

# FLASH APPEAL

## MADAGASCAR

JANUARY 2021 -  
DECEMBER 2022

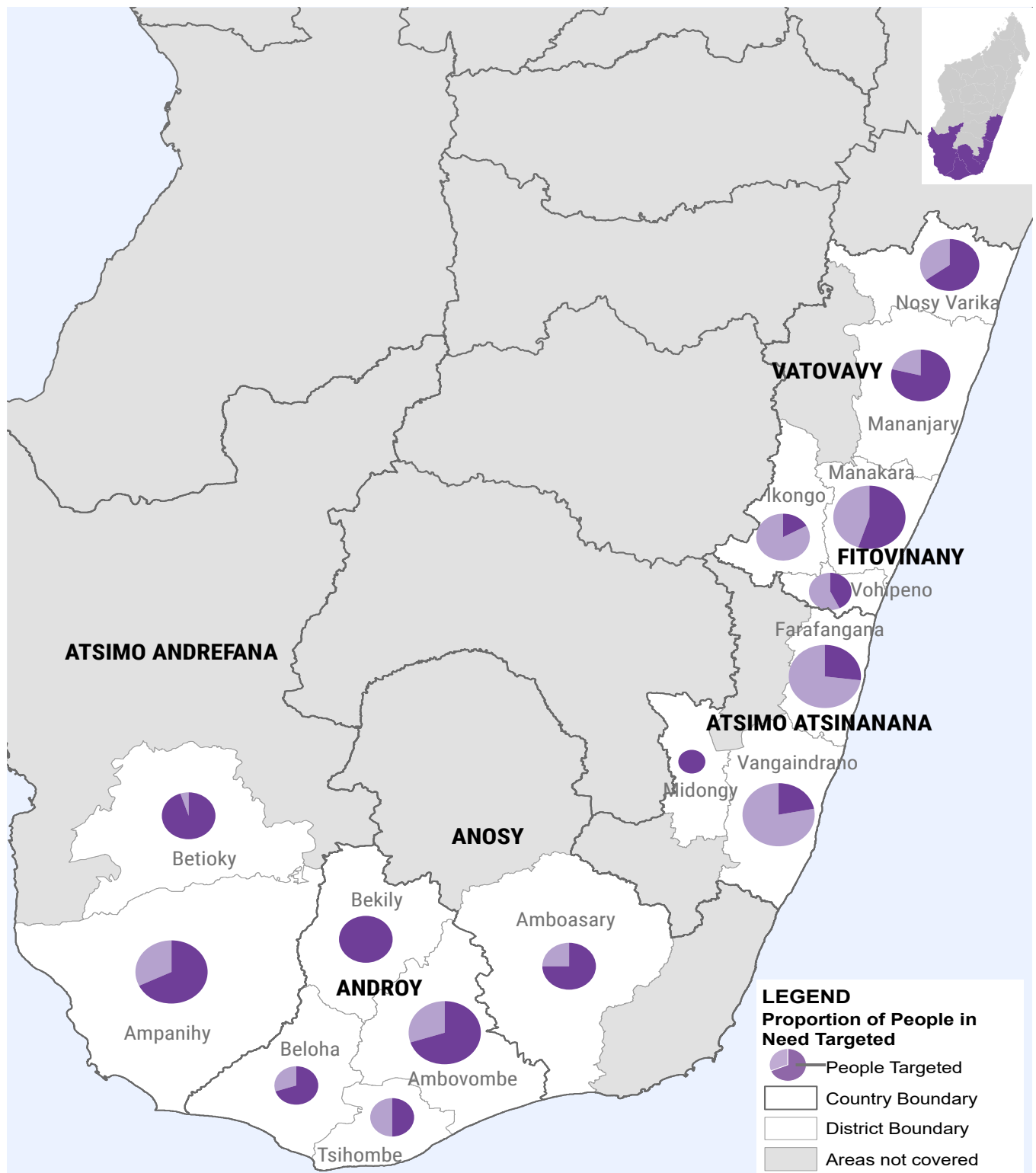
REVISED IN JUNE 2022

Grand Sud and Grand-Sud-est





# 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

2022, Fokontany Morafeno, Mananjary Commune, Mananjary District. Zanasoa Jacqueline is 64 years old. She has 5 children, no husband. She sleeps at the neighborhood school next to her home. She washes the other people's clothes to earn money. February 10, 2022. PHOTO: OCHA/ Viviane Rakotoarivony

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# Foreword by the United Nations Resident Coordinator

**Just as the Grand Sud of Madagascar was beginning to emerge from its most severe drought in 40 years, eight districts in the Grand Sud-Est of country were severely affected by two successive cyclones in February 2022.** Following successive acute droughts (December 2019 - February 2020 and November 2020 - January 2021) in the Grand Sud, which resulted in an all-time catastrophic level of food insecurity (IPC Phase 5) in Madagascar, a scaling up of the humanitarian response in 2021, combined with a relatively good rainy season in 2021-2022, significantly improved the situation. However, during this period, eight districts in the Grand Sud-Est of the country were affected by two tropical cyclones, Batsirai and Emnati, which increased humanitarian needs in the affected areas.

**I would like to express my sincere gratitude to the Government of Madagascar for its leadership in managing the humanitarian crisis in the Grand Sud, which lasted almost two years, and in leading the response to tropical cyclones Batsirai and Emnati.**

The national response plan has been revised twice under the lead of the National Disaster Risk Management Office (BNGRC). The latest revision in May 2022 incorporated both drought-induced needs in the Grand Sud and cyclone-induced needs in the Sud-Est. The revised plan aims to provide emergency multisectoral assistance to 2.1 million people over the next six months (June to December 2022) in the Grand Sud and the Sud-est, while considering the basis for longer-term resilience and development.

**Complementing the extension of the national plan, and in consultation with the National Authorities, we have revised, extended and expanded the humanitarian Flash Appeal in order to mobilize additional resources for life-saving interventions until the end of 2022 for drought- and cyclone-affected areas.**

This third version of the Flash Appeal calls for an additional US\$154.7 million over the next six months, targeting 1.9 million people, to complement the Government's response. It will aim to provide: 1.9 million people with food assistance, 1.3 million people with access to safe drinking water, 58,000 malnourished children and 22,000 pregnant and lactating women with nutritional support, 310,000 people with free basic health services, 14,600 pregnant women with

health care, and 1 million people with access to water, as well as protection support and assistance for women exposed to gender-based violence (GBV) and children exposed to protection risks.

**Despite its humanitarian nature, this third version of the Appeal emphasises a resilience approach, taking into account the specific needs of communities in drought- and cyclone-affected areas.** In addition, actions undertaken within the framework of this Appeal will continue to support existing Government structures, in particular the BNGRC, the Nutritional and Medical Rehabilitation Centres (CRNM) and the Food Bank.

**I would like to take this opportunity to thank each and every donor who has contributed to the funding of successive Appeals since its launch in January 2021.** The extended Appeal (covering January 2021 to May 2022) is now 81 per cent funded, a level never before achieved in the region, demonstrating the strong solidarity and commitment of international partners to assist the people and communities of the Grand Sud.

**Your support has enabled a massive scale-up of humanitarian operations, which have played a key role in preventing the risk of famine identified in the Grand Sud in June 2021.** Humanitarian partners provided critical assistance and protection to 1.1 million of the 1.3 million people targeted between January 2021 and May 2022. For the first time in history, the drought response mobilized air support to reach very hard-to-reach areas, there was also a 67 per cent increase in humanitarian workers in the Grand Sud from January to September 2021, while four humanitarian clusters were activated (Food Security and Livelihoods, Nutrition, WASH and Health) for the response.

**As we enter the second half of the year, it is essential that we maintain our humanitarian response to save lives, restore livelihoods and build resilience in drought- and cyclone-affected communities in the Grand Sud and Grand Sud-est of Madagascar.**

Together, in support of the Government's response, we can ensure that people whose lives have been threatened by drought and cyclones can finish this year in much better shape than they started it. We are counting on your generous support.

