

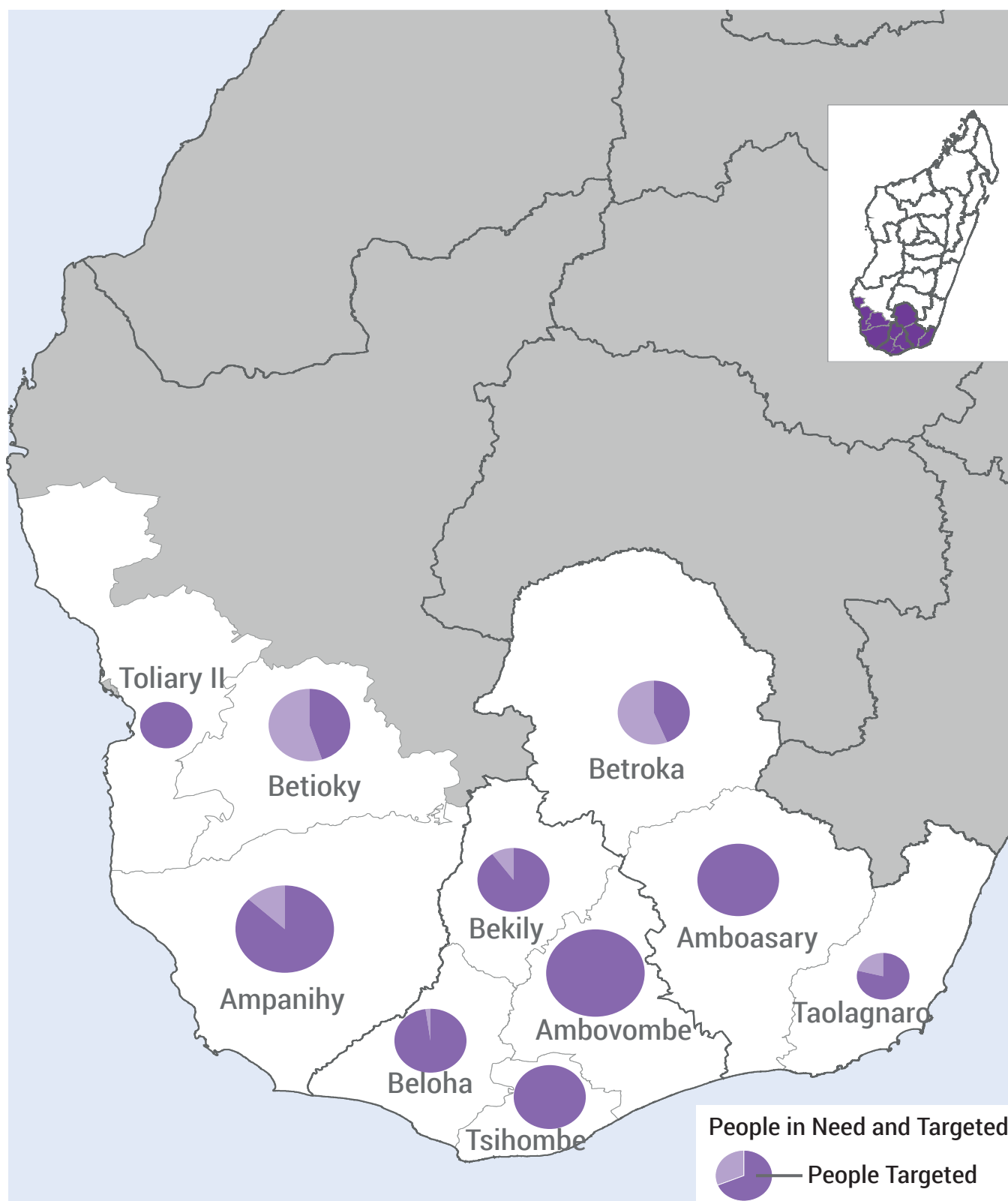
FLASH APPEAL

MADAGASCAR - Grand Sud

JANUARY 2021 -
MAY 2022
(Revised in June 2021)



Overview map



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

COVER PHOTO

A woman fetches water in a puddle in the dried Manambovo river bed in Tsihombe on 2 May 2021. She will sell the water at 150 Ariary per container (about US\$0.04).

OCHA/ Viviane Rakotoarivony

Table of content

04	Foreword by the UN Resident Coordinator	19	Health
05	Flash Appeal at a Glance	21	Nutrition
06	Crisis Overview	23	Protection
08	Response Strategy and Coordination, Strategy & Coordination	25	Water, Sanitation and Hygiene
09	Capacities and Constraints	27	Annexes
09	Humanitarian actors	28	Participating organizations
10	Government capacity	29	Annual requirement by sector
11	Access and logistical constraints	30	Projects
12	Sectoral Needs and Response	35	Methodology for Calculation of People in Need and Targeted
13	Communication and community engagement	37	Acronyms
14	Coordination and common services	38	End notes
15	Education		
16	Emergency shelter		
17	Food Security and Livelihoods		

Foreword by the United Nations Resident Coordinator

The Grand Sud of Madagascar is facing its most acute drought in 40 years, accentuated by the effects of sandstorms, army worms and locusts. Between October 2020 and January 2021, less than 50 per cent of the normal rainfall was received in the Grand Sud, causing devastating damages to agricultural production during the main harvest in May-June 2021, with losses of up to 60 per cent in three of the most populated districts (Amboasary, Ambovombe and Ampanihy). This was the second consecutive year of severe drought in the Grand Sud.

I would like to express my sincere gratitude to the Government of Madagascar for its leadership in the management of this humanitarian crisis. In October 2020, the Government established its National Response Plan to respond to the drought. This was followed by the establishment of medical and nutritional rehabilitation centres, the organization of several "Grand Sud Caravans" to deliver humanitarian aid, the creation of Anti-'Kere' Operational Command Centres (CCOK) to strengthen local coordination and recently the development of the Emergency Plan for the Grand Sud. The Government also reached more than 102,730 people through cash transfers delivered via its shock responsive social protection programme. These commendable initiatives have responded to the immediate humanitarian needs, while also laying the foundation for longer-term resilience and development in the Grand Sud.

In addition to the Government's National Response Plan, humanitarian partners have reached more than 840,000 people under the initial Flash Appeal launched jointly in January 2021. About 736,000 people received food assistance and livelihood support; more than 90,400 children under age 5 and pregnant and lactating women were provided with vital nutritional support and/or treatment; over 217,800 people were assisted to access safe drinking water, sanitation and hygiene; more than 142 400 children and women received health and antenatal care; and more than 93,000 children could access education through school kits.

I sincerely thank all of the donors who have contributed to the January-May 2021 Flash Appeal, which was generously funded. At least 53 per cent of funding was received, according to local tracking, highlighting the solidarity of international partners with people in the Grand Sud.

However, following the failure of the 2020/2021 rainy season, the needs remain tremendous and will continue at least until the next agricultural harvest in May 2022. Within this context, I acknowledge and appreciate the initiative of the National Office of Disaster Risk Management for having revised and extended, with the participation of humanitarian actors, the National Response Plan. The National Plan now aims to provide multisectoral

assistance for 1.6 million people for the next 12 months (June 2021-May 2022). In complement to the National Plan, and in consultation with the country's authorities, humanitarian partners have similarly revised and extended our initial Flash Appeal to mobilize additional resources and extend life-saving and life-sustaining action from June 2021 to May 2022.

The Flash Appeal—focused on the humanitarian needs of people affected by the drought—also took into consideration the resilience approach, according to the specificities of the three areas of the Grand Sud, including the coastal areas, where access to water is very difficult and livelihoods are limited; the intermediate agropastoral sedimentary zone; and the northern zone. On the other hand, this Appeal will support existing Government structures, in particular the National Office for Risk and Disaster Management (BNGRC), which ensures coordination; the Nutritional and Medical Rehabilitation Centre (CRNM); and the Food Bank.

Under the revised Flash Appeal, humanitarian partners will target 1.31 million people, in complement to the Government's response under the National Response Plan. This includes 1.31 million people targeted with food assistance, 807,500 people with access to clean water, 251,340 malnourished children with nutritional support, 213,000 people with free availability of basic health care services and 31,000 pregnant women with sexual and reproductive healthcare, 1,440 survivors of gender-based violence (GBV), 279,000 children exposed to child labour, 85,300 girls between the ages of 12 and 17 at risk of early marriage, and 567,000 students with educational support during the 2021-2022 school year. Humanitarian partners will also strengthen operational coordination of the response on the ground.

The revised Flash Appeal calls for an additional US\$154.6 million for life-saving and life-sustaining action by humanitarian partners in the next 12 months. I solemnly appeal to all partners on the absolute necessity to act immediately in order to save lives, restore livelihoods and reinforce the resilience of communities impacted by the drought. About 1.6 million people are now in need of urgent assistance, and the number of people projected to face Catastrophic (IPC Phase 5) food insecurity set to rise to nearly 28,000 in October 2021, there is simply no time to waste.

Finally, I would also like to commend the Government's initiative in organizing a Colloquium for the Emergence of the Grand Sud. To complement the humanitarian response, this initiative aims at addressing the root causes of the crisis in the Grand Sud by bringing together innovative resilience and development projects and approaches.

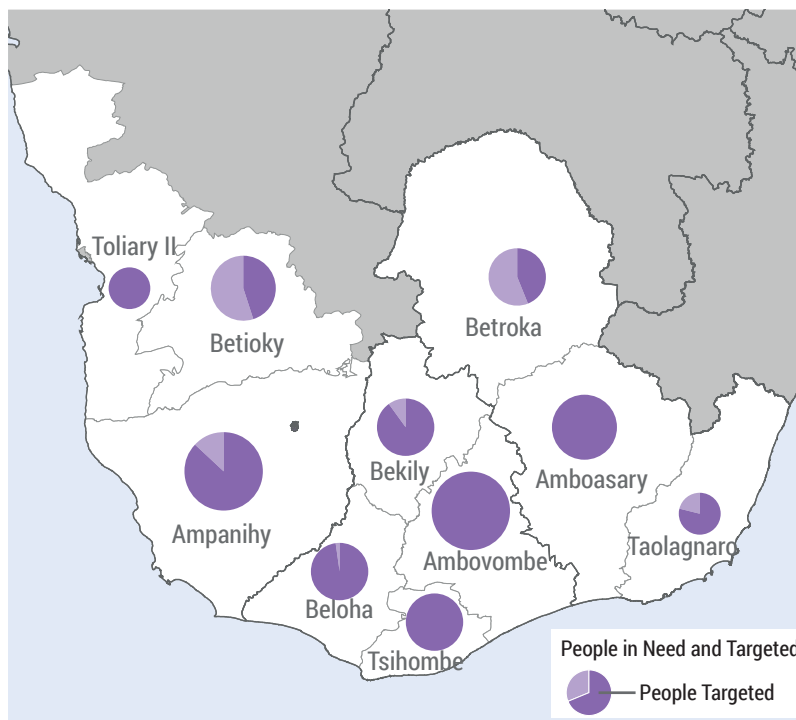
Issa Sanog

United Nations Resident Coordinator for Madagascar

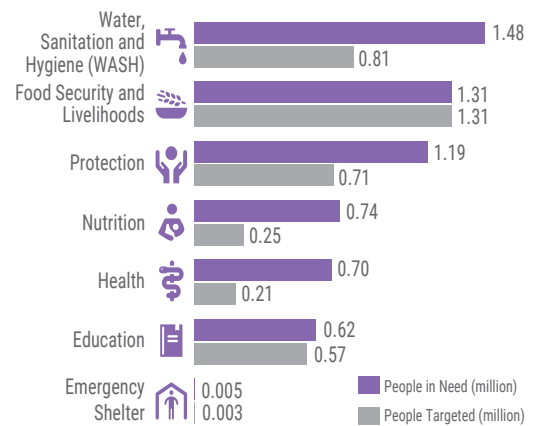
Flash Appeal at a Glance

TOTAL POPULATION	PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS (US\$)	REQUIREMENTS BY YEAR	
2.78M	1.59M	1.31M	\$231M	2021 \$166.2M	2022 \$64.5M
WOMEN AND GIRLS	CHILDREN	PEOPLE WITH DISABILITIES	PEOPLE LIVING WITH HIV		
661K	741K	105K	3.9K		

