation		43 000		Children
Support to girls separated from their relatives due to early marriage		23 750		Children

Global Acute malnutrition (weight/height)



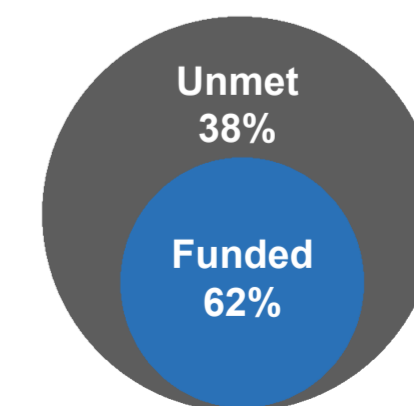
## Revised funding status



**For humanitarian Assistance**

**154,9 million (US\$) required**

**59,3 million (US\$) unmet**



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

Creation date: December 2016 Sources: Humanitarian partners, UN agencies, BNGRC, DGM  
Feedback: www.unocha.org, ocharosa@un.org, www.reliefweb.int, http://rosa.humanitarianresponse.info