**Issa Sanogo**

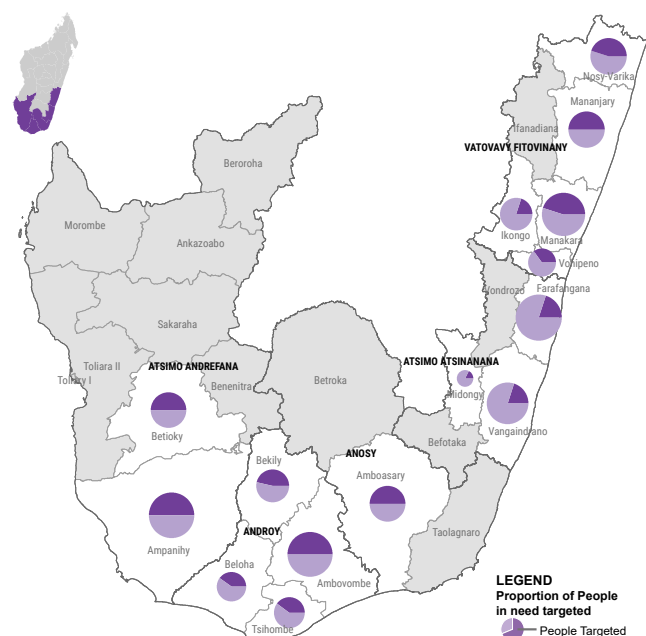
Resident Coordinator for Madagascar



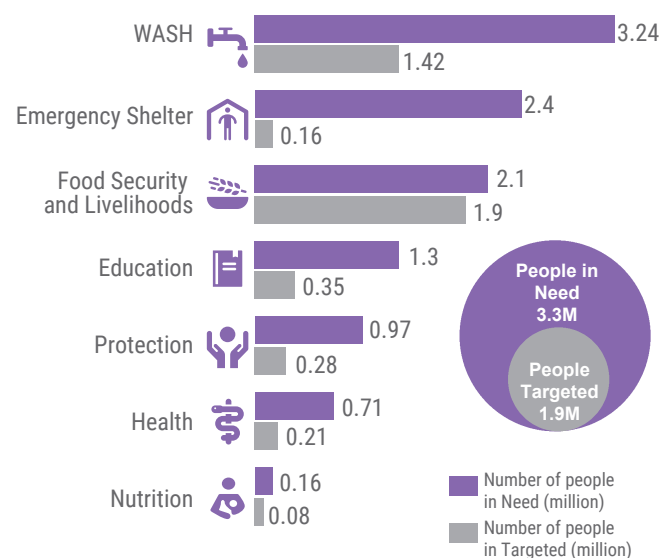
# Flash Appeal at a Glance

TOTAL POPULATION	PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS (\$US)	OPERATIONAL PARTNERS
4.49M	3.3M	1.93M	384M (Jan 21 - Dec 22) 155M (Jun - Dec 22)	14
WOMEN AND GIRLS	CHILDREN	PEOPLE WITH DISABILITIES	PEOPLE LIVING WITH HIV	
971K	965K	154K	5.8K	

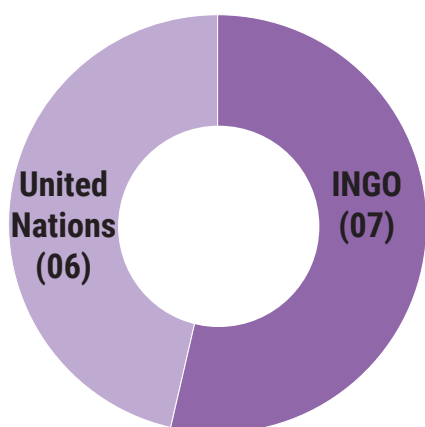
## People in Need and Targeted by District



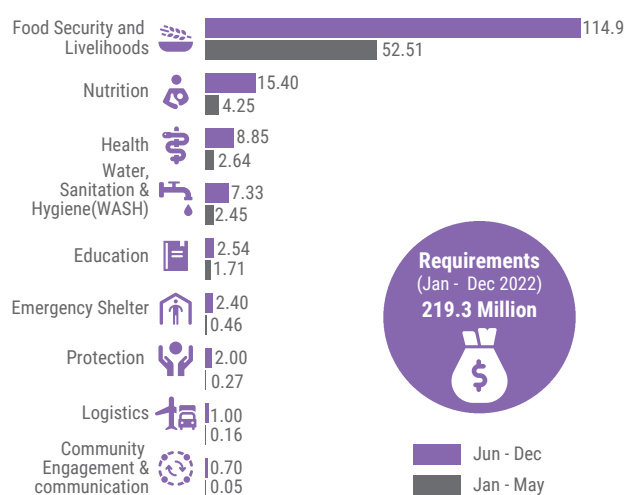
## People in Need and Targeted by Sector



## Operational partners by type



## Requirements by Sector (US\$)



# Crisis Overview

**As the people in Madagascar's Grand Sud were beginning to emerge from the worst drought endured in more than 40 years, the country was struck by six tropical weather systems from January to April 2022, killing at least 214 people and affecting about 571,100.** On 17 January 2022, Tropical Storm Ana arrived in Madagascar, bringing heavy rainfall and flooding that affected about 131,500 people and killed 55, mostly in the central and northern parts of the country. Subsequently, Tropical Cyclone Batsirai made landfall near Mananjary town on 5 February—affecting the regions of Atsimo Atsinanana, Vatovavy and Fitovinany regions—and Tropical Cyclone Emnati made landfall south of Manakara town on 23 February, impacting the same areas. In between these two cyclones, Tropical Storm Dumako impacted Madagascar on 15 February near Sainte Marie in the Analanjirofo region, bringing flooding in the north-eastern regions and causing 14 deaths. Tropical Storm Gombe then made landfall on 8 March with no significant damage, followed by moderate Tropical Storm Jasmine, which affected more than 4,800 people and killed 5 in the southern part of Madagascar after its arrival on 26 April.

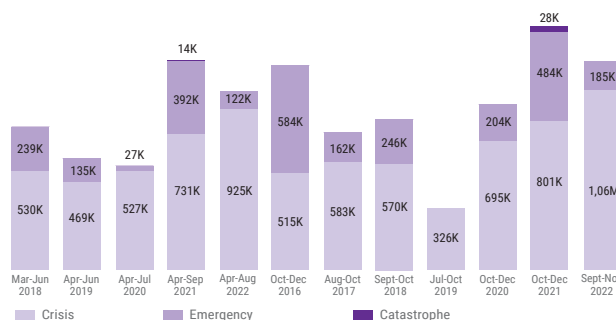
**The Grand Sud-Est of the country—composed of the regions of Vatovavy, Fitovavy and Atsimo Atsinanana—was hardest-hit by the severe weather, with tropical cyclones Batsirai and Emnati making landfall in the space of two weeks.** The two cyclones affected 423,800 people, including 121 people killed by Batsirai and 15 by Emnati. Livelihoods in the region—which is ordinarily relatively food secure—were decimated, with 70 per cent of households reporting damage to the rice-growing areas of Nosy Varika and Vohipeno, 80 per cent reporting losses of fruit crops and 100 per cent reporting losses of cash crops, including coffee, vanilla and cloves. The cyclones also caused significant damage, with production losses and damage estimated at over \$160 million, including loss of household livelihoods, housing infrastructure and community school infrastructure.

**Food insecurity has risen in the Grand Sud-Est due to the effects of the cyclones, with five of the six districts in the Grand Sud-Est region expected to be in Crisis (IPC phase 3) from April to August 2022.** This is the first time that Crisis (IPC phase 3) and above food insecurity has been projected in the Grand Sud-Est, where food insecurity does not ordinarily rise above the Stressed (IPC phase 2) level. Around 67,000 people will be in Emergency (IPC Phase 4). According to the agricultural sector, 492,000 people will require immediate post-harvest assistance as part of the agricultural recovery.

**Meanwhile, the situation in the Grand Sud—which was buffeted by back to back droughts during the 2019/2020 and 2020/2021 rainy seasons—remains precarious.** Following a large scale-up in humanitarian assistance, food insecurity and malnutrition improved in the Grand Sud in the first half of 2022, which is particularly notable as

this coincided with the peak of the lean season. No district will be in Emergency (IPC Phase 4) from May to November 2022, according to the latest Integrated Food Insecurity Classification (IPC) analysis, and the number of people in the Grand Sud facing IPC Phase 3 and above decreased from more than 1.1 million people in 2021 to just over 1 million from April to August 2022. Likewise, global acute malnutrition (GAM) rates in the most drought-affected districts decreased to 8.4 per cent (from 9.2 per cent in September 2021), and severe acute malnutrition was 0.7 per cent. However, the situation remains fragile, with 7 out of 10 districts remaining in Crisis (IPC phase 3) food insecurity and the number of people in Crisis or above food insecurity remaining above the 5-year average. The planting of crops in 2022 was delayed by a poor start to the season and, although crops were eventually planted following the rains brought by cyclones and storms, the heavy rains also contributed to a resurgence of migratory locusts and good conditions for fall armyworm.