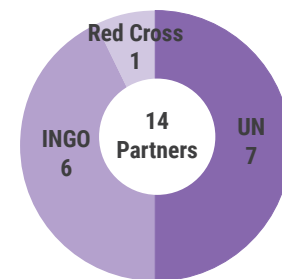
People in need and targeted by district



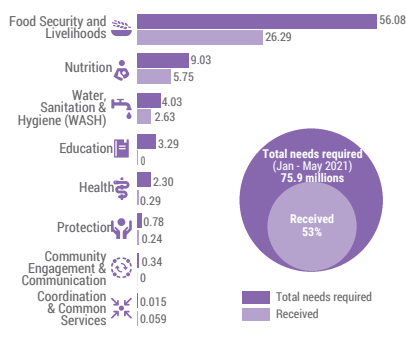
People in need and targeted by sector



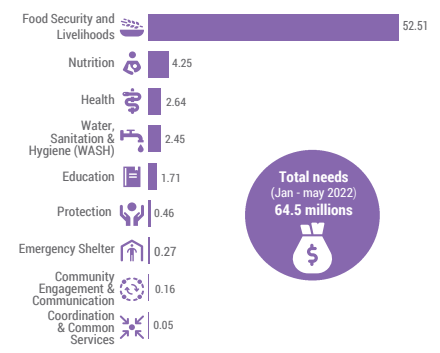
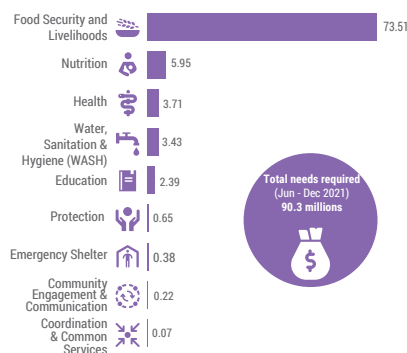
Operational partners by type



Requirements by sector in 2021 (million US\$)



Requirements by sector in 2022 (million US\$)



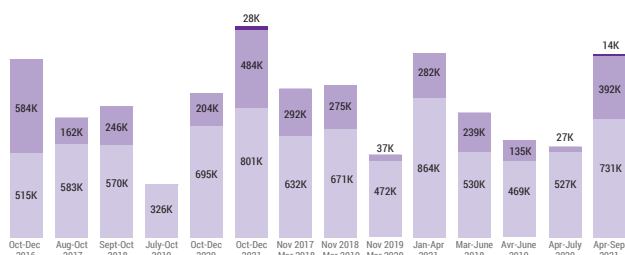
Crisis Overview

The Grand Sud of Madagascar has been buffeted by back-to-back droughts during the 2019/2020 and 2020/2021 rainy seasons, leaving about 1.6 million people in need of humanitarian assistance until May 2022. Following the failure of the 2019/2020 rains (and May/June 2020 harvest), some 554,000 people were projected to be severely food insecure until September 2020. The situation then dramatically worsened when a second drought, more severe than the first, struck the Grand Sud: between October 2020 and January 2021, less than 50 per cent of the normal rainfall was received in the region, leading to the most acute drought since 1981. By January 2021, almost 69 per cent of the Grand Sud was impacted by extreme drought—up from 6 per cent in January 2020—according to UNICEF's drought bulletin.

These consecutive droughts have severely impacted lives and livelihoods. The 2020/2021 drought coincided with the agricultural sowing period, with devastating consequences. Crop losses of up to 60 per cent compared with the 5-year average are expected in at least three districts, according to a preliminary assessment jointly carried out by WFP, FAO, BNGRC and the Ministry of Agriculture in February 2021. In addition, farmers are having to contend with fall army worm, locusts and sandstorms, and an outbreak of Rift Valley Fever in the Atsimo-Andrefana and Atsinana Region has the potential to severely affect livestock-based livelihoods in these areas, if not treated quickly.

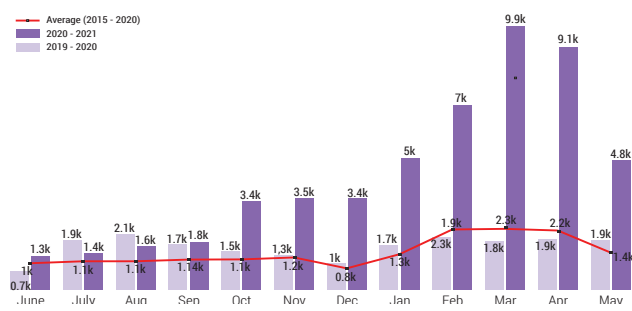
Nearly two in every five people in the Grand-Sud (1.13 million people) are severely food insecure and five districts—Amboasary Atsimo, Ambovombe Androy, Beloha, Tsihombe and Ampanihy Ouest—are in IPC Phase 4 (Emergency) from April to September 2021. In Amboasary Atsimo, about 75 per cent of the population is severely food insecure and about 14,000 people are estimated to be in IPC Phase 5 (Catastrophe), according to the latest Integrated Food Security Phase Classification (IPC) analysis. This is the first time that people have been recorded in IPC Phase 5 since the IPC methodology was introduced in Madagascar in 2016. The situation is expected to deteriorate and, from October to December 2021, the number of people in IPC Phase 3 and above is projected to increase to 1.31 million, with five districts in IPC Phase 4.

Evolution on the number of people in IPC 3, 4 & 5 since 2016

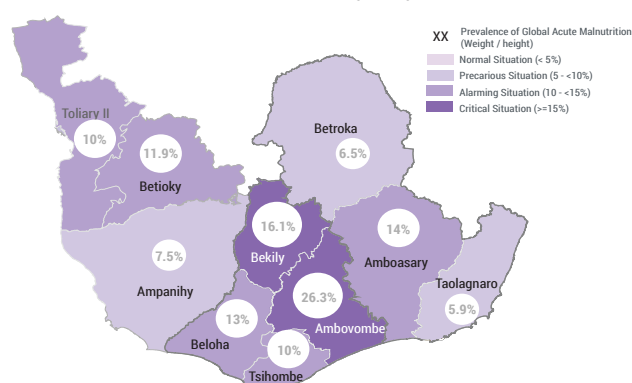


Global acute malnutrition (GAM) rates have risen sharply, with dire consequences for children. The SMART survey conducted by the Government and UNICEF in April/May 2021, shows prevalence of malnutrition ranging from 5.9 per cent to 26.3 per cent. Two districts are in a critical situation, (Ambovombe (26.3 per cent) and Bekily (16.1 per cent), and five districts are in an alarming situation, (Amboasary (14.0 per cent), Tsihombe (10 per cent), Beloha (13 per cent), Betioky (11.9 per cent), Toliary-II (10 per cent). This illustrates a significant deterioration in the situation since the last SMART survey which took place in November 2020, which showed only one district in alert situation (Amboasary (12.9 per cent) and no district in critical situation. Between January and April 2021, admissions for acute malnutrition have dramatically increased.

Trends in GAM admissions (2019-2020, 2020-2021 compared to 2015-2020 average)



Results of the Nutrition SMART Survey, May 2021



As groundwater sources have dried up, access to water has diminished and the cost of water has risen, especially in rural areas. In parts of rural Amboasary and Ambovombe, a 20-litre jerrycan of water can cost between 300 and 800 Malagasy ariary, which is nearly 10 times the cost of the same volume of water in urban areas (50-100 ariary).

Disease has risen during the droughts, while people—especially women—have accessed health care less. The prevalence of diarrhoea in the Grand Sud increased from 7.23 per cent in 2020 to 13.83 per cent in 2021, and the number of malaria cases has risen in 33 communes (out of 52) in two districts from 10 May to 6 June 2021.

The Grand Sud has also been impacted by COVID-19, with 1,466 cases and 55 deaths recorded in the region since the pandemic began. Despite some improvements due to the establishment of mobile clinics in 2021, there continues to be a low utilization of services, with an outpatient rate of 16 per cent. There has also been a decrease in the childbirth rate in health facilities, going from 33 per cent in 2020 to 31 per cent in 2021. An estimated 49,500 pregnant women are exposed to excess maternal morbidity and mortality due to lack of access to essential obstetric care in the Grand Sud.

With families under increasing stress, protection is a serious concern, especially for children and women. The child marriage rate in the Grand Sud is the highest in the country: between 45 per cent and 58 per cent of women aged 20-49 were married before the age of 18, compared with 37 per cent nationwide, according to the Multiple Indicator Cluster Survey (MICS) carried out in 2018. Some 49 per cent to 62 per cent of children in the Grand Sud are involved in child labour, and the risk of child exploitation and abuse has been heightened by the back-to-back droughts. Gender-based violence increased from 25 per cent to 50 per cent according to a survey conducted in 13 communes

at the end of 2020 by the Protection Sector. Many families left rural homes and headed towards cities as a survival strategy, increasing the risk of family separation. Since the beginning of 2021, significant displacements to cities such as Taolagnaro (Fort Dauphin), Betroka and Ampanihy have been recorded. At the same time, there has been an upsurge in criminality by dahalo gangs (cattle rustlers), particularly in the districts of Amboasary and Taolagnaro (Fort Dauphin), limiting access to essential services, such as health and nutrition.

Within this context, the humanitarian response during the peak of the 2020/2021 lean season undoubtedly saved lives and alleviated suffering. Le More than 840,000 people were reached with life-saving assistance under the Flash Appeal that was launched in January 2021.

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However, much more is needed in the 12 months ahead. The severity of the humanitarian situation today in the Grand Sud has not been seen since nutritional screening and the IPC were introduced in the region more than half a decade ago. The humanitarian response therefore requires large-scale reinforcement. With the next agricultural harvest due only in May 2022, it is vital that humanitarian partners step-up to assist communities in the Grand Sud in the coming period.



Anjampaly Commune, Tsihombe District, Androy Region

Payment session for beneficiaries of the dune fixing activity initiated by UNDP.

Photo: OCHA / Viviane Rakotoarivony

Response strategy and coordination

Humanitarian Response from January to May 2021

In January 2021, as the crisis in the Grand Sud escalated, humanitarian partners launched a Flash Appeal (January to May 2021), in complement to the Government's National Response Plan. The Flash Appeal called for US\$75.9 million to address the multi-sectoral needs identified across the Grand Sud, including the urgent assistance required for 1.14 million people who were found to be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) following the release of the IPC analysis in December 2020.

From January to May 2021, the Government and humanitarian partners scaled-up assistance in the Grand Sud. The Government set up two 'Kere' Operational Command Centres (CCOK), began the construction of Medical and Nutritional Treatment Centres for nutritional support for vulnerable children, implemented a joint Agriculture-WASH strategy for long-term agricultural revitalization, and supported the process of setting up a Food Bank to enhance the food security of the population. The Government also implemented a shock responsive social protection programme, funded by the World Bank, which reached 102,730 people with cash transfers from January to May 2021.

Under the initial Flash Appeal (January to May 2021), more than 840,000 people received humanitarian assistance, out of 1.1 million targeted, with thanks to the generosity and solidarity of all of the donors who contributed. About 829,000 people received food assistance and livelihood support; more than 188,800 children under age 5 and pregnant and lactating women were provided with vital nutritional support and/or treatment; over 264,600 people were assisted to access safe drinking water, sanitation and hygiene; more than 142,400 children and women received health and antenatal care; and more than 93,400 children could access education through school kits. The Flash Appeal was around 53 per cent funded, according to FTS.¹

Response Strategy from June 2021 to May 2022

In June 2021, the Government through the National Office for Disaster Risk Management (BNGRC) revised and extended its National Response Plan for the crisis in the Grand Sud. The Government's revised plan calls for \$185 million to target 1.6 million people with assistance from June 2021 to May 2022.

In complement to the Government's plan, the Flash Appeal has been revised and extended to ensure the continuity of life-saving and life-sustaining humanitarian interventions until May 2022. Under the Flash Appeal, multisectoral response will be geographically targeted in the nine districts facing IPC Phases 3 and 4 (Amboasary, Betroka, Ambovombe, Tsihombe, Bekily, Beloha, Ampanihy, Betioky and four communes in the district of Taolagnaro), and food assistance will also be provided to people facing severe food insecurity (IPC 3 and above) in Toliara II District, with the objective of saving lives and alleviating suffering in the areas hardest-hit by the crisis.

The revised Flash Appeal will target 1.31 million people—out of 1.6 million people in need—with humanitarian assistance.

Strategic Objectives

In support of the national response plan, this Flash Appeal is also based on the following four strategic objectives:

- **Strategic objective 1.** Avoid human casualties, especially among children under age 5 and pregnant and lactating women.
- **Strategic objective 2.** Improve food security and restore the livelihoods of the most vulnerable households.²
- **Strategic Objective 3.** Provide essential health services including maternal care for the most vulnerable households, and surveillance of diseases requiring medical attention.
- **Strategic Objective 4.** Ensure the continuity of social services to avoid the negative coping mechanisms among the population.

Coordination

The implementation of this Flash Appeal will be coordinated in support of the Government's national response plan, as follows:

- The implementation of the Government's national response plan is coordinated by the BNGRC, in close cooperation with line ministries and humanitarian partners.
- The implementation of this Flash Appeal, which complements the Government's response plan, is coordinated by the United Nations Resident Coordinator, with the support of the Office for the Coordination of Humanitarian Affairs (OCHA) and the Humanitarian Country Team (HCT). The HCT brings together the humanitarian agencies of the United Nations system, international NGOs and the Red Cross movement in close coordination with the Government's Ministries.

Complementarity

The strategy outlined in this Flash Appeal is focused on saving lives and alleviating suffering in the next 12 months. In order to ensure complementarity between humanitarian action and ongoing development interventions, as well as to promote longer-term actions that will ultimately tackle the root causes of the crisis in the Grand Sud, this Flash Appeal will:

- Promote complementarity and consistency between humanitarian cash transfers and the Government's shock-responsive social protection programme, through the Cash Working Group.
- Support coordination and response efforts at local level, including the referral of children and women at risk of malnutrition and/or vulnerable for their follow-up in the Centre for Nutritional and Medical Treatment, the food bank initiative and contingency interventions in terms of agriculture and WASH; and
- Support to the Government's priorities to tackle the root causes of the cyclical crisis in the Grand Sud.

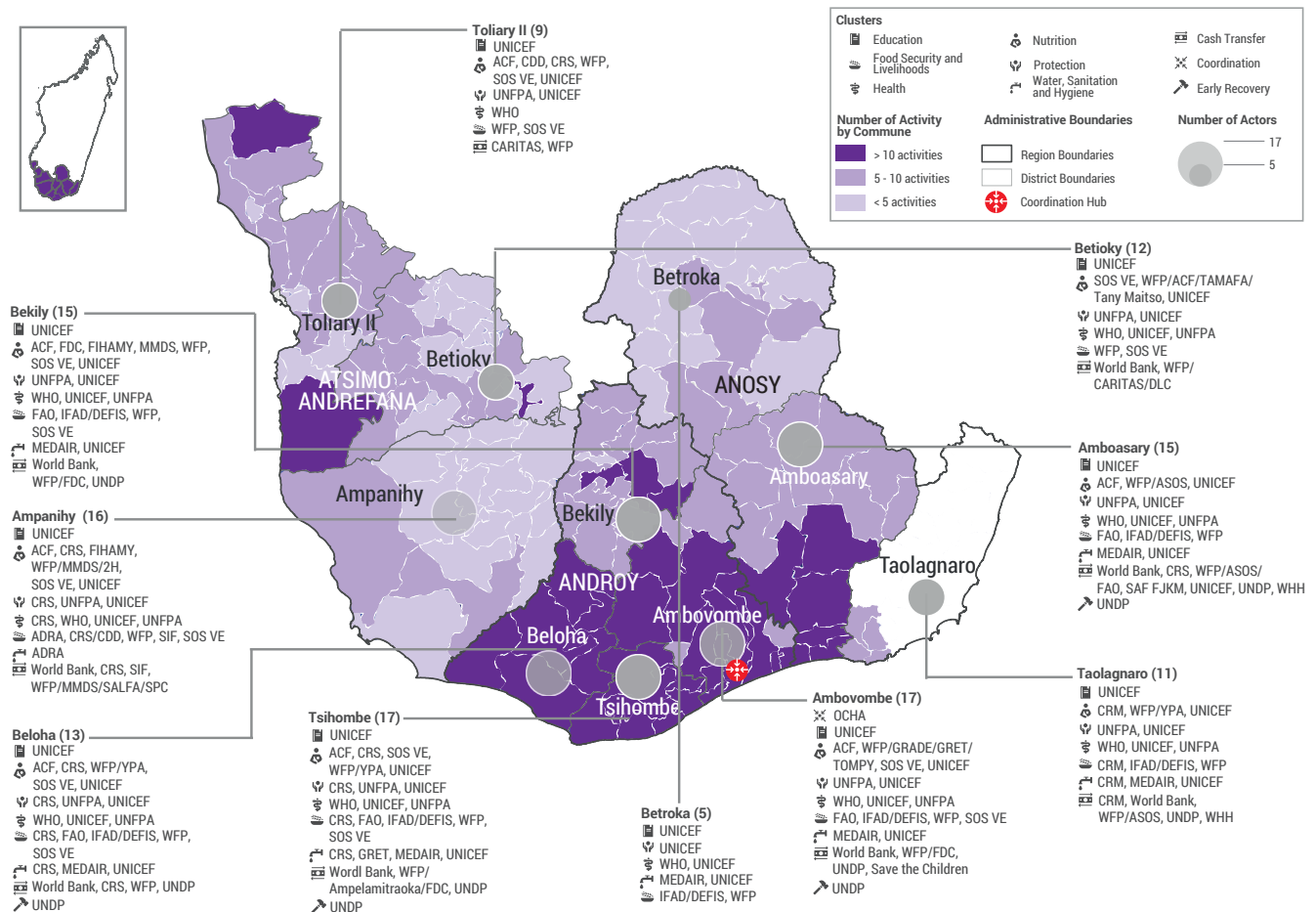
Capacities and constraints

Humanitarian actors

Under this revised Flash Appeal, 14 humanitarian partners will implement the projects, including 7 United Nations agencies, 6 International Non-Governmental Organizations (INGOs) and the Malagasy Red Cross (CRM).

The Flash Appeal builds on the ongoing programming implemented by humanitarian partners in the region, illustrated below, and the operational presence of organizations already on the ground in the most affected areas.

Operational presence of humanitarian actors (situation as of June 2021)

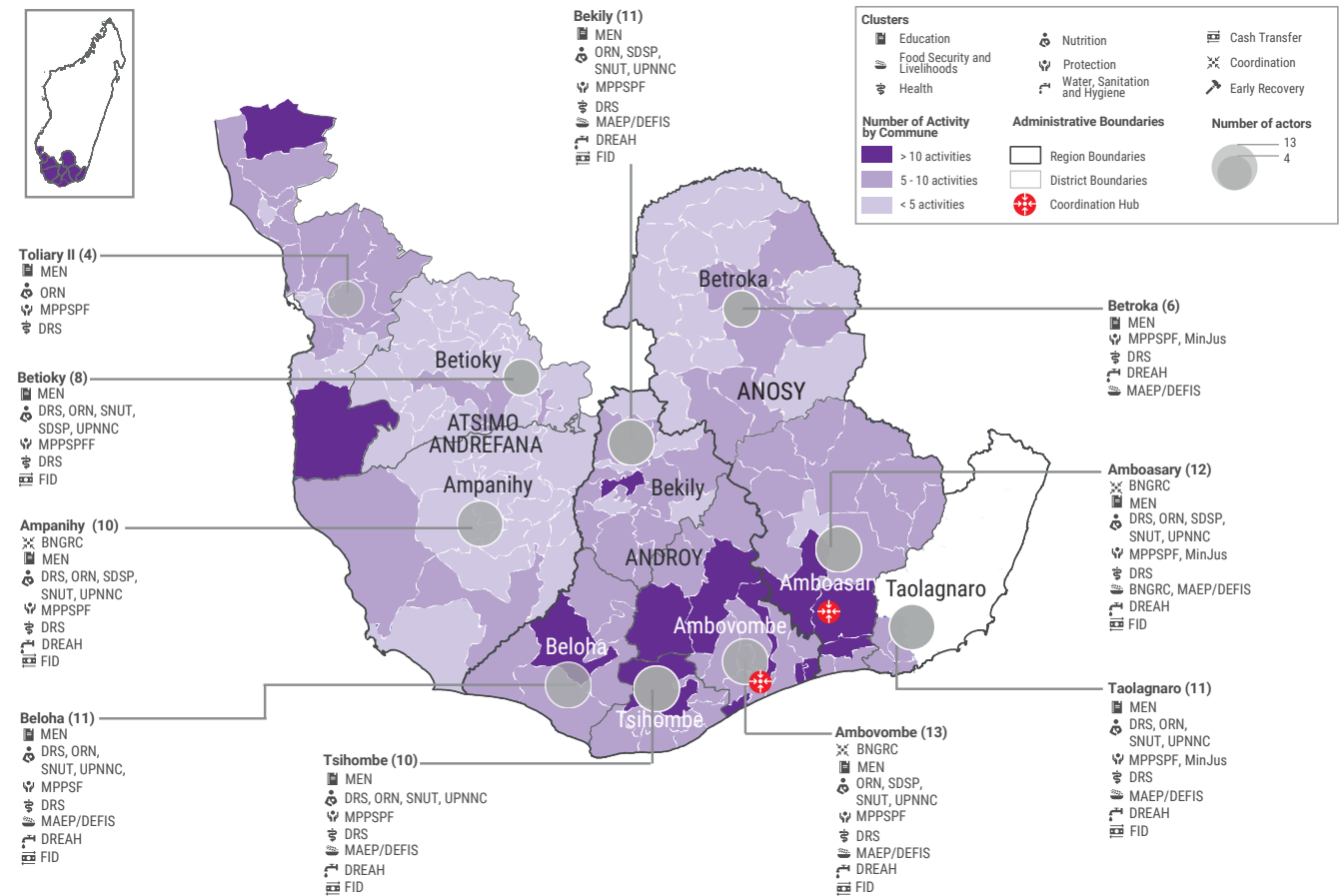


Government capacity

To respond to immediate humanitarian needs, the Government, through its plan its National Drought Response Plan, organized several "Grand Sud Caravans" to deliver humanitarian aid, created Anti-Kere Operational Command Centers (CCOK) to strengthen local coordination, and scaling up small irrigated crops. The Government

has also reached over 102,730 people through cash transfers provided through its shock-responsive social protection program. Several actors have contributed to the realization of these activities, as presented in the map below.