**Evolution of the number of people in IPC 3,4 and 5 since 2018**



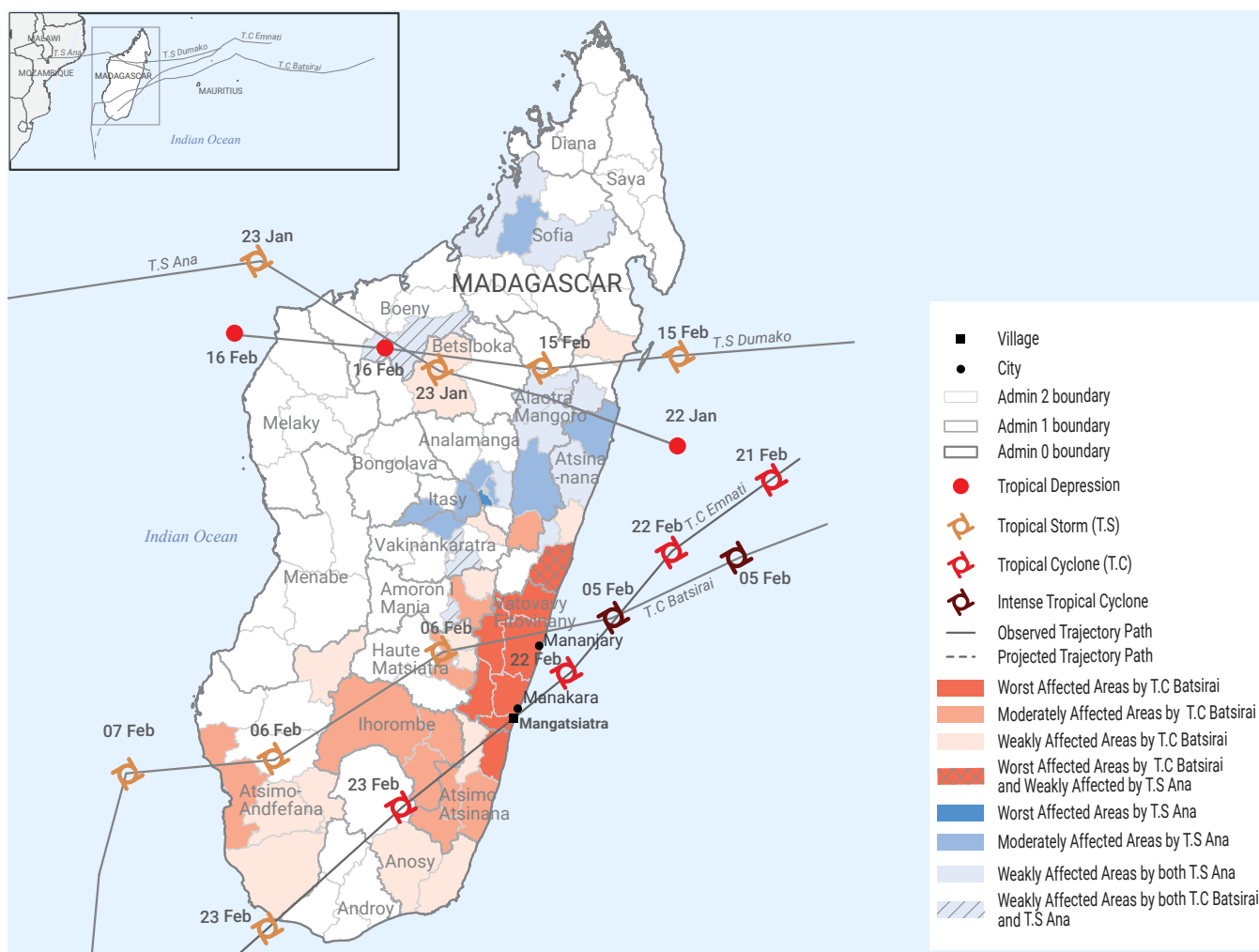
**The cyclones and drought have had devastating consequences for women and children.** The risk of women and girls being exposed to gender-based violence has been exacerbated by each of these disasters and more than 6,900 cases of gender-based violence were recorded in the Grand Sud and Grand Sud-Est in 2021 and the first quarter of 2022, with 92 per cent of survivors being women and 8 per cent men. At the same time, families have adopted desperate coping mechanisms, with child labour, child marriage and sexual violence (including sexual abuse and sexual exploitation) highlighted as the three main child protection concerns during a rapid protection assessment in the Grand Sud. Children's access to education has also been compromised: schools were damaged by the cyclones, while children in the Grand Sud dropped out of school to help their families survive the drought by searching for food and water or performing child labour—including selling water, petty trade, begging and zebu-sitting. Increased child marriage has forced girls out of school, particularly in the Grand Sud, where five regions (Anosy, Androy, Atsimo Andrefana, Atsimo Atsinanana) already had some of the highest child marriage rates in the country prior to the drought.



**Each of these emergencies has also compromised access to clean water and heightened the risk of communicable diseases.** In all nine districts affected by the drought, access to potable water remains low, forcing the majority of the population to use surface water. In cyclone-affected districts, WASH infrastructure was destroyed or contaminated. Affected areas face high prevalence of childhood diseases, including diarrhoea, malaria and respiratory infections, while vaccination coverage is low. Malaria is also affecting both the Grand Sud and Grand Sud-Est regions, especially Anosy, Atsimo Andrefana and Atsimo Atsinanana. The

Grand Sud is also at risk of poliovirus and measles outbreaks, with two cases of vaccine-derived poliovirus reported in Atsimo Andrefana region in the past 12 months and three confirmed measles cases reported in the Atsimo Atsinanana region since the beginning of 2012.

**As a result, there are now at least 1.9 million people in the Grand Sud (1.15 million) and Grand Sud-Est (0.75 million) who are estimated to be in need of humanitarian assistance between June and December 2022.**



# Response Strategy and Coordination

## Response Phase 1: January to May 2021

**In January 2021, as the drought crisis in the Grand Sud intensified, the Government of Madagascar, through the BNGRC, launched a national response plan and increased its assistance in the region.**

The Government set up two "anti-Kere" Operational Command Centres (CCOKs), started the construction of Medical and Nutritional Rehabilitation Centres to provide nutritional support to vulnerable children, implemented a joint Agriculture-WASH strategy for long-term agricultural recovery, and initiated the creation of a food bank to strengthen people's food security. The Government also implemented a social protection shock-sensitive programme, funded by the World Bank, which reached 102,730 people through cash transfers operations.

**In complement to the Government-led response, humanitarian partners launched a Flash Appeal with the Government for the period January to May 2021, which call for US\$75.9 million to respond to the multisectoral needs of 1.14 million people in the Grand Sud.**

Under this first flash appeal—which was approximately 53 per cent funded according to the financial tracking system<sup>1</sup>—more than 840,000 people received humanitarian assistance, thanks to the generosity and solidarity of contributing donors. Approximately 829,000 people received food aid and livelihood support, over 264,600 people were provided with access to safe water, sanitation and hygiene services, more than 188,800 children under age 5 and pregnant and lactating women received nutritional support and/or life-saving treatment, more than 142,400 women received health and prenatal care, and more than 93,400 children were able to access education through the supply of school kits.

## Response Phase 2: June 2021 to May 2022

**In June 2021, as the Grand Sud drought continued to deepen, the Government revised and extended its national response plan until May 2022.** The revised plan was budgeted at \$242 million and targeted 1.6 million people with assistance. To respond to immediate humanitarian needs, the Government dispatched several "humanitarian caravans" to deliver humanitarian aid. The Government also reached over 102,730 people with cash transfer activities as part of its shock-sensitive social protection programme.

**In alignment with the revised Government's plan, the humanitarian Flash Appeal was revised and extended to ensure continuity of life-saving interventions until May 2022.** Under the revised Flash Appeal, humanitarian partners targeted 1.31 million people (out of 1.6 million people in need) with immediate humanitarian assistance, with an emphasis on the nine districts classified in Crisis (IPC Phase 3) or Emergency (IPC Phase 4) food insecurity: Amboasary, Betroka, Ambovombe, Tsihombe, Bekily, Beloha, Ampanihy, Betioky and four communes of Taolagnaro district.

**The generosity of donors enabled humanitarian partners to intensify their activities in this period, with approximately \$142 million received out of the \$154.8 million requested under the Flash Appeal between June 2021 and May 2022.**

By the end of March 2022, humanitarian actors had provided multisectoral assistance to approximately 1.6 million people in the Grand Sud. This included: 1.57 million people who received food assistance from January 2021 to February 2022, and 1.2 million people who received cash transfers. Over 439,000 people were provided access to drinking water, and more than 51,000 were provided access to sanitation services. Children have remained at the center of the response, with more than 108,000 children provided with school kits and refresher classes, 83,970 children vaccinated against preventable diseases, more than 62,900 children treated for acute malnutrition and 18,400 children treated for deadly diseases. An additional 37,100 people were reached by awareness campaigns to prevent gender-based violence (GBV) prevention and to increase knowledge on reproductive health issues, and more than 14,200 pregnant women received prenatal care.

**At the same time, the humanitarian response contributed to strengthening community's resilience.** Some 133,000 people received agricultural support using drought-resistant seeds and, as part of the multiple use of water systems initiative, 64 new water points were built while 52 others were rehabilitated to meet the medium and long-term needs of communities. The creation of production assets (e.g., boreholes for micro-irrigation linked to vegetable production in the school micro-irrigation system, rural service roads, etc.) began to increase production capacities at the community level, including the Namolora borehole in the municipality of Antanimora and the Amibasy and Voimbaneba borehole in the municipality of Andalatanosy.

## Response Phase 3: June 2022 to December 2022

**In May-June 2022, the Government extended the National Response Plan to December 2022 and expanded its scope to include cyclone-affected districts.** The main objective of this second extension was to stabilize humanitarian achievements in the Grand Sud and avoid a deterioration of the post-cyclone situation in the Grand Sud-Est. The revised plan covers 17 districts and targets 1.9 million people, with a budget of \$148.4 million.

**This Flash Appeal has therefore been revised to complement the Government's planned response through to the end of 2022.** The third revision of the Flash Appeal calls for an additional \$154.7 million over the next six months, targeting 1.9 million people in the drought-affected Grand Sud (1.15 million people) and the cyclone-affected Grand Sud-Est (0.75 million people).



## Strategic objectives

In support of the National Response Plan, this revised Flash Appeal maintains the same objectives:

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

## Coordination

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

- Implementation of the Government's national response plan is coordinated by the BNGRC, in close collaboration with line ministries and humanitarian partners.
- Implementation of this Flash Appeal, which complements the Government's plan, is coordinated by the United Nations Resident and Humanitarian Coordinator, with support from OCHA and the Humanitarian Country Team (HCT).