Operational presence of Government actors (situation as of May 2021)



Access and logistical constraints

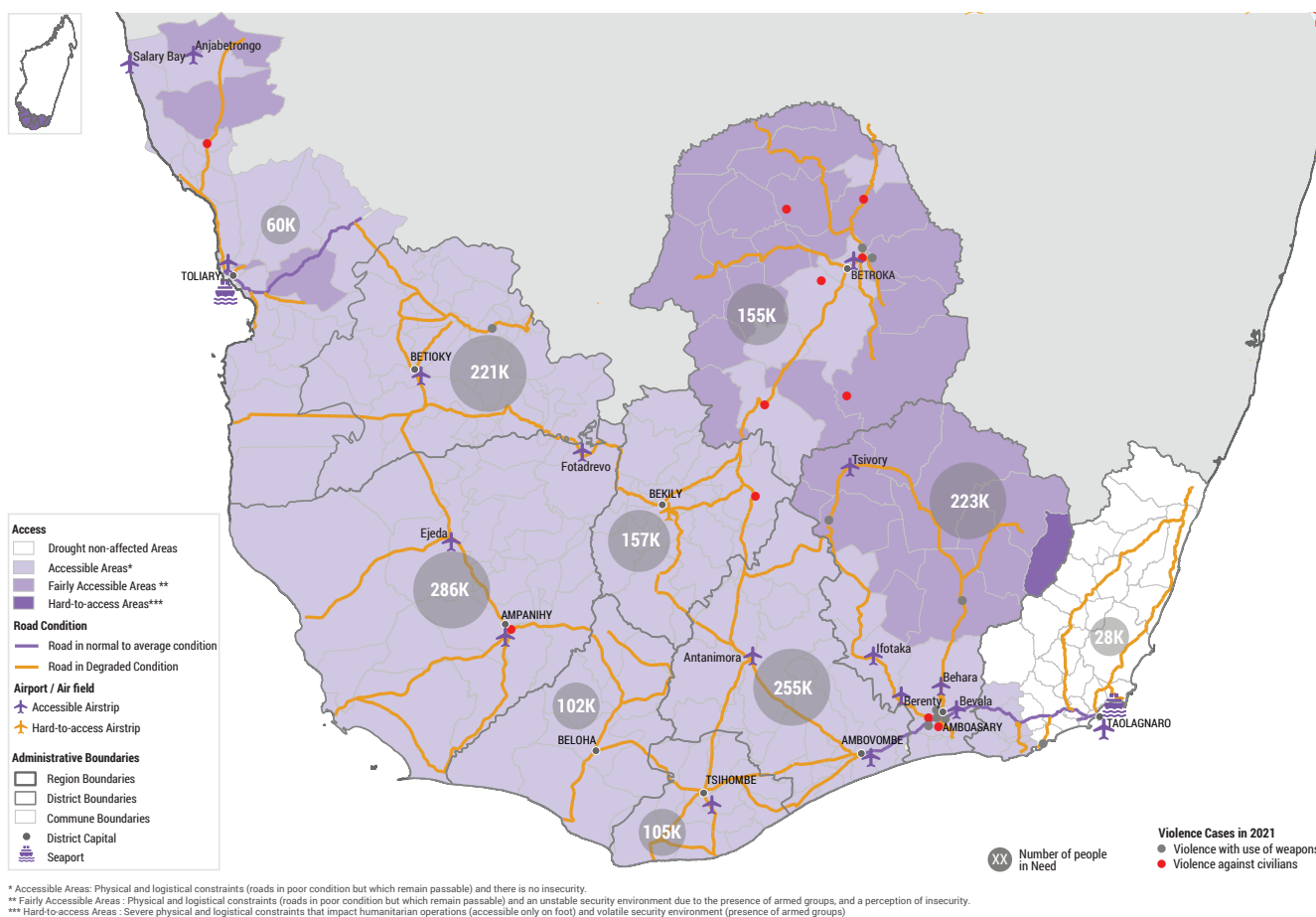
Access in the drought-prone Grand Sud is mostly affected by logistical and physical constraints. The Anosy region, in the eastern part of the Grand Sud, is home to most of the hard-to-reach communes. In particular, in the Tanadava Madrere commune in the northern areas of Tolagnaro district and in the Manevy commune in eastern Amboasary district, access is particularly difficult due to both physical access constraints and insecurity linked to banditry. There are no roads to these communes and no available airstrips, with access possible only by foot and/or canoe. Nearly 15,000 people are estimated to live in these communes (10,356 in Manevy and 4,602 Tanadava Mandrere).

The presence of 'dahalo' cattle raiders has also impacted humanitarian access, although humanitarian actors and assets have not been a target of the violence to date. At least 123 violent incidents have been recorded since the beginning of 2019 in the Grand Sud (70 armed clashes and 53 attacks against civilians). As a result, 218 people have reportedly died,

13 people were abducted and at least 14,000 cattle have been stolen. In 2021, violence has mostly occurred in Ambovombe, Amboasary and Betroka districts, affecting people's access to basic services and assistance, and compounding an already dire drought situation. A few communes in the northern areas of Amboasary district (Elonty, Esira, Mahabo, Mahaly, Maromby and Marotsiraka) as well as Betroka district, in the northern part of Anosy, have been difficult to access, as a result of the insecurity. Road access to these areas remains possible but challenging.

COVID-19 has also been a major impediment during the past months/year, affecting the capacity of international organizations to respond to the drought. COVID-19 restrictions have affected visa procedures, as well as international flights and advocacy is ongoing for humanitarian flights between Johannesburg and Antananarivo. Commercial flights between the national capital and the Grand Sud were closed in April 2021 and resumed on 2 June.

Physical capacities and vulnerability of roads



Sectoral needs & response

**Behavndra Commune, Ampanihy District,
Atsimo Andrefana Region**

A child is screened for malnutrition measuring the upper arm circumference by a ACF mobile clinic in Etakaky, Ampanihy District on 3 May 2021.

Photo: OCHA / Viviane Rakotoarivony



Communication and community engagement



FUNDING REQUIREMENTS (US\$)

\$375K

People in need and targeted

All the people in a situation of severe acute food insecurity in the nine districts will benefit from communication interventions based on mix-communication through interpersonal communication, social mobilization, mass communication and media communication.

Sector response

Communication interventions consist in:

- Promoting behavioural changes linked to water, sanitation, hygiene, nutrition, health, social protection and child protection.
- Promoting the demand for the essential services available for populations.
- Supporting the participation of all stakeholders including the affected population.
- Strengthening the mobilization and commitment of influential people, local leaders as well as actors at all levels for the implementation of interventions.
- Setting up a mechanism that allows populations to express their needs and encourage them to provide feedback on the interventions.

The activities to be implemented are in line with the national priorities and objectives set by the communication strategy and will support efforts in the various sector groups. The message guidebook on drought and on the recommended behaviours will thus align with the communication objectives of each sector group and with any additional needs they may have.

In this context, two types of participating groups are considered:

- **Primary participants** : made up of household heads, mothers, pregnant women, lactating mothers, children, adolescents and young people, people living with disabilities, and the elderly, among others.
- **Secondary participants**: made up of local / administrative

authorities (heads of Fokontany, Mayors, District Heads, etc.), Government agencies, officials from NGOs and associations, traditional and religious leaders, community workers, health workers, nutrition site staff, matrons, traditional healers and teachers.

It is thus expected that the affected people, especially the most vulnerable groups: :

- have regular access to information in real time on the available services,
- know and adopt behaviours related to water, hygiene and sanitation, health, nutrition, education and the protection of vulnerable people.
- and participate, express their needs and are motivated to contribute to their recovery and resilience to drought.

Influential people:

- have access to information and have the capacity to execute the communication strategies to be implemented,
- are empowered to contribute to the return to normal life of the communities affected by the drought,
- and will support and foster the implementation of communication actions in times of drought

Nine districts (Amboasary, Ambovombe, Ampanihy, Bekily, Beloha, Betioky, Betroka, Taolagnaro, Tsihombe) are involved in communication actions in this context of drought.

The interventions provided for in the drought communication plan are coordinated by the DRM Communication Networks under the leadership of the BNGRC and the Ministry of Communication and Culture (MCC). The Network is a multisectoral group composed of government entities (Ministries and related agencies), United Nations agencies, NGOs and private sector entities at all levels (national, regional, district).

Coordination & Common Services



FUNDING REQUIREMENTS (US\$)

\$131K

Context of the crisis in the sector

The Grand Sud of Madagascar is a very large area made up of three regions, and nine districts are the most affected by the effects of the drought. These districts are all hard to physically access, especially during the rainy season from November to April, a period that coincides with the second phase of the multisectoral responses provided for in this Flash Appeal. A large part of the area is not yet covered either by telephone networks or by the Internet.

In addition, the Grand Sud is the main area of concentration of humanitarian actors in Madagascar, and in the event of a humanitarian emergency, this presence is reinforced. These actors were able to activate a number of humanitarian sectors on the spot, namely food security and livelihoods, health, nutrition and water, hygiene and sanitation.

These very specific situations in the Grand Sud require a physical and permanent presence at humanitarian coordination level, provided by OCHA. On the Government side, at the moment the National Office for Risk and Disaster Management (BNGRC) has a regional office in Ambovombe, Androy Region, which has just been reinforced through the establishment of a coordination centre in Amboasary and Ampanihy, after the closure of the Anti-Kere Operational Command Centre (CCOK).

To enable BNGRC to coordinate all actions relating to prevent and respond to hunger, it is necessary to reinforce this structure through tools and resources for coordination and monitoring of already existing responses, including human resources, equipment, means of transport, means of communication, and capacity building

Sector response

- Support the decentralized coordination of the effective humanitarian response in the Grand Sud: coordination, information management, response monitoring and evaluation, through:
 1. Capacity building of staff in local entities in, through training and ad-hoc support missions,
- 2. Various support and supervision missions at district level,
- 3. Activation of the logistics sector group to support the operationalization of the response and coordinate on-site logistic support.
- Regularly collect, process, analyse and disseminate information to enable rapid operational decision-making at local level and strategic decision-making at national level, through :
 1. training in emergency information management and operational centre management,
 2. the collection, processing and dissemination of meteorological information at local level, as well as the prices of basic foodstuffs, etc.,,
 3. and a joint monitoring mission and multisector evaluations during the response phase.
 4. Production of regular reports and dashboards for response monitoring.
- Set up a monitoring and early warning system for displacements by:
 1. The operationalization of the Early Warning System and a light community alert system, as well as movement tracking.
 2. The revitalization and deployment of Displacement Tracking Matrix (DTM) and "flow monitoring" tools;
 3. Capacity building and sustaining monitoring population flows at flow control points (bus stations);
 4. The preparation and dissemination of monthly DTM reports to all humanitarian and developments actors.
- Develop and implement a communication strategy for greater visibility of this crisis in order to support the mobilization of resources and better inform the community.

Education



PEOPLE IN NEED	PEOPLE TARGETED	GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
624k	567k	49%	100%	\$4.11M

Context of the crisis in the sector

Due to acute food and nutrition insecurity and the loss of household livelihoods in a context of increasing poverty, the risk of school dropout and abandonment for children is substantial.

According to the Statistical Yearbook of the Ministry of Education for the year 2018/2019, the dropout rate was already 37.8 per cent for primary and 33.8 per cent for secondary levels in the three regions of the Grand Sud, versus 22.2 per cent nationally. A study carried out by WFP in October 2020 in the district of Amboasary, the most affected by the current crisis, showed that hunger had forced three quarters of children to drop out of school in order to be able to help their parents to look for food and/or to help their parents to work in the fields. Failure to address dropout and absenteeism may jeopardize educational efforts and results for the years to come.

Even before the crisis, students would only benefit from about 39 per cent of the teaching time, as teachers are frequently absent from their workplace. This was the result of absence tracking of 2,475 teachers in 473 elementary schools from May to June 2016.

The reintegration of children who have left school is always difficult, especially for those who have not attended school for a long time. School provides a protective environment, but its core mission is to provide children and young people with essential skills for their life.

To do so, the education authorities must have the necessary equipment. It is therefore extremely important to prevent dropout as much as possible. The non-enrolment of children compromises the chances of future generations, affects the socio-economic growth of the country and removes an essential source of current protection and future development.

People in need and targeted

The Education Sector has identified the entire school-age population between the ages of 6 and 15 in the nine food-insecure districts (IPC 3

and 4) as people in need. To do so, the sector determined the number of the population in this age group among the total population of the affected districts from the 2018 RGPH data. This number corresponds to 624,378 students in need.

The number of targeted students was calculated based on the number of students in public schools not covered by the regular school meal program during the 2021-2022 school year (approximately 9 months), who may need other forms of support. The objective of this component of the intervention is to provide the necessary additional inputs to avoid increasing the direct and indirect costs that households must cover to send their children to school. The number of targeted children is estimated at 567,456 students

Sector response

The sector's response revolves around the following activities in order to strengthen school retention and reduce drop-out, to encourage teachers and to reduce parents' expenses in the education of their children.

- Provide school stationery to 567,456 students in vulnerable schools and high-schools in the nine affected districts, especially where remedial classes take place.
- Provide the 3,000 teachers with school supplies to carry out their teaching duties in vulnerable schools and high schools in the nine affected districts, especially where remedial classes are taking place.
- In relation to the fight against the spread of COVID-19, the target schools for these interventions will be equipped with hand-washing facilities.

Emergency Shelter



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
5k	3k	50.3%	50%	\$0.66M

Context of the crisis in the sector

The chaotic situation caused by food insecurity in the Deep South has forced thousands of people to leave their villages to seek food in urban centres. From December 2020 to March 2021, nearly 3,000 internally displaced persons were counted in cities in the south (Amboasary, Fort Dauphin, Toliara) but also in transit points or destinations in the rest of the country (Fianarantsoa, Antananarivo and in the northern and north-western regions of the country). In Fort Dauphin, this forced the authorities to set up an ad hoc site for the temporary accommodation and reception of displaced people, with supporting measures from humanitarian actors to ensure that it operates to the appropriate standards.

Displacement presents many challenges for both displaced and receiving communities, including increased exposure to abuse and exploitation, and may lead to social tension and conflicts as it puts increased pressure on the already limited resources of some host communities.

While most people displaced in March 2021 have returned in recent weeks to their villages of origin, the situation remains fragile in view of the difficulties and persistent vulnerabilities of recovery in the face of a third consecutive year of drought. These massive population displacements intensify especially in the run-up to and during the lean season, when access to food is under severe challenge. In view of the particularly high risk of displacement during the 2021-2022 lean season, it is important to be able to set up a monitoring and early warning system for displacements and to prepare a response capacity to receive and care for internally displaced persons.

People in need and targeted

Based on previous experience, about 5,000 people could move, either to common accommodation sites or to their close families and are therefore considered as people in need.

People targeted are those who cannot go to their families and are forced to build very precarious housing in any available place in large cities. The main destination is the town of Fort Dauphin. According to recent statistics, about 3,000 people could adopt the same strategy again.

Sector response

- Support for displaced people in a safe living environment that guarantees their protection from the elements, their security and their dignity while promoting their access to livelihoods including:
 1. Establishment of a census system for displaced persons.
 2. Identification / development of reception / accommodation sites.
 3. Purchase, pre-positioning and distribution of essential household items (AME).
 4. Site management.
- Accompaniment of displaced persons for the return to their place of departure, including:
 1. Information awareness sessions on return opportunities.
 2. Transport of the displaced to their locality.

Food Security and Livelihoods



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
1.31M	1.31M	50.3%	50%	\$126.M

Context of the crisis in the sector

The assessment of the start of the agricultural and food security season (EDCASA) in February 2021 in the three southern regions of Madagascar showed that food production, expected during the main harvest from June 2021, would be reduced to less than 40 per cent compared to the already weakened average of the last five years. In addition to drought, agricultural activities face several hazards such as crop infestations, including army worms and locusts, lack of access to and availability of agricultural inputs, and sandstorms.

The food insecurity generated by the agricultural failure has been exacerbated by the crisis of the COVID-19 pandemic that has affected Madagascar, causing the disruption of the supply chain of markets to which are added the increases in staple food prices (local and imported rice, dried cassava, maize, legumes and oil) compared to previous years³ as well as declining income and employment opportunities.

Vulnerable populations therefore face a challenge in terms of food access and availability due to low production, lack of income sources and severe market disruption. Since October 2020, the food and nutrition crisis in the Grand Sud has intensified and has become the largest crisis in the last 20 years with 1,145,000 people in the crisis and emergency phase (IPC3 and 4) from November 2020 to March 2021.

Despite humanitarian assistance being provided since November 2020, the situation continues to deteriorate. The IPC exercise in April 2021 showed 1.14 million people projected to be severely food insecure (IPC3 and above) from April to September 2021 and 1.31 million people likely to become severely food insecure from October to December 2021. The district of Amboasary (classified as emergency phase-phase 4 of the IPC) remains the epicentre of the crisis with 80 per cent of the population in phase 3 or above and nearly 28,000 people, or 10 per cent of the population in Catastrophe level (IPC phase 5). This district is also in a nutritional emergency with 78 per cent of its municipalities. Ambovombe, Ampanihy, Beloha and Tsihombe are also strongly affected by food insecurity with 55 to 60 per cent of the population in IPC phase 3 and above. The districts of Betioky, Bekily, Betroka and the five communes of Fort Dauphin bordering Amboasary Atsimo are in phase 3.

The continued deterioration of the food insecurity situation, other than the lack of agricultural production, has also been exacerbated by the following factors:

- the low rate of coverage of the assistance provided so far,
- insufficient food rations provided, whether in cash or in kind,
- irregularity of assistance including delay in implementation,
- the weak support provided for agricultural recovery and for post-shock recovery.

In this context, humanitarian actions must continue until the end of the next lean season (at least until May 2022) to allow populations struck by acute food insecurity to have acceptable food consumption and also to protect and restore their livelihoods.

People in need and targeted

The people in need are the 1.31 million people classified in IPC phases 3, 4 and 5 in the 10 districts of the Grand Sud from October to December 2021. The Sector aims to target all those people with food and livelihoods support.

Sector response

To better respond to the situation, members of the Food Security and Livelihoods (FSL) Sector as well as the National Cash Working Group (NCWG) have taken the following resolutions to improve the quality and impacts of responses :

- Increase the ration according to the food gap to be filled: 100 per cent of the rations for households living in IPC 4 zones, especially those heavily affected with people in IPC 5, and 50 per cent in IPC3 areas. If rainfall conditions are good and households receive appropriate assistance during the 2021-2022 agricultural season, a return to half-ration for all beneficiaries can be considered starting from February 2022.
- Choice of the modality (in kind food or cash): the assistance modality via cash transfers can be used in the municipalities where the security and market conditions are ensured through preliminary analyses of the members of the FSL and CWG sector. It is estimated that the cash transfer modality could cover about 40 per cent of households in need. In locations with IPC 5 households where transfers are still feasible, this modality will be combined with in-kind assistance to cover 100 per cent of the household ration without exposing them to security and/or market risks. However, supporting measures are being analysed to make the markets resilient to a possible increase in demand.
- Supplement food assistance with substantial support for

the revitalization of agriculture and other livelihoods to break the cycle of food insecurity during the next harvest in 2022. This support includes large-scale plant protection and mass vaccination for livestock health.

- Ensure the integration of food assistance with other sectoral programs, including:
 1. Nutritional assistance:
 - Combine food and cash distributions with the prevention of acute malnutrition among children aged 6 to 59 months as well as pregnant and lactating women.
 - Systematically integrate households with severely acutely malnourished children for treatment in care centres among beneficiaries of food assistance.
 2. Access to basic social services:
 - Ensure good coordination with the health, education, WASH and protection sectors so that beneficiaries

of food assistance can benefit from multi-sector assistance allowing them to access their basic essential needs.

- Conduct joint assessments and analyses reviews to enable sustained monitoring of the food security situation and to harmonize and adjust responses accordingly. The main assessments and analyses are: agricultural production and food security assessment (CFSAM), IPC exercises, market analysis, as well as price monitoring, food gap analysis and updating of the minimum basket prices.
- Crop monitoring and evaluation, food security and nutrition assessments, climate and market information, and strengthen IPC analysis processes at the national level, including capacity building of all stakeholders involved.
- Finally, through the Grand Sud Caravan, the Government reached 153,000 households with food in the districts of Amboasary, Ambovombe, Tsihombe, Beloha, Ampanihy, Betroka, Benenitra and Taolagnaro.



Anjampaly Commune, Tsihombe District, Androy Region

Food distribution by the NGO Catholic Relief Services (CRS) in the commune of Anjampaly, Tsihombe District, on 4 May 2021 Photo: OCHA/Viviane Rakotoarivony

Health



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
700K	213K	50.3%	52%	\$6.35M

Context of the crisis in the sector

Due to the exceptional drought that caused acute food and nutritional insecurity and the loss of household livelihoods in a context of poverty, the health of the population has been weakened and access to basic health services has been greatly affected.

According to data from the national health information system (DHIS2), from January to April 2021, the main findings are:

- Low use of services with an outpatient rate of 16 per cent despite a slight improvement compared to the last quarter of 2020 relating to the implementation of mobile clinics which has made it possible to improve accessibility to service for people living more than 10 km from health centres.
- A decrease in childbirth rates at health facility level from 33.15 per cent to 30.9 per cent, reflecting a decrease in accessibility mainly in the districts of Betioky Sud, Betroka, Bekily, Ambovombe, Tsihombe and in the four communes of Taolagnaro.
- An increase in the prevalence of diarrhoea from 7.23 per cent in 2020 to 13.83 per cent in 2021 indicating an increase in the disease at community level
- An increase in the number of malaria cases at national level since the first quarter of 2021 with an emphasis in some districts.
- Concerning the DTCHePBHib3 immunization coverage, which is 75 per cent, it has certainly slightly improved compared to 2020 (70 per cent), but it remains far below the national target of 95 per cent.

It should be noted that health and travel restrictions following the state of health emergency established since March 2020, are in force until the end of May 2021 depending on the evolution of the epidemiological situation. This situation is also worsened by the occurrence of other health emergencies including the circulation of the Poliomyelitis virus (cVDPV), Rift Valley Fever and especially the COVID-19 pandemic.

In addition, the chronic impoverishment of the population has led to an upsurge of rural insecurity, resulting in victims even among health workers.

As a result of this humanitarian crisis, there is a high risk of increased maternal and neonatal morbidity and mortality in the most affected districts because pregnant and lactating women are the most vulnerable to this acute food insecurity and its consequences on their health.

People in need and targeted

The most vulnerable populations are children under age 5, pregnant and lactating women, women of childbearing age, and elderly people over 60 years of age. They represent a population of around 700,600 people in the nine districts in IPC phases 3 and 4.

The focus will be on children from 0 to 5 years old likely to contract the three child-killing diseases (diarrhoea, acute respiratory infections and malaria), children from 0 to 11 months old targeted for routine immunization, pregnant women likely to have four prenatal consultations, women of childbearing age likely to ask for modern family planning, women victims of gender-based violence and people over 60 years old. As a result, the target size is 213,500 people.

Sector response

The sector's responses consist of :

- Restoring access to essential health services for 213,469 extremely poor and severely food insecure and malnourished people through:
 1. the provision of essential medicines and inputs to the HFs and mobile intervention teams for free case management among the most vulnerable groups (130 complete IEHK kits including delivery) for six months;
 2. the establishment of mobile clinics (more than 5 km from CSB) to strengthen the supply and demand for integrated care, health and nutrition services for pregnant women and children under five (SEMI and mobile clinic operation);
 3. the provision of individual hygiene kits, dignity kits for pregnant women and women who have recently given birth, and women victims of sexual violence;
- Provide quality free preventive and curative health services to the most affected populations, through:
 1. capacity building of providers in the medical management of sexual violence
 2. integrated management of gender-based violence,
 3. the provision of PEP Kits to 10 District Reference Hospitals,
 4. strengthening the community platform through group monitoring and the supply of essential drugs, equipment, management tools and kits for the integrated management

of childhood illnesses,

5. providing 287 health centres with essential medicines and equipment for the treatment of children under 5 years of age, and individual delivery kits for pregnant women attending non-emergency obstetric and neonatal care (EMOC) health centres, and equipment for the resuscitation of acute malnourished small weight newborns and infants, by taking into account the measures to be put in place in the context of COVID-19 (provision of personal protective equipment), including the briefing (one day) on the use of the provided PPE, necessary for the prevention and adequate management of HIV Mother to Children Transmission (MTCT), as well as the medical management of sexual violence,
 6. provision of neonatal equipment units for 10 hospitals (heating lamps for newborns, breathing bags, suction bulbs, etc.), and accessories for oxygen therapy for the management of acute malnutrition cases with respiratory complications,
 7. and the recruitment and contracting of 110 paramedics for 55 basic health-care centres to ensure the availability of fixed and advanced strategy service supply for six months,
 8. and the provision and training in the use of emergency reproductive health kits for the free and quality care of obstetrical and neonatal complications in health facilities according to their technical level, as well as the provision of personal protective equipment against COVID-19, including the briefing (one day) on the use of the provided PPE and equipment.
- Operationalize a responsive health emergency surveillance and response system in each target health district by:
 1. the provision of electronic tablets for the collection and transmission of surveillance data and the implementation of electronic surveillance for health facilities in the Betroka Hospital,
 2. and strengthening the integrated community-based surveillance
 - Coordinate health interventions, and monitor and evaluate activities, through:
 1. the enhancement of the coordination mechanism at ground level and coordination between the field and the central level,
 2. integrated supervision missions,
 3. and conducting a final assessment of the status of implementation of the activities.



Behavandra Commune, Ampanihy District, Atsimo Andrefana Region

An ACF mobile team offers medical care services, including nutrition screening, to communities in Etakaky, Ampanihy District, on 3 May 2021.

Photo: OCHA/Viviane Rakotoarivony

Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
741k	250k	49%	90.7%	\$10.2M

Context of the crisis in the sector

The results of the T1-2021 Nutrition Surveillance System (NSS) mass screening exercise conducted in the 10 southern districts indicated a serious deterioration in the nutritional situation, above emergency levels :

- 74,048 (16.1 per cent) children screened were affected by global acute malnutrition (GAM) and 11,808 (2.6 per cent) by severe acute malnutrition (SAM) (97 per cent screening coverage); GAM and SAM rates at district level vary from 6.2 per cent to 27 per cent and from 0.8 per cent to 5.3 per cent respectively.
- Out of the 10 districts, 6 districts are classified as "Emergency", and 49 per cent of the 98 communes are classified as "Emergency".

Likewise, sharp increases in admissions of SAM children to nutritional treatment sites were noted in almost all districts, especially in Ambovombe, Amboasary and Ampanihy. The number of children admitted for SAM treatment was significantly higher than the average for the past five years and continued to sharply increase from January to March 2021, indicating a serious deterioration in the nutritional situation. An exponential increase in admissions of children with MAM was observed. Between January and February 2021, the number of new treated cases increased by 120 per cent: from 5,378 in January to 11,868 in February.

The main reasons for the nutritional crisis are the severe shortage of agricultural resources due to low rainfall and limited access to health services due to lack of financial resources. Since the start of the year, the situation has continued to worsen.

People in need and targeted

The people in need are:

- 100% of children aged 6 to 59 months identified by the NSS as being severely and moderately malnourished (SAM and MAM) in the nine districts covered by the national response plan (510,293 children)
- 100% of children from 6 to 59 months (175,618) and pregnant and lactating women (54,880) from communities classified as IPC 3+ for the distribution of Lipid-Based Nutrient Supplement (LNS) and enriched flour distributed with general food distributions

The people targeted by this Flash Appeal are:

- 70% of children aged 6 to 59 months identified by the NSS as being severely malnourished (57,936) and 45 per cent of moderately malnourished children (193,403) in the 9 districts covered by the national response plan.

The distribution of LNS and enriched flour will be integrated into the general food distributions implemented by the Food Security sector.

Sector response

The Sector's strategic objective is to prevent acute malnutrition-related mortality among girls, boys and pregnant and lactating women.

Objective No. 1 : Nutrition sectoral and inter-sectoral coordination with other groups on nutrition-sensitive issues (Health, FSL, WASH and Social Protection) is functional and effective (national, regional and district levels)

- Monthly sector group meetings and follow-up plans for recommended actions. Monitoring of the implementation of the drought contingency plan

Objective No. 2 : Nutrition situation assessment and monitoring systems are established and/or strengthened as soon as possible

- Conducting comprehensive mass screenings once a quarter and assessing nutritional status (SMART survey) - twice.

Objective No. 3 : The affected women and children have access to the Infant and Young Child Feeding, Women's Nutrition and Early Childhood Development program (ANJE / NDF / DPE)

- Promotion of ANJE/NDF/DPE among health facilities and mobile teams.
- Capacity building of key community actors (CWH, CNW, fathers, mothers-in-law, leaders, midwives and traditional healers) in the promotion of ANJE/NDF/DPE, including screening and monitoring of acute malnutrition case management at community level.

Objective No. 4 : Women and children suffering from acute malnutrition have access to appropriate malnutrition treatment services

- o Continuous supply of ready-to-use therapeutic food (RUTF) to hospitals and health centres for the treatment of SAM and

ready-to-use supplemental food (RUSF) to community nutrition sites for the treatment of MAM.

- Provide quality service for the management of MAM.
- Provide an equitable service for the management of SAM by setting up mobile nutrition teams in nutritional emergency areas located more than 10 km from health centres.

Objective No. 5 : Women of childbearing age and children receive micronutrients through fortified foods, supplements or multi-micronutrient preparations.

- Distribute LNS to children 6-59 months and fortified flours to pregnant and lactating women (in combination with food distributions).

Objective No. 6 : Women and children have access to relevant information on the activities of nutrition programs, early childhood development and barrier gestures against COVID-19

- Inform families about the signs of acute malnutrition and where to go to access care services
- Inform families about early childhood development and COVID-19 barrier measures.



Ambovombe, Ambovombe District, Androy Region

A young mother reassuring her child before the height measurement on admission to CRENI.

Photo: OCHA/Viviane Rakotoarivony

Protection



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
1.19M	706.2K	50.3%	70%	\$1.1M

Context of the crisis in the sector

In a context of food and nutritional insecurity in the Grand Sud, families are pushed to adopt negative coping mechanisms affecting specific groups at risk, including children, women and adolescent girls. Although the consequences of the crisis triggered by the drought on gender-based violence (GBV), sexual abuse and exploitation, harmful practices and teenage pregnancies remain unknown to date and should be the subject of a rapid assessment, the main risks to be considered are:

- The resurgence of GBV, mainly against women and children, including child marriage, as well as risky behaviours among young people. Sexual violence which, unfortunately even outside an emergency context, is rarely reported in the Grand Sud. Despite high rates of this type of violence, which mainly occurs within families, the majority of key informants say that the number of reported cases remains low. A situation resulting both from a lack of confidence in the existing public services, partly due to corruption, as well as amicable settlements between families to maintain social cohesion in a period of increased tension due to the scarcity of resources. Other factors are linked with the place of children in society, where from adolescence, girls and boys are no longer considered as children but as "adults" and therefore de facto no longer benefit from adequate protection.
- Child labour, including different types of informal activities that generate income such as sale of water, small businesses, begging and cattle guarding.
- There is also the risk of child marriage to compensate for the lack of household income. This coping strategy is sometimes adopted in times of emergency to reduce the number of "mouths to feed" in the family. Anosy, Androy and Atsimo Andrefana are among the regions with the highest child marriage rates in the country. About 58 per cent of women aged 20-49 in the Atsimo Andrefana region get married before the age of 18; 55 per cent in the Androy region; and 45 per cent in the Anosy region, versus 37 per cent at national rate.
- Household migration is one of the adopted survival mechanisms, which in turn increases the risk of family separations. The cumulative effects of these problems exacerbate the deterioration of protection-related issues (resorting to early marriage, school dropout and child labour, etc.).
- Women and girls are at risk of sexual abuse and exploitation

by humanitarian actors. The facts are not reported for fear of losing the benefits of the aid and for lack of a safe complaint mechanism suitable for the local reality.

- It is also essential to strengthen the child protection coordination system at local level, to monitor the situation of children, to build the capacity of the actors to identify and provide care for the victims at risk of abuse and exploitation, and to build the capacity of families, children and adolescents to protect themselves from abuse, violence and exploitation, including early marriage, in the districts most affected by the emergency.

Indeed:

- The GBV, abuse and sexual exploitation data collection, analysis and processing system does not provide a real-time overview of the effects of the drought on these aspects. This includes a need for capacity building and tools to systematize the collection of information in the various potentially involved units (denouncing hotlines, integrated care centres, health centres, security forces, support and legal services, etc.)
- The impact of drought on household incomes may exacerbate the use of negative coping mechanisms, including child marriage and sexual exploitation. As these are practices that can hardly be specifically quantified, information and awareness-raising actions for the populations living in the affected areas will be necessary to (i) prevent, (ii) encourage report, and (iii) take response action.
- Assistance services for the victims of GBV, and sexual violence in particular, still have limited geographical coverage, which can prevent access to victims living in rural areas that are poorly served by public transportation and with low economic availability. To this end, capacity building of entities providing care to the victims of sexual violence should involve basic health centres and other available facilities in the affected territory, and to both prevent early pregnancies and provide antenatal care that can reduce risks to the health and lives of adolescent girls.
- Services for victims of GBV and child abuse; specific care for people with disabilities and the elderly; child labour in mines; and even the integration of cattle thieves - due to the lack of household income, which leads to school dropouts - need to be reviewed and strengthened.

People in need and targeted

People in need are the following categories of exposed people, who live in the IPC 3 and 4 districts.

- women exposed to any type of GBV (30 per cent of women) including those exposed to sexual violence (21 per cent of women) and women with disabilities (8 per cent of women).
- girls aged 12 to 17 at risk or victims of child marriage (45 per cent of young girls).
- children at risk or victims of neglect and abandonment (20 per cent of children).
- children involved in child labour (varies from 49 per cent to 62 per cent depending on the district).
- and the elderly requiring specific care (6 per cent of the population).
- Within each category, 8 per cent are people with disabilities.

In total, these categories represent **1,191,000 people**.

- The targeted people were estimated by applying the percentage of people in Phase 3+ for each district to each category of people, resulting in **706,200 people** distributed among these categories
- 194,303 women exposed to any type of GBV including 46,635 exposed to sexual violence including women with disabilities
- 85,284 girls aged 12 to 17 at risk or victims of child marriage
- 147,864 children between 0-17 years old victims or at risk of neglect and abandonment.
- 278,751 children involved in child labour.
- 75,198 elderly people requiring specific care, of which 8 per cent

are people with disability.

Sector response

The activities of the sector cover the following areas:

- Rapid assessment of the risks of GBV and violence against children and sexual abuse and exploitation.
- Pre-positioning of 950 dignity kits to help women and girls ensure good menstrual hygiene.
- Capacity building for stakeholders involved in the reporting, management and data collection of victims and survivors of violence against children, GBV and SEA, including the training of Centre d'Ecoute et de Conseil Juridique (CECJs, Vonjy centres and local women's brigades in PSEA; legal clinics and 10 police stations and 9 gendarmerie brigades (one per district) in GBV and PSEA). The training will be held in the 3 regional capitals.
- Community awareness and information for several target groups, including adolescents and young people, community and traditional leaders, men and religious leaders on child marriage, teenage pregnancy, GBV and PSEA.
- Capacity building for the resilience of children and adolescents through the life skills approach and the establishment of student clubs at high-school level to prevent violence and child exploitation.
- Strengthening the coordination and information management system for child protection and monitoring the situation of children, including GBV.



Ankiliabo Commune, Ampanihy District, Atsimo Andrefana Region

Children at a market in Ankiliabo. Child labour increased during the crisis, including different types of informal activities that generate income.

Photo: OCHA/Viviane Rakotoarivony

Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
1.48M	807K	50.3%	50%	\$5.88M

Context of the crisis in the sector

The last WASH Sector's drought bulletin⁵ issued in April 2021 indicates that a rapid analysis of general trends compared with the year 2020 (situation in January and February) suggests that the year 2021 is projected to be drier. The percentage of territories affected by emergency drought was 6 per cent in January 2020 versus 68.62 per cent in January 2021.

Regarding groundwater resources, their replenishment appeared to be very variable depending on the recorded precipitation (effective precipitation) and the driest period was from December to March 2021. For April 2021, Normalized Difference Vegetation Index (NDVI) anomalies showed that drought conditions have nevertheless improved compared to March 2021.

Although the drought appears to have moderated between January and April 2021, soil moisture remains too low for crops, and precipitation remains very low and is below Seasonal Normal (SN).⁶ This drought has a direct negativity impact on the availability of water resources. Currently, 28.6 per cent of the observation sites in the south have "low to very low" water levels (alarm to emergency alert level).

Despite these challenges, the sectoral response was intended to keep pace with the ever-increasing number of new people affected by the drought situation. By the end of end of May 2021, 264,600 people had been assisted by the sector, which is 63 per cent of the initial target.

The contribution of the sector was possible through the actual implementation of water trucking activities, the construction and rehabilitation of water points, the distribution of water purchase tickets, the reinforcement of water supply through the extension of the existing networks, training of hygienists/hygiene promoters and equipping them with PPE, installation of electrochlorinators in the health centre, provision of hydroalcoholic solution, distribution of water treatment products (SurEau), and organization of hygiene promotion sessions (participatory interaction).

Despite this response, and in the nine most affected districts, the proportion of people with access to improved drinking water supply sources still remains low (Androy (27 per cent), Anosy (30 per cent) Atsimo Andrefana (32 per cent). This forces the majority of the population to use surface water. This situation is due to the absence or insufficiency of infrastructure in certain areas (sedimentary and coastal) and/or the faulty operating status of the water points (insufficient flow, lack of maintenance). Open defecation persists in

areas less covered by "community-led total sanitation" activities in Bekily, Ampanihy and Betioky.

Population in need and targeted

The number of people in need is estimated from the rate of non-access to water in the nine districts, which varies between 63 per cent and 70 per cent depending on the district (compared with the national average of 42 per cent); this represents a number of 1,481,000 people in need. By applying the percentage of households in a situation of severe food insecurity (IPC 3+) by district, and the ongoing efforts of financial resource mobilization, the number of targeted people is 807,050 people.

Sector response

The WASH response aligns with the specificities of the Grand Sud, in particular the three zones that characterize it, with a view to both respond to immediate needs and increasing communities' resilience to future crises.

In sedimentary and coastal areas, where there is a negative impact of drought on water availability and no exploitable sources of drinking water, the sector's responses consist of:

- **Supply by trucking for 3 months:** delivery of 50,000 m³/month to cover the needs of 250,000 people at a rate of 10l/day or more of 5l/day.
- **The implementation of Operation Avotr'Aina for 3 months:** water subsidy via voucher for 80,000 households.
- **Distribution of WASH kits** for 125,000 households and 1,500 institutions (schools and health centres).

In sedimentary agropastoral zones:

- **Reconversion of existing water points** (manual pumps) into small-scale solar multiple use water systems: 112 reconversions.
- **Construction and rehabilitation of existing water points** (if necessary).
- **Reconversion of water points with hand pump** (PMH) into a solar system and mini grid (MUS), Mahavelo project.

In addition, the following crosscutting activities are applicable regardless of the zone:

- **Hygiene promotion awareness campaign** for 186,000 people.

- **Construction and rehabilitation of existing water points** (if necessary).

With the \$3.22 million available, the sector is seeking \$5.88 million

to cover from June 2021 to May 2022. The Sector will also continue to bridge the gap between emergency and development activities by continuing to strengthen/rehabilitate/extend the existing pipeline (Marolinta).



Fleuve Manambovo, Tsihombe District, Androy Region

A woman fetches water in a puddle in the dried Manambovo riverbed in Tsihombe on 2 May 2021. She will sell the water at 150 ariary per container (about US\$0.04).

Photo: OCHA / Viviane Rakotoarivony

Annexes

Ankiliabo Commune, Ampanihy District, Atsimo Andrefana Region

Children eat at a school in Ampanihy District on 3 May 2021. Thanks to the school feeding programme run by ADRA, children can have a more diverse diet. At home, they mainly eat cactus fruits.

Photo: OCHA/Viviane Rakotoarivony



Participating organizations

ORGANIZATION	REQUIREMENTS (US\$)
ACF	3,710,000
ADRA	500,000
CRS mg	8,550,000
CRM	720,000
FAO	29,571,500
GRET	92,500
MDM	600,000
IOM	99,000
WHO	3,826,738
WFP	67,900,000
Save The Children	1,450,000
UNFPA	1,318,525
UNICEF	36,173,238
UN-OCHA	32,000
TOTAL	154,843,501

Annual requirements by sector

SECTOR	REQUIREMENTS (US\$) Jan - May 2021	REQUIREMENTS Jun - Dec 2021	TOTAL Jan - Dec 2021	TOTAL REQUIREMENTS Jan - May 2022	TOTAL REQUIREMENTS Jan 2021 - May 2022
Emergency shelter		383,833	383,833	274,167	658,000
WASH	4,030,653	3,432,333	7,462,986	2,451,667	9,914,653
Education	3,290,000	2,397,500	5,687,500	1,712,500	7,400,000
Nutrition	9,026,000	5,950,000	14,976,000	4,250,000	19,226,000
Protection	775,000	645,167	1,420,167	460,833	1,881,000
Health	2,296,000	3,706,209	6,002,209	2,647,292	8,649,501
Food security and livelihoods	56,088,785	73,515,167	129,603,952	52,510,833	182,114,785
Communication and community engagement	342,000	218,750	560,750	156,250	717,000
Coordination and common services	15,000	76,417	91,417	54,583	146,000
TOTAL	75,863,438	90,325,376	166,188,814	64,518,125	230,706,939

Projects

Organization	Sector	Project	Amount (US\$)	Contact
CRM	Emergency shelter	Preparation and response to forced internal displacement caused by drought in the Grand Sud	658,000	Andoniaina Ratsimamanga Andoniaina.ratsimamanga@crmada.org
UNICEF	Communications for behaviour change	Communication to build resilience in drought situations, with a focus on acute malnutrition, access to care services, early childhood development, and barrier gestures against Covid-19 in the 9 districts in phase 3 and 4	375,000	Awa Guedegbe aguedegbe@unicef.org
IOM	Coordination and common services	Strengthening of the monitoring and early warning system for displacements from the Grand Sud	99,000	EVINA Roger Charles revina@iom.int IOMMadagascar@iom.int
UNOCHA	Coordination and common services	Support for the operational coordination of responses and information management during 12 months of intervention	32,000	Gemma Connell connell@un.org
UNICEF	Education	Provision of learning support provision to reduce the impact of children's schooling on households.	4,110,000	Joyec Patricia Bheekah jpbheeka@unicef.org Alvaro Fortin afortin@unicef.org
ACF	Nutrition	Multisectoral response to the nutritional emergency in eight health districts of the Grand Sud through the implementation of mobile clinics	2,910,000	Olivier LE GUILLOU dp@mg-actioncontrelafaim.org
UNICEF	Nutrition	Response to the nutritional emergency in 9 districts of the Grand Sud	3,490,000	Mathieu Joyeux mjoyeux@unicef.org
WFP	Nutrition	Response to the nutritional emergency in 9 districts of the Grand Sud	3,800,000	Arduino Mangoni Arduino. mangoni@wfp.org Ilaria Schibba ilaria.schibba@wfp.org
UNICEF	Protection	Protecting children from violence and exploitation in emergencies	356,000	Nicolette Moodie nmoodie@unicef.org

Organization	Sector	Project	Amount (US\$)	Contact
UNFPA	Protection	Prevention and response to sexual abuse and exploitation and gender-based violence caused by the Drought in the Grand Sud	400,000	Rasoanirina Jocelyne, rasoanirina@unfpa.org
Save the Children	Child protection	Strengthening child protection reporting and psychosocial support systems, targeting 3,200 people including 1,400 children in Ambovombe	150,000	Ando Rakotoarimalala Ando.rakotoarimalala@savethechildren.org
CRS	PSEA protection	Production and dissemination of two types of awareness materials, sensitization of the population in each vulnerable community on GBV/PEAS in 16 communes of Ampanihy	100,000	Ramaroson, Haingo haingovoniniaina.ramaroson@crs.org
CRS	Protection PSEA	Establishment of a protection community-based mechanism (pilot) - including an accessible and inclusive reporting system in 16 communes of Ampanihy (recalling that often women and girls in emergency and rural areas do not have phone), the KOIKE	100,000	Ramaroson, Haingo haingovoniniaina.ramaroson@crs.org
Médecins du Monde	Health	Health support and fight against GBV in the Ambovombe and Amboasary districts through the implementation of mobile clinics and CSB support	600,000	Charlotte Berthier Genco.madagascar@medecinsdumonde.net
WHO	Health	Support to the early warning of epidemics and major public health events and access to essential and integrated health care for the most vulnerable people in health facilities	3,826,738	Dr Konate Bintou bintouk@who.int Dr Mireille RANDRIA randrian@who.int Dr Arika Mandrosovololona vmandrosovololona@who.int
UNFPA	Health	Provision of reproductive health and prevention services and treatment of GBV for the reduction of the high risk of maternal and neonatal mortality and of gender-based violence linked to food insecurity in nine health districts of the Grand Sud of Madagascar	918,525	Ngoy Kishimba kishimba@unfpa.org Dr Solomandresy Ratsarazaka solomandresy@unfpa.org Rahajavololona Lantsoa rahajavololona@unfpa.org

Organization	Sector	Project	Amount (US\$)	Contact
UNICEF	Health	Strengthening the supply and use of a quality integrated maternal and child health service package in the 9 districts in emergency situations in the Grand Sud.	1,008,238	Dr Alexandre Boon aboon@unicef.org Dr Ahmat Outman Issa iaoutman@unicef.org Dr Nouria Nirina nnirina@unicef.org
ACF	Food security and livelihoods	Support for the rapid restoration of livelihoods for 11,650 households (58,250 people) in Ampanihy, Betioky, Betroka and Bekily Districts	800,000	Olivier LE GUILLOU dp@mg-actioncontrelafaim.org
ADRA	Food security and livelihoods	Emergency in kind food assistance for 3,250 beneficiaries in the District of Ampanihy	500,000	Mireille Ravoninjatovo comm.co@adra.mg
CRM	Food security and livelihoods	Emergency cash food assistance for 10,000 beneficiaries in the District of Taolagnaro	62,000	Andoniaina Ratsimamanga andoniaina.ratsimamanga@crmada.org
CRS	Food security and livelihoods	Emergency in kind food assistance for 250,000 beneficiaries in the Districts of Ampanihy, Beloha and Tsihombe	8,550,000	Englberger, Tanja tanja.englberger@crs.org
CRS	Food security and livelihoods	Support for the rapid restoration of livelihoods for 2,500 households (12,500 people) in Ampanihy, Beloha and Tsihombe Districts	100,000	Englberger, Tanja tanja.englberger@crs.org
FAO	Food security and livelihoods	Rehabilitation and enhancement of water points, including boreholes, using the "cash for work" modality and support for micro-irrigation devices in the sedimentary and crystalline zone.	5, 000, 000	Aloys Nizigiyimana alloys.nizigiyimana@fao.org
FAO	Food security and livelihoods	Recapitalization of the 90,000 most affected herding households and strengthening of animal health in the sedimentary and crystalline zone (including the district of Ampanihy)	1,100,000	Aloys Nizigiyimana alloys.nizigiyimana@fao.org
FAO	Food security and livelihoods	Reinforcement of fishing activities as alternative activities for professional supervision for the 42,750 households in coastal areas	596,500	Aloys Nizigiyimana alloys.nizigiyimana@fao.org

FAO	Food security and livelihoods	Improving the resilience of the livelihoods of 225,000 vulnerable households through the promotion of innovative techniques related to climate-smart agriculture in sedimentary and crystalline areas	4,750,000	Aloys Nizigiyimana alloys.nizigiyimana@fao.org
FAO	Food security and livelihoods	Decreased risks related to crop losses caused by enemies by Improving the plant protection system for the 225,000 households in the sedimentary and crystalline zone.	4,250,000	Aloys Nizigiyimana alloys.nizigiyimana@fao.org
FAO	Food security and livelihoods	Protection of livestock assets by improving the system for animal health and vaccination coverage.	5,750,000	Aloys Nizigiyimana alloys.nizigiyimana@fao.org
FAO	Food security and livelihoods	Agricultural revival: technical supervision of 202,500 households in sedimentary and crystalline areas through the CASH + approach: provision of inputs, innovative materials and techniques adapted to the local context.	8,125,000	Aloys Nizigiyimana alloys.nizigiyimana@fao.org
GRET	Food security and livelihoods	Emergency in-kind food assistance for 6,000 beneficiaries in Tsihombe District	92,500	Claire Kabore kabore@gret.org
WFP	Food security and livelihoods	Relaunching livelihoods for the population through an integrated package that includes emergency food assistance and climate change adaptation activities by making the link with Social Protection programs (school canteens and support for small producers, etc.) 674,000 beneficiaries in the 08 Districts in IPC3 and 4, combined with the prevention of acute malnutrition for 175,618 children from 06 to 59 months and 54,881 pregnant and breastfeeding women.	64,100,000	Arduino Mangoni Arduino. mangoni@wfp.org Soloarisoa Raharinjatovo arisoa.raharinjatovo@wfp.org
UNICEF	Food security and livelihoods	Drought response through shock responsive social protection by the members of the National Cash Working Group under the Tosika Vonjy Anje project, targeting 315,000 beneficiaries in the IPC3 and 4 Districts.	20,950,000	Erica Mattellone emattellone@unicef.org
Save The Children	Food security and livelihoods (cash transfer)	Emergency cash food assistance for 25,000 beneficiaries in the Ambovombe and Amboasary Districts.	1,300,000	Ando Rakotoarimalala Ando.rakotoarimalala@savethechildren.org

UNICEF	WASH	Supply by tanker trucks: for 3 months: delivery of 50,000 m3/month to cover the needs of 250,000 people at a rate of 10l/day or more than 5l/day	500,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	WASH	Implementation of Operation Avotr'Aina: for 3 months: water subsidy via voucher, subsidized water for 80,000 households	1,200,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	WASH	Reconversion of water points with hand pump PMH into a solar system and mini grid (MUS) to support the MEAH Mahavelo project	324,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	WASH	Distribution of WASH kits for 125,000 households and 1,500 institutions (schools and health centres)	3,225,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	WASH	Hygiene promotion Awareness campaign for 186,000 people.	460,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	WASH	Construction of 500 emergency toilets (only in case of internal displacement)	25,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	WASH	Regional coordination, enhancement of the information system and groundwater monitoring	150,000	Mougabe Koslengar mkoslengar@unicef.org
TOTAL			154,843,500	

Methodology for Calculations of People in Need and People Targeted

Education

The Education Sector has identified the entire school-age population between the ages of 6 and 15 in the nine food-insecure districts (IPC 3 and 4) as people in need. To do so, the sector determined the number of people in this age group among the total population of the affected districts from the 2018 RGPH data. This number corresponds to **624,378 students** in need.

The number of students targeted was calculated on the basis of the number of students in public schools who are not covered by the regular school canteen program during the school year 2021-2022 (approximately nine months), and which also require other forms of support, i.e. **567,456 students**.

Emergency shelter

Based on previous experience, about **5,000 people** could move, either to common accommodation sites or to their close families and are therefore considered as people in need.

The people targeted are those who cannot go to their families and are forced to build very precarious housing in any available place in large cities. The main destination is the city of Fort Dauphin. According to a recent statistic, around **3,000 people** could adopt the same strategy again.

Health

The most vulnerable people are children under age 5, pregnant and lactating women, women of child-bearing age, and elderly people over 60 years of age. They are about **700,600 people** in these nine districts.

The focus will be on children from 0 to 5 years old likely to contract the three child-killing diseases (diarrhoea, acute respiratory infections and malaria), children from 0 to 11 months old targeted for routine immunization, pregnant women likely to have four prenatal consultations, women of childbearing age likely to ask for modern family planning, women victims of gender-based violence and people over 60 years old. By applying the different rates that correspond to these priority focuses, the targeted number is **213,500 people**.

Nutrition.

The people in need are:

- 100 per cent of children aged 6 to 59 months identified by the SSN as being severely and moderately malnourished (SAM and MAM) in the 9 districts covered by the national response plan (510,293 children)
- 100 per cent of children from 6 to 59 months (175,618) and pregnant

and lactating women (54,880) from populations classified as IPC 3+ for the distribution of LNS and enriched flour distributed with general food distributions

The people targeted by this Flash Appeal are:

- 70 per cent of children aged 6 to 59 months identified by the SSN as being severely malnourished (57,936) and 45 per cent of moderately malnourished children (193,403) in the nine districts covered by the national response plan
- The distribution of LNS and enriched flour will be integrated into general food distributions.

Protection

The people in need are the following categories of exposed people, who live in the IPC 3 and 4 districts..

- women exposed to any type of GBV (30 per cent of women) including those exposed to sexual violence (21 per cent of women) including women with disabilities (8 per cent of women)
- girls aged 12 to 17 at risk or victim of child marriage (45 per cent of young girls)
- children victims or at risk of neglect and abandonment (20 per cent of children)
- children involved in child labour (varies from 49 per cent to 62 per cent depending on the district)
- and the elderly requiring specific care (6 per cent of the population)
- Of all categories, 8 per cent are people with disabilities.

In total, these categories represent **1,191,000 people**.

Thus, the people targeted were estimated by applying the percentage of people in Phase 3+ for each district to each category of people, resulting in **706,200 people** distributed among these categories. .

- 194,303 women exposed to any type of GBV including 46,635 exposed to sexual violence including women with disabilities
- 85,284 girls aged 12 to 17 at risk or victim of child marriage
- 147,864 children between 0-17 years old victims or at risk of neglect and abandonment
- 278,751 children involved in child labour
- 75,198 elderly people requiring specific care, of which 8 per cent are people with disability.

Water, hygiene and sanitation

The rate of access to drinking water services in the areas most affected by the drought is significantly lower than the national access rate, which is 42 per cent. The number of people in need is estimated from the rate of non-access to water in the nine districts, which varies between 63 per cent and 70 per cent depending on the district (compared with the national average of 42 per cent); this yielded a number of 1,481,000 people in need.

By applying the percentage of households in a situation of severe food

insecurity (IPC 3+) by district, and the ongoing efforts of financial resource mobilization, the number of targeted people is **807,050 people**.

Food security and livelihoods

The people in need and people targeted, are those classified in phase 3, 4 and 5 of the April 2021 IPC, they represent **1.31 people**.

Acronyms

ACF	Action Against Hunger (Action Contre la Faim)	MAM	Moderate Acute Malnutrition
ADRA	Adventist Development and Relief Agency	MCC	Ministry of Communication and Culture
AME	Essential Household Items	MICS	Multiple Indicator Cluster Survey
ANJE	Infant and Young Child Nutrition	MTCT	Mother-to Children Transmission
BNGRC	Bureau National de Gestion des Risques et des Catastrophes	NCWG	National Cash Working Group
CCOK	Anti-'Kere' Operational Command Centres	NDF	Nutrition for Women
CECJ	Centre d'Ecoute et de Conseil Juridique	NDVI	Normalized Difference Vegetation Index
CNW	Community Nutrition Workerh	NGO	Non-Governmental Organization
CFSAM	Crop and Food Security Assessment Mission	NSS	Nutritional Surveillance System
CRM	Malagasy Red Cross	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
CRS	Catholic Relief Services	PEP Kits	Post-Exposure Prophylaxis Kits
CSB	Basic Health Center	PMH	Pompe à Motricite Humaine
cVDPV	Circulating vaccine-derived polioviruses	PPE	Personal Protective Equipment
COVID-19	Coronavirus disease 2019	PSEA	Prevention of Sexual Exploitation and Abuse
CWG	Cash Working Group	RGPH	Recensement Général de la Population et de l'Habitat (Population and Habitat General Censing)
DHIS2	Division of Health Informatics and Surveillance	RUSF	Ready-to-Use Supplemental Food
DTM	Displacement Tracking Matrix	RUTF	Ready-to-Use Therapeutic Foods
DPE	Early Childhood Development	SEA	Sexual Exploitation and Abuse
EDCASA	Evaluation du Démarrage de la Campagne Agricole et de la Sécurité Alimentaire	SMART	Standardized Monitoring and Assessment for Relief and Transitions
EMOC	Emergency Obstetric and Neonatal Care	SN	Seasonal Normal
FAO	Food and Agriculture Organization	SAM	Severe Acute Malnutrition
FSL	Food Security and Livelihoods	UNICEF	United Nations Children's Fund
GAM	Global Acute Malnutrition	WASH	Water, Sanitation and Hygiene
GBV	Gender-Based Violence	WFP	World Food Program
HCT	Humanitarian Country Team		
HF	Health Facility		
HIV	Human Immunodeficiency Virus		
IASC	Inter-Agency Standing Committee		
IEHK	Interagency Emergency Health Kit		
INGO	International Non-Governmental Organization		
IPC	Integrated Food Security Classification Framework		
LNS	Lipid Nutrient-based Supplement		

End notes

1. 52.8 per cent funded according to the information recorded in Financial Tracking Service: <https://fts.unocha.org/appeals/1047/summary>
2. This contributes to the priorities of the Ministry in charge of Agriculture through the MIONJO project in its component 5 which already targets 50,000 vulnerable households out of the 225,000 identified.
3. WFP price monthly monitoring
4. Source : MICS survey 2018
5. <https://www.unicef.org/madagascar/rapports/bulletin-dalerte-s%C3%A9cheresse-du-grand-sud-de-madagascar-2021>
6. NS: https://dataviz.vam.wfp.org/seasonal_explorer/rainfall_vegetation/visualizations#)

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This document is consolidated by OCHA on behalf of the UN Country Team and humanitarian partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the

estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

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ISSUED IN JULY 2021