**National and local coordination has been strengthened since the issuance of the first National Response Plan and humanitarian Flash Appeal in January 2021.** The local antenna of the National Office for Risks and Disasters Management (BNGRC) in Ambovombe, Ampanihy and Amboasary have been equipped with computers and office furniture. Four humanitarian clusters have been activated since November 2021 (Food Security and Livelihoods, Nutrition, Health and WASH). The Displacement Tracking Matrix (DTM) is being set up and will be hosted by the local office of the BNGRC. This system will complement the population displacement monitoring system already initiated and organized locally.

## Humanitarian-development Nexus

**High-level leadership and commitment by the Government and humanitarian and development partners have contributed to complementarity between humanitarian and development action.** The Government has (i) set up Medical and Nutritional Treatment Centers for malnourished children, (ii) implemented joint Agriculture/WASH activities for a long-term agricultural recovery, and (iii) set up a Food Bank to strengthen food security. In complement to the humanitarian Flash Appeal, a Development Plan for the Grand Sud has been put in place and implemented by the Government since July 2021 to promote structuring activities through the New Emerging Projects (NEPs). In the remaining period of the Flash Appeal (June-December 2022), efforts will be intensified to ensure that reconstruction and recovery activities are ramped-up, enabling humanitarian partners to scale-down emergency response activities as the situation stabilizes



**Bettimeda Commune Maroalomainty, ambovombe district, Androy region**

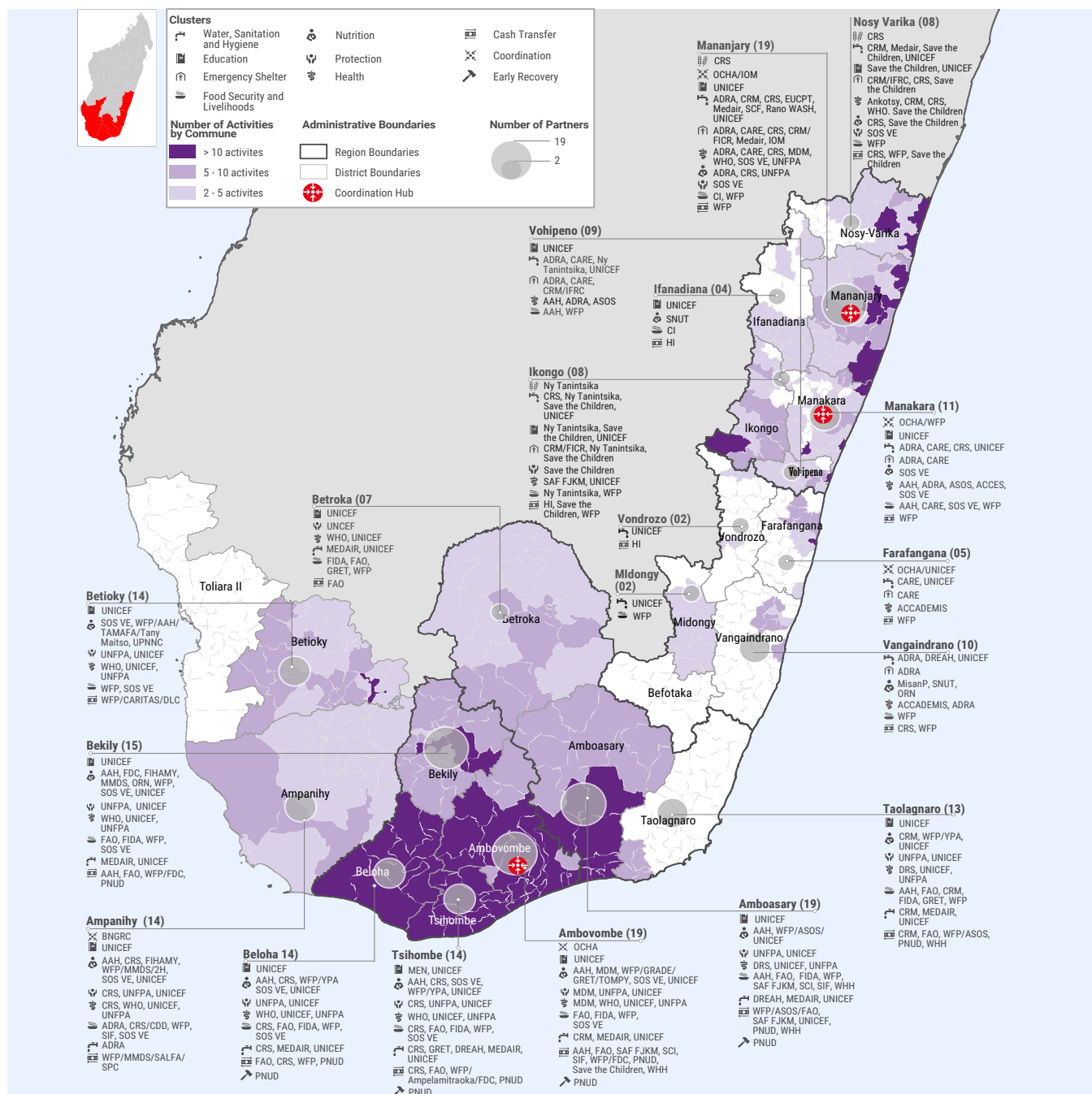
Many plantations in the Deep South of Madagascar are covered in sand, but people still try to plant. Sandstorms turned arable land into wasteland in large areas of the region. May 02, 2021 Photo: OCHA / Viviane Rakotoarivony

# Capacities and Constraints

**Humanitarian capacity has significantly increased in Madagascar since the beginning of the Grand Sud drought crisis.** There was a 67 per cent increase in humanitarian workers in the Grand Sud from January to September 2021, while four life-saving humanitarian clusters were activated (Food Security, Nutrition, WASH and, Health).

**Under this revised Flash Appeal, 13 humanitarian partners will implement projects,** including 6 United Nations agencies and 7 international non-governmental organizations (INGOs). The revised Flash Appeal builds on ongoing programming implemented by humanitarian partners in the targeted regions, as illustrated below, and on the operational presence of organizations already on the ground.

## Operational presence of humanitarian Partners (situation as of May 2022)





## Access and logistical constraints

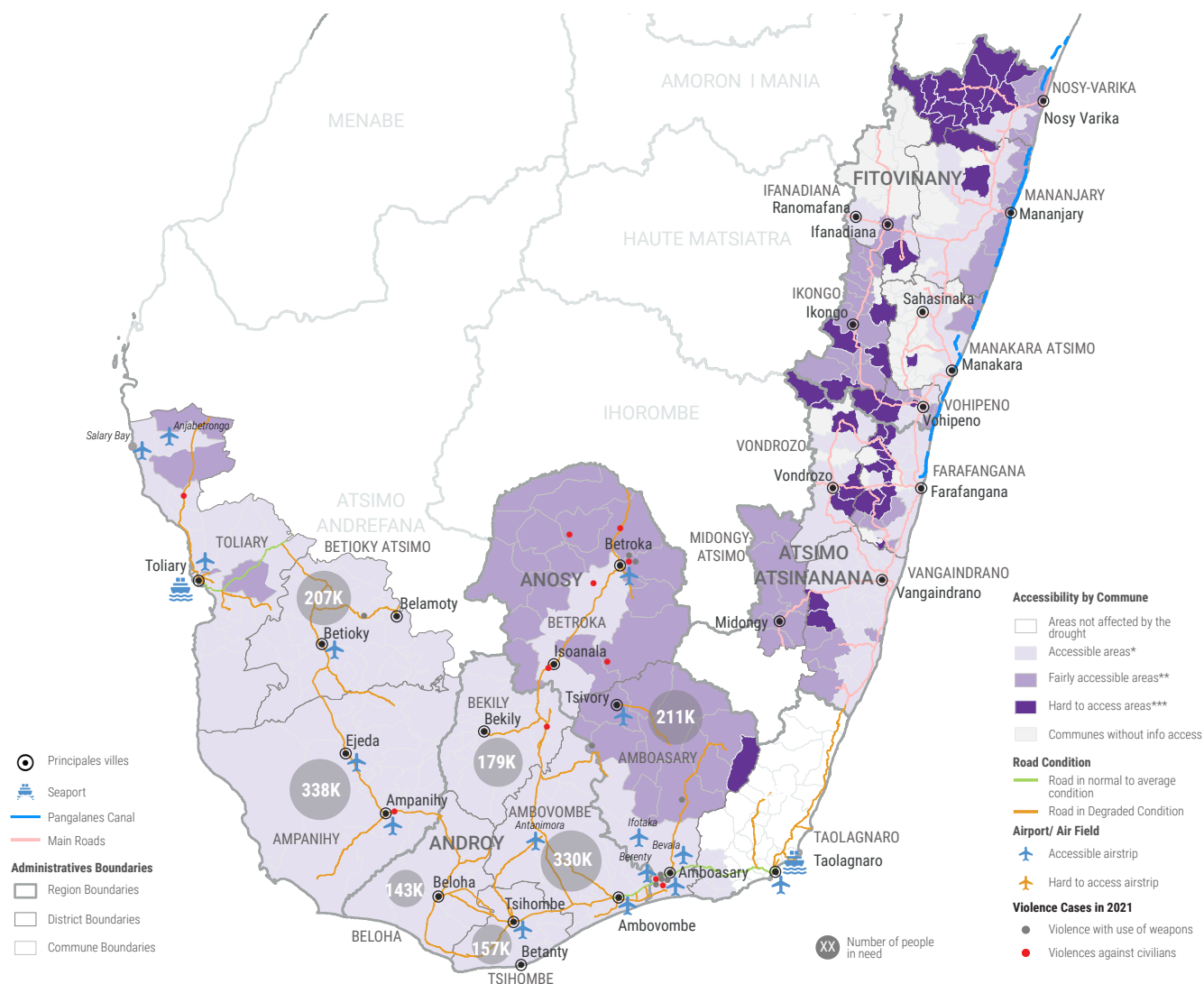
### Access to drought- and cyclone-affected areas in the Grand Sud and Grand Sud-Est often requires humanitarian partners to overcome logistical and physical constraints.

In the Grand Sud, access to the communes of Tanandava Madrare to the north of Tolagnaro district and the commune of Manevy to the east of the Amboasary district is extremely difficult due to the lack of roads and prevailing insecurity. It is estimated that nearly 15,000 people live in these communes (10,356 in Manevy and 4,602 Tanandava Mandrare). In the Grand Sud-Est, access to the districts of Ikongo and South Midongy is also very difficult due to the degraded state of the roads, which are cut off in several locations after heavy rainfall. In order to overcome these challenges, both the drought and cyclone responses utilized helicopters to access hard-to-reach areas at the peak of each response.

### In the Grand Sud, the presence of "dahalo" (cattle rustlers) also

impacted access. At least 140 violent incidents have been recorded since the start of the response in the Grand Sud (75 armed clashes and 65 attacks on civilians). As a result, 272 people have died, 20 people have been abducted and at least 14,120 cattle have been stolen. In 2021 and 2022, violence was mainly recorded in the districts of Ambovombe, Amboasary and Betroka, affecting people's access to basic services and assistance, and worsening an already dire drought situation. At the end of 2021, one humanitarian worker died and another was injured after their cars were attacked in what is suspected to have been a dahalo-related incident.

## Physical capacities and vulnerability of roads



\* Accessible areas: Physical and logistical constraints (roads in poor condition but still passable) and there is no insecurity



# Sectoral Needs & Response

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## **Morarano Commune, Mananjary District, Vatovavy Region**

*Morarano Primary School. Landy Soafeno is a 61-year-old single mother. She has four CHILDREN. She was displaced by Cyclone Batsirai and took refuge in the school where she washes other people's clothes to earn some money. She dreams of rebuilding her house but she cannot afford it. Right now, she's even struggling to get enough to feed her family. She knows how to sow but does not have the means to buy equipment. February 23, 2022. Photo: OCHA / Viviane Rakotoarivony*





# Education



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
1.31M	350K	49%	100%	\$9.9M (Jan 21 - Dec 22) \$2.5M (June 22 - Dec 22)

## Context of the crisis in the sector

In the Grand Sud, the risk of children dropping out and dropping out of school remains among the highest in a context of persistent poverty, despite improvement in food and nutritional security. According to data from the Ministry of National Education, the average dropout rate for Androy, Anosy, and Atsimo Andrefana regions is 16.47 per cent, compared to 7.71 per cent at the national level in 2020. A monitoring of school absenteeism in schools of the CISCO of Ampanihy, showed that students are absent as much if not more to help their parents to work in the fields in order to take advantage of the little rains of February - March.

In the Grand Sud-Est, the three regions of Vatovavy, Fitovinany and Atsimo Atsinanana suffered damage from the tropical cyclones Batsirai and Emnati. Due to the combined effects of the cyclones and the COVID-19 pandemic, most students lost between 4 and 10 weeks of learning time at school. The cyclones also caused significant damage, with production losses and damage estimated at over \$160 million, including the loss of household livelihoods, housing infrastructure and community school infrastructure. The education sector is facing the context of negative adaptation as households give less priority to education. According to projections for the period April-September 2022, several districts will be in phase 3 (crisis). This will accentuate school dropout and negatively impact re-enrolment in the coming months of July and August. Addressing this issue is a major challenge to improving the recovery and resilience of the education system.

- School always provides a protective environment, and their core mission is to provide children and young people with essential life skills.
- To do this, it is extremely important to prevent school dropout as much as possible by supporting students return to school and retention. 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 people targeted

The education sector identified the entire school-age population aged 6 and 15 in the 15 food-insecure districts (IPC 3 and above) as the population in need. To do this, the sector determined the number of people in this age group among the total population of the districts concerned, based on the overall results of RGPH 3. Thus, the people in need (PIN) stands at 641,321 for the drought zone and 670,165 for the cyclone zone, i.e. a total of 1,311,486 children in need.

The number of students targeted is considered on the basis of the number of pupils in public schools not covered by the regular school canteen programme during the 2022-2023 school year. Thus, the people targeted over the period from June to December are 150,000 students for the drought zone and 200,000 students for the cyclone zone, i.e. a total of 350,000 students targeted.

## Sector response

The sector's response is structured around the following activities to increase retention and reduce drop-out, provide incentives to teachers and ease the burden on parents to educate their children.

- Provide school kits to 350,000 students in vulnerable schools and colleges in the 15 affected districts.
- Provide school supply kits and basic educational materials to 4,000 teachers working in vulnerable schools and colleges in the 15 affected districts to carry out their work of teaching as teachers, especially where remedial classes are held.
- Provide replacement school furniture to 200 schools in the 8 districts affected by cyclone damage.
- Provide temporary classrooms (tarpaulin sheet, metal tent...) to support the education community in the return to school of students in the 200 schools in the 8 districts affected by cyclone.
- Provide food to ensure hot meals for students in school canteens
- In relation to the fight against the spread of COVID-19, the schools targeted by these interventions are equipped with HWDs (Hand Washing Devices).

# Emergency Shelter



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
2.4M	80K	50%	50%	\$3.1M (Jan 21 - Dec 22) \$2.4M (June 22 - Dec 22)

## Context of the crisis in the sector

The humanitarian situation caused by food insecurity in the Grand Sud has forced thousands of people to leave their villages to seek survival in urban centres. Between December 2020 and 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 has forced the authorities to set up an ad hoc site for the temporary accommodation and reception of displaced people, with support measures for humanitarian actors to ensure that it operates to the appropriate standards.

Displacement presents many challenges for both the communities of origin and the host communities, and increases the risk of exposure to forms of abuse and exploitation, and can lead to social tensions and conflicts due to increased pressure on the already limited resources of some host communities.

While most displaced people have returned to their villages of origin in recent weeks, the situation remains fragile in view of the continuing difficulties and vulnerabilities of recovery from 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 severely challenged. Faced with a particularly high risk of displacement during the lean season of 2021-2022, it is important to be able to set up a monitoring and early warning system for displacement and to prepare a response capacity to receive and care for internally displaced persons.

Tropical Cyclone Emnati made landfall south of Manakara town, in the Fitovinany region, with gusts of 150 km/h to 200 km/h. This system passed through areas affected by tropical cyclone Batsirai just 18 days ago, bringing 109 mm of rain to Mananjary alone. The immediate impacts of Emnati and Batsirai include loss of life, extensive property damage, destruction of crops, and deterioration of health conditions due to water-borne diseases, disruption of economic activities due to damage related to bridge and road cuts. A multisectoral flyover assessment was conducted by the government and humanitarian teams in two regions, namely Vatovavy (District of Mananjary, Ifanadiana, Nosy Varika) Fitovinany (District of Ikongo, and Vohipeno) and after the passage of Cyclone Batsirai, was updated towards the end of February,

to complete the damage caused by Cyclone Emnati, in the Atsimo-Atsinanana region particularly in the districts of Midongy, Vondrozo, Farafangana, and Vangaindrano.

## Population in need and population targeted

**For the drought area.** For drought response, people in need can be considered as all people who are acutely food and/or nutritionally insecure, i.e. the 1.93 million people for all sectors, as these people are at risk of adopting displacement strategies at any time. The number of people targeted could be estimated at 5,000 people based on the experiences of previous years. They consist of people who cannot go to their families and are forced to build very precarious living quarters in any available place in the big cities. The main destination is the town of Fort Dauphin. According to a recent statistic, about 5,000 people might adopt the same strategy again.

**For the cyclone zone.** Based on the multisectoral rapid assessment conducted in February 2022, approximately 210,000 people were estimated to have problems with a hut, either damaged, flooded or completely destroyed. These people are considered to be in need. Taking into account the resources available from each actor, the non-core needs for are estimated at 150,000 people, i.e. 65 per cent of the population.

The people targeted are those who have had their houses destroyed, flooded or disheveled and who do not have the means to rehabilitate/reconstruct their houses; they are obliged to go and live with host families.

## Response of the sector

### CCCM activities

- Strengthening existing CCCM systems
- Strengthening authorities on information management
- Strengthening resilience of displaced people / IGAs, community project

### DTM activities

- DTM with the "Mobility Tracking" component > management of cyclone-related displacement training - within families

### Shelter

- Continue with shelter support through the provision of materials (direct distribution) and/or cash (conditional cash transfers) for shelter rehabilitation.

# Food Security and Livelihoods



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
2.1M	1.9M	51.2%	13%	\$297M (Jan 21 - Dec 22) \$114.9M (June 22 - Dec 22)

## Context of the crisis in the sector

The Grand Sud and the Grand Sud-Est are still in a fragile situation due to the lack of sustainable mechanisms for adapting to shocks.

The population in the Grand Sud has not yet fully recovered from the after-effects of the two consecutive years of drought, which severely affected harvests, while harvests at the beginning of 2022 only covered one month's consumption and production is expected to be low for the main agricultural season. This situation is caused by the reduction in the area cultivated compared to the usual and the delay in the rains useful for agriculture (January) which delayed planting by 60 per cent of households<sup>2</sup>. This situation of low agricultural production is more prevalent in the Districts of Ampanihy, Betioky Atsimo, Bekily, Betroka and Taolagnaro (about 70 per cent), where households had problems accessing agricultural inputs and the irrigation system. This was compounded by the negative effects of crop attacks by army worms and other pests. As a result, since April 2022, at least 45 per cent of the population had already begun to adopt crisis and /or emergency coping strategies that eroded livelihoods.

In the Grand Sud-Est, the successive passage of cyclones BATSIRAI and EMNATI, in February 2022, devastated the livelihoods of the population, a significant part of which fell into acute food insecurity. Thus, despite the fact that it is harvest time, apart from the District of Vangaindrano, the other districts are classified in IPC Phase 3 (Crisis). Indeed, agricultural production losses<sup>3</sup> are estimated at US \$61 million for food crops, US \$78 million for cash crops and US \$1.47 million for livestock, of which one third relates to poultry farming. The cost of losses in the fisheries sector could not be estimated, but it was noted that maritime fishing was more affected with the loss of equipment (dugout canoes, nets) in addition to the significant loss of earnings recorded following the cessation of fishing during the passage of the cyclones.

In addition to this context of vulnerability to climatic shocks [drought in the South and Cyclones/Floods in the South east] the population in these areas is also affected by the impact of the Russian-Ukrainian war on the increase in the price of imported commodities, the COVID-19 epidemic which has disrupted market supply chains, and predator attacks on crops.

## Population in need and population targeted

The estimate of people in need was based on the total number of people in need of assistance (PIN) calculated on the basis of the pilot methodology applied to the results of the latest IPC analysis of acute food insecurity, conducted in April 2022 with the support of the

country's IPC Working Group team and the support of the Global Support Unit (GSU). The determination of the population targeted is based primarily on PIN. It also takes into account the increasing projection of populations in IPC Phase 3 and above from 1.68 million people (32 per cent of the population analysed), between April and August 2022, to 1.95 million people (37 per cent), between September and November 2022, and to 2.06 million people (39 per cent), between December 2022 and March 2023 (end of the next lean season). Finally, it also takes into account the operational and financial capacity (depending on the mobilization of resources in such a short period of time) of the actors working in the sector, with reference to previous and/or current interventions.

The people in need are those classified in phases 3 and 4 of the IPC (crisis and emergency), between April and August 2022. They total 2.1 million people. Over the target period from June to December 2022, 1,897,000 people (379,400 households) will be targeted and distributed as follows:

### In the Grand sud:

- **Population in need:** 1,150,000 people
- **Population targeted for food assistance:** 1,150,000 vulnerable people (230,000 households).
- **Population targeted for livelihood restoration support:** 900,000 vulnerable people (180,000 households) for emergency assistance in protecting/restoring their livelihoods.

### In the Grand Sud-Est :

- **Population in need:** 1,150,000 people
- **Population targeted by food assistance:** 747,000 people (149,400 households).
- **Population targeted for livelihood restoration support:** 400,000 people (80,000 households) for emergency assistance in the protection and restoration of livelihoods.

## Sector response

The sector will need a budget of \$114.8 million in the Grand Sud and the Grand Sud-Est to prevent a serious deterioration in the food and nutrition situation of the targeted population through emergency interventions including food assistance and substantial livelihood protection/restoration support to affected households, while ensuring good coordination and monitoring of the evolving situation to provide early warning. Sector actors already have a budget of \$18.5 million but will still need \$91.6 million for food assistance and \$23.2 million for livelihood restoration and protection support.



Interventions in the sector are summarised below.

### 1. **Ensure adequate food consumption of people affected by drought and cyclones/floods**

- Continue to provide food assistance to severely food insecure populations in IPC Phase 3 districts to avoid a return to a food and nutrition disaster situation from 2020 until the end of the next lean season in April 2023, when affected households will not yet be able to cope with the effects of this lean season.
- From July to December 2022, the number of beneficiaries of unconditional food assistance will be reduced compared to the first half of the year (January–June 2022), from 1,600,000 people to 950,000 for the Grand Sud and from 465,000 people to 397,000 for the Grand Sud-est. Unconditional food assistance aims to save lives and protect the livelihoods of the most vulnerable households, without a labour force with a high dependency ratio and living in heavily affected areas where production is poor and work opportunities remain low.
- Part of the beneficiaries of the assistance linked to the acute emergency phase, 205,000 people in the Grand Sud and 350,000 people in the Grand Sud-Est, will be targeted by the conditional assistance aimed to improve the availability of and access to food through the establishment of productive assets and thematic capacity building.
- The choice of modality (food in kind or cash): the assistance modality via cash transfers may be used in communes where security and market functioning conditions are ensured through prior analysis by members of the Food security and Livelihoods Cluster and CWG (Cash Working Group). However, multi-purpose cash assistance will be favoured as soon as feasible in order to give households the choice to meet their basic needs (food and non-food) and to boost the market recovery.
- Ensure integration of food assistance with other sectoral programmes, including:
  - Nutritional assistance: combine food and cash distributions with the prevention of acute malnutrition in children aged 06 to 59 months and pregnant and breastfeeding women, and also ensure integration between food assistance and the management of cases of acute malnutrition in order to promote recovery and support good family nutrition practices.
  - 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 multisectoral assistance to meet their basic needs.

### 2. **Contribute to the protection and restoration of livelihoods related to agriculture, livestock and fisheries for people with severe food insecurity through:**

- The revival of agricultural production through technical supervision accompanying the supply of agricultural inputs

consisting of seeds of early and adapted crops/varieties, fertilisers, pesticides and agricultural materials through direct distribution or the use of vouchers. In the Grand Sud in particular, in the face of recurrent drought, the mechanisms for rational water management will be optimised not only for water collection but also for its storage (underground to limit evaporation) and its rational use (micro-irrigation system).

- The revival of cash crops and agroforestry (especially the Sud-Est) through technical support in the installation of community nurseries and capacity building in the installation of agroforestry systems to remedy the significant losses caused by the passage of cyclones.
- The provision of the CASH that accompany support for agricultural recovery to enable beneficiary households to cover the costs of preparing production plots.
- Repopulation of livestock (poultry, goats, sheep) for the most affected farmers, accompanied by protective action through the provision of supplementary feed and fodder production inputs and the improvement of animal health (equipping community animal health workers with monitoring equipment, diagnostic kits, equipment, veterinary vaccines and protective equipment, vaccination and livestock treatment campaigns, and awareness-raising on common animal disease epidemics and their control.
- Capacity building and equipment for marine fishing and freshwater aquaculture activities along the value chain from capture to marketing.
- Prevention and protection of crops against diseases and pests, including locust prevention and control.

### 3. **Strengthen monitoring and regular analysis of the situation of vulnerability to food insecurity in the Grand Sud and the Grand Sud-Est by:**

- Strengthening crisis preparedness, mitigation and response mechanisms through the monitoring of the food insecurity vulnerability situation: joint assessments and analyses produced through these mechanisms (production and food security assessment, updating of the minimum expenditure basket, market analysis, monitoring and early warning and intervention bulletins produced by the SISAV: Food Security and Vulnerability Information System, IPC analyses) will help to improve the common understanding of needs, decision-making, harmonization and adjustment of humanitarian responses.
- Support to the coordination of Food Security and Livelihoods interventions at national and interregional levels to better prepare for and respond to hazards/shocks (through technical and material capacity building) and achieve better results of interventions.

# Health



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
<b>701k</b>	<b>213k</b>	<b>50.3%</b>	<b>52%</b>	<b>\$17.1M</b> (Jan 21 - Déc 22) <b>\$8.8M</b> (Juin 22 - Déc 22)

## Context of the crisis in the sector

The chronic crisis caused by the drought in the Grand Sud and the shock suffered by the population of Grand Sud-Est following the passage of the cyclones have reduced the capacity of the population of these affected areas to meet certain needs, even the most basic ones, such as health. The integrated food insecurity classification (IPC) carried out in April 2022 with projections to the end of the year shows a very large proportion of the population in these areas is still in a crisis and emergency situation, and without concrete and effective action, it is feared that the situation will worsen in the coming periods.

In terms of health, over the last six months, including the last quarter of 2021 and the first quarter of 2022, there has been a clear improvement in outpatient consultations, ranging from 20 to 25 per cent in the Grand sud, and a fairly high attendance rate of 35 per cent in the Grand Sud-Est<sup>4</sup>. Similarly, the rate of deliveries in health centres has improved slightly since the beginning of the crisis, although it is still around 30 per cent. The establishment of integrated mobile clinics has been a key factor in achieving these results. In addition, the easing of health restrictions following a considerable drop in the number of cases of COVID-19 in the country and the significant support for infection prevention (training of actors and provision of personal protective equipment) during the previous response were crucial in strengthening access to services.

In addition, considerable efforts have been made to improve the coverage of medical care services for GBV cases, both through capacity building of providers and provision of inputs to referral centres.

Despite the efforts made in these areas, several health indicators are still suffering due to the combined health consequences of the drought and cyclones and the pre-existing precariousness of the health system.

Indeed, the prevalence of childhood diseases, notably diarrhea, malaria and respiratory infections, remains high, at 8.20 per cent, 19.80 per cent and 8.60 per cent respectively<sup>5</sup>. Vaccination coverage has dropped drastically due to stock-outs of several antigens, despite improved availability of services through fixed strategies, advanced strategies and integrated mobile clinics.

Nationwide during week S22-2022, nearly 40 per cent of districts are either in epidemic or alert status. Malaria morbidity is 17 per cent and the RDT positivity rate is 45 per cent. Indeed, malaria recrudescences are currently underway in the two regions of the Grand Sud: Anosy and Atsimo Andrefana and notably the districts of Taolagnaro and Tuléar I which are currently in epidemic (S22-2022). Three districts in the

Androy and Atsimo Andrefana regions are on a resurgence alert for S22-2022. The same applies to the Farafangana and Befotaka districts of the Atsimo Atsinanana region. These malaria recrudescences have been favoured by, on the one hand, the rise in temperatures, the rainfall and the ensuing humidity, which have caused the proliferation of mosquitoes; and on the other hand, by the lack of inputs needed for control, especially in recrudescence situations.

Over the past four weeks, the trend of confirmed COVID-19 cases nationwide has increased relatively with a 6.5 per cent positivity rate at the end of 24th week, above the alert threshold of 5 per cent. The Atsimo Atsinanana and Anosy regions are among the active regions for the last seven days. A resurgence is feared due to the non-observance of barrier measures and the weakness of care capacities.

The country is in the midst of a poliovirus, type VDPV. Of the 15 confirmed cases recorded in the last 12 months, two are from the Atsimo Andrefana region, mainly due to low vaccination coverage and the large number of children who have never received any antigen. An outbreak of poliovirus in the three regions of the Grand Sud is really to be feared, particularly in the districts of Ampanihy, Bekily, Beloha, Tsihombe and Amboasary sud, which are at-risk districts in relation to their low surveillance performance indicators.

Measles outbreaks are also to be feared in the face of the malnutrition crisis in the Grand sud and the pockets of measles that emerge after the cyclones in the Grand sud Est. Of the 12 confirmed cases of measles reported since the beginning of 2022, three are reported from three districts in the Atsimo Atsinanana region: Farafangana, Vangaindrano and Midongy du sud.

Moreover, the current galloping inflation further reduces the population's financial access to health care. The impoverished situation of this population also continues to fuel a situation of increased rural insecurity, exposing health workers to the risk of physical aggression and leading to a reluctance on the part of certain actors to intervene in certain areas, thus depriving the populations of these areas of essential and vital health services.

Given the current situation and the expected deterioration of food security in the coming months according to the IPC analysis, this humanitarian crisis continues to present a risk of increased maternal and neonatal morbidity and mortality in the most affected districts, especially as children, pregnant and lactating women, the elderly, and people with disabilities are the most vulnerable to this acute food insecurity and its health consequences.

The continuation of the emergency response is therefore necessary, but it must be accompanied by a clear exit approach in order to ensure effective strengthening of the health system to maintain and improve this level of availability and quality of service, thus constituting a recovery plan for these areas. It must also be accompanied by continued support for infection prevention and control (IPC), both in the next interventions and especially in the post-crisis phase, in order to maintain this high level of availability of services and significantly reduce the risk of nosocomial infection.

### People in need and people targeted

The populations in need are those likely to be sick, proportion based on the morbidity rate estimated at about 25 per cent taking into account interconnected factors, vulnerable populations including children under five years of age requiring integrated health care, in particular vaccination, pregnant women, breastfeeding women and women of childbearing age. These populations in need represent 863,000 people, including 521,000 are in the Grand Sud and 342,000 in the Grand Sud-Est.

On the basis of indicators of service use, particularly the rate of attendance at basic health centres, which is estimated at around 30 per cent, taking into account interconnected factors including the current galloping inflation, which significantly reducing financial access to care, almost 70 per cent of health needs are not covered. Thus, the populations in need are estimated at 1,440,000 people.

However, the focus will be on children under age 5 likely to contract diarrhoea, acute respiratory infections and malaria, children aged 0-11 months targeted for routine vaccine, pregnant women at risk, pregnant women likely to have four antenatal consultations, pregnant women at risk of obstetric and neonatal complications, women of child-bearing age likely to request modern family planning, women who are victims of gender-based violence and people over 60 years of age, including people living more than 5 km from the nearest functional health centre, as well as people likely to be affected by an outbreak of disease or epidemics. Thus, 517,800 people are targeted, of whom 312,600 live in the Grand Sud and 205,200 in the Grand Sud-Est.

### Sector response

Based on this analysis of the health situation and trends over the coming months, the priorities for the emergency response between now and December 2022 will focus on the following most urgent needs.

1. Provide access to health services for the most vulnerable (pregnant and lactating women, women at risk of obstetric and neonatal complications, children under five years of age, women of childbearing age with unmet need for RH/FP, women victims of GBV, population living more than 5 km from a health centre), i.e. 312,600 people in ten districts of the Grand Sud most affected by severe food insecurity and malnutrition, including 134,400 children under of 5 years old, 12,000 people over 60 years, 14,600 pregnant and breastfeeding women, including 400 at risk of obstetric and neonatal complications, 69,000 women of childbearing age with unmet needs for RH/FP and 900 women victims of GBV; and 205,200 people in the eight districts affected, by the cyclones, including 88,200 children under 5 years, 7,000 people over 60 years, 9,400 pregnant and breastfeeding women including 200 women at risk of obstetric and neonatal complications, 43,000 women of childbearing age with unmet need for RH/FP and 600 women victims of GBV.
2. Taking into account the improvement already achieved by recent or ongoing interventions, ensure the quality of the failing services as a whole, in particular in areas with: Insufficient and poorly distributed human resources;
  - Technical platform at different levels that do not meet standards;
  - Poor community health;
  - Inadequate availability of emergency obstetric care;
  - Limited access to neonatal and child care;
  - Insufficient medical care for GBV survivors;
  - Substandard infection prevention and control;
  - Damaged health infrastructure / equipment;
  - Difficulty in delivering medical inputs
3. Ensure the capacity to detect and provide free care in cases of disease or epidemic outbreaks related to the humanitarian crisis.
4. Ensure better coordination of emergency responses.



# Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
163K	81K	64%	72%	\$34.6M (Jan 21 - Dec 22) \$15.4M (June 22 - Dec 22)

## Context of the crisis in the sector

The results of the Q1-2022 mass screening exercise of the Nutritional Surveillance System (NSS) conducted in 15 districts of the Grand Sud show an overall improvement in the nutritional situation. However, there are still pockets of malnutrition whose prevalence is above emergency levels in 20 communes (GAM prevalence >15 per cent), and on nutritional alert in 36 communes (GAM prevalence >10 per cent) in the 7 food insecure districts for the period from April to August 2022, according to the April 2022 IPC analysis (IPC phase 3 and above). Insufficient harvests, insufficient rainfall, the lean season and lack of knowledge of services/center of care at health centers, as well as the limited financial income of the population are among the major causes of this situation.

In addition, the regions of Vatovavy, Fitovinany and Atsimo-Atsinanana were affected by cyclones Batsirai and Emnati in February 2022 and this has generated a humanitarian situation that continues to affect the quality of life and the quality of care for a significant proportion of the population in these regions. Eight districts among these three regions have been classified as being in a humanitarian situation (IPC>3).

The nutritional status of children under five years in these south-eastern regions prior to the effects of the cyclones was already considered serious. According to the results of the 2021 Demographic and Health Survey (EDSMD-V), the prevalence of Acute Malnutrition in the three regions was found to be MAM 9.3 per cent, SAM 3.1 per cent for Sud-Est and MAM 7.2 per cent, SAM 3 per cent for Vatovavy and Fitovinany. This reaffirms the need for an immediate humanitarian nutrition intervention in regions affected by food insufficiency (IPC>3) and high prevalence of severe acute malnutrition (>3 per cent).

## People in need

The population in need (PIN 163,000 persons) are cases of children aged 6 to 59 months affected by severe and moderate malnutrition who will need PECMA treatment (117,000 children) and pregnant and lactating women from populations classified as IPC 3+ for the distribution of LNS and enriched flours to be distributed with the general food distributions (45,276 pregnant and breastfeeding mothers) in the 15 districts covered by the national response plan. The number of people in need is obtained by using the district prevalences of SAM/MAM from the NSS for first quarter 2022, the Demographic and Social Survey V2021 for cyclonic zones, IPC April 2022 for the determination of the number of pregnant and breastfeeding women (5 per cent of IPC 3+).

## Population targeted

50 per cent of people in need will be targeted by Nutrition interventions, i.e. 81,000 people including 58,000 children aged 6-59 months and 22,000 pregnant and lactating women.

## Sector response

**The sector's interventions will be based on the following strategic axes**

- Strengthen institutional capacities to ensure effective management of acute malnutrition in children aged 6-59 months.
- Strengthen active screening and access to treatment for children with acute malnutrition.
- Improve communication and social mobilization to promote good infant and young child feeding (IYCF) practices, access to micronutrients, and access to relevant information on humanitarian nutrition programme activities.
- Strengthen mechanisms for monitoring and assessing the nutritional situation of the affected population.
- Strengthen the internal coordination of the nutrition sector at the national level and in the affected regions and strengthen multisectoral coordination: with the SAMS sector by ensuring joint provision of food aid with measures to prevent malnutrition; with the Health sector by ensuring effective continuity of care for children affected by acute malnutrition; and with the WASH sector by ensuring the provision of a basic hygiene packages to children affected by acute malnutrition.

**The strategic objective of the sector** is to prevent mortality from acute malnutrition among girls, boys and pregnant and lactating women.

## Objective 1: Management of acute malnutrition

All acutely malnourished children admitted to appropriate malnutrition treatment services (CRENI, CRENAS, CRENAM) in affected districts.

- Ensure the continuous supply of nutritional inputs at the level of the centres for the treatment of acute malnutrition and at the institutional and community level
- Building capacity to ensure that PECMA programmes adhere to international humanitarian standards
- Establish mobile nutrition teams in areas of nutritional emergency to increase coverage of PECMA programmes.

**Objective 2: Nutritional assessment and monitoring systems are established and/or strengthened as soon as possible**

- Carry out comprehensive mass screening once a quarterly basis
- Assess the nutritional situation (SMART survey)
- Hold sector group meetings and develop plans for follow-up of recommended actions (1 national and 7 districts).
- Hold an information and accountability session at district level.

**Objective 3: Pregnant women, lactating women and children aged 6-59 months have benefited from activities to prevent malnutrition.**

- Promote IYCF/ NDF/ ECD at hospitals, health centres, community nutrition sites and mobile teams (individual and group/community dialogues).

- MUAC Family: Strengthen the capacity of parents to diagnose malnutrition in their children and refer them to the centre for management.
- Distribute multi-micronutrient powders or lipid pastes for nutritional supplementation (LNS) to children aged 6-59 months (in coordination with food distributions).
- Distribute fortified flour and oil-based nutritional supplements oil to pregnant and lactating women in combination with food distributions.



**Ambovombe, Ambovombe district, Androy region**

*A child is weighed at the Acute Malnutrition Treatment Center (AMTC) in Ambovombe, May 05, 2021. Photo: OCHA/Viviane Rakotoarivony*

# Protection



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
970M	282k	50%	70%	\$3.9M (Jan 21 - Dec 22) \$2M (June 22 - Dec 22)

## Context of the crisis in the sector

### General protection

In the face of recurrent droughts, migration remains a strategy that people frequently resort to. According to their 2017 report, IOM notes that while migration is a common phenomenon, it has increased exceptionally in response to drought, with communities in the sites visited by the study reporting the departure of up to 35 per cent of their population. These population movements exacerbate the vulnerability levels of displaced people, particularly affecting women and girls.

The population in the Grand Sud has also been subjected to raids by "daholo" (zebu rustlers) for several years. This entails risks for the civilian population, which is the victim of numerous exactions during these raids (assassinations, violence, theft of livestock and goods, looting of stocks, etc.). These events have a strong impact on people's psychosocial health, and expose the most vulnerable people, including women and girls, to developing negative survival mechanisms (early marriage, forced displacement, etc.) which limit their possibility of resilience.

For the Sud-est, the passage of the cyclones in the region has led to very high levels of stress: linked to the loss of their personal belongings, their homes, the lack of information, the inability to find money to meet their needs and overall the lack of perspective on the future.

The most vulnerable people are exposed to these stressors over a long period of time, leading to the adoption of negative coping strategies and reinforcing their level of vulnerability.

### GBV Gender-Based Violence

Drought, compounded by the socio-economic impacts of Covid-19, further exposes women and girls to gender-based violence. In 2021 and the first quarter of 2022, the Grand Sud and Sud-Est regions recorded 6,925 cases of GBV, with 92 per cent of survivors being represented by women compared to 8 per cent of men. The increased risk of PSEA during emergencies remains. In this respect, the former flash appeal made it possible to: i) develop and disseminate awareness-raising tools to strengthen communication with the population, ii) update the standard operating procedure on the community-based complaint mechanism, iii) strengthen the capacities of humanitarian actors in the Grand Sud and iv) strengthen inter-agency coordination through the recruitment of a coordinator.

The precarious economic situation and food insecurity reinforce gender inequality and provide fertile ground for negative coping mechanisms (survival prostitution, child marriage, increased domestic violence, limited use of basic education, health, family planning services, etc.).

The prevention efforts and the response to GBV that have been already made should be continued by strengthening communication and community mobilization through advanced/mobile strategies. In addition, we need to strengthen services for GBV survivors in order to provide psychosocial, legal and health services to GBV survivors.

### Child Protection

The rapid assessment of protection in the Grand Sud identified child labor, child marriage and sexual violence (sexual abuse, sexual exploitation) as the three main child protection problems identified by interviewees. It should be noted that five of the regions of the Grand Sud and Grand Sud-Est (Anosy, Androy, Atsimo Andrefana, Atsimo Atsinanana) are among the regions with the highest child marriage rates in the country. About 59 per cent of girls in the Atsimo Atsinanana region, 58 per cent in the Atsimo Andrefana region, 55 per cent in the Androy region and 45 per cent in the Anosy region are married before the age of 18, compared to 37 per cent at the national level<sup>6</sup>. On the other hand, child labour remains one of the strategies adopted by the most vulnerable families, including all types of informal activities that "generate" money and in which children are the main targets (selling water, petty trade, begging, zebu-sitting) and the sexual exploitation of children. On average, more than half of children are involved in child labour, according to the 2018 MICS survey. Household migration is one of the survival strategies adopted, which in turn increases the risk of child separation. The cumulative effect of these problems accentuates the deterioration of protection-related situations (recourse to child marriage, school drop-out and child labour, recruitment of children by dahalo, etc.).

### People in need and people targeted

The calculation of people in need in relation to the humanitarian crisis in the drought and cyclone/flood areas is based on people vulnerable to protection risks living in the districts in IPC phase 3 and above.

These people are mainly composed of women exposed to all types of GBV (32 per cent according to MICS 6) including those exposed to sexual violence (varying from 2 per cent to 21 per cent between districts according to the MICS 6) and women with disabilities (0.6 per cent according to the RGPH), girls aged 12 to 19 at risk or victims of child marriage (41 per cent on average between districts according to MICS 6) and children at risk or victims of neglect and abandonment (20 per cent of children according to the 2020 case management report), children involved in child labour (varying from 49 per cent to 62 per cent of children depending on the district) and elderly people requiring specific care, especially women (4.5 per cent of the population affected).



In total, these categories represent 969,814 people.

Taking into account the overall recommendations on targeting people in need and the experience of the Protection sector in relation to the 2021 response plan, the members of the sector agreed to continue and double the efforts already undertaken during the previous year to reach at least 30 per cent of people in need during the 6 months of implementation of the response plan.

This resulted in 281,846 people being targeted for the Protection sector, 133,656 of whom were in the Grand Sud and 90,585 in the Grand Sud-Est, broken down into these categories:

- 100,880 girls and women exposed to any type of GBV, including 17,244 exposed to sexual violence, including women with disabilities (1,671)
- 168,436 children at risk, including 109,913 children involved in child labour and 58,523 neglected or abandoned children
- 12,530 elderly people in need of specific care

### Sector response

The sector's response activities cover the following areas.

- **Area 1 : Awareness-raising and information dissemination:** Awareness-raising and community information sessions for several target groups, including adolescents and youth, community and traditional leaders, men and religious leaders on violence against children, child marriage, GBV and PSEA including reporting and existing care services

- **Area 2 : Provision of essential services and assistance:** Capacity building of actors involved in reporting, care and support, including referral and data collection on victims and survivors of violence against children, GBV and SEA, such as DRPPSPF, CECJ, Vonjy centres and local women's brigades; legal clinics, police stations and gendarmerie brigades, reception centres, central houses, etc. Case management including an MHPSS dimension to respond to various shocks (natural disasters, etc.)
- **Area 3 : Strengthening emergency preparedness and protection capacity:** Training and awareness-raising for local authorities, civil society and humanitarian actors on the legal framework for protection, human rights, prevention and response to GBV
- **Area 4 : Coordination and monitoring-evaluation:** Capacity building of the protection sector and its sub-sectors in relation to the sector's action plan following the performance assessment of the protection sector. Monitoring of situations of violation of fundamental rights and evaluation of the protection sector's response



Mananjary town, Mananjary district, Vatovavy region

Medair volunteers sensitizing a family and neighborhood on PSEA issues. February 18, 2022. Photo: OCHA/Priscille Lecompte

# Water, Sanitation and Hygiene



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	FUNDING REQUIREMENTS (US\$)
<b>3.2M</b>	<b>1.3M</b>	<b>50.3%</b>	<b>50%</b>	<b>\$17.2M</b> (Jan 21 - Dec 22) <b>\$7.3M</b> (June 22 - Dec 22)

## Context of the crisis in the sector

The long crisis caused by the drought in the Grand Sud has reduced the adaptive capacity of the population in the affected areas, particularly in the regions of Androy, Anosy and Atsimo Andrefana. The integrated framework for food insecurity classification of (IPC) carried out in April 2022 shows a still precarious trend, the population targeteds are located in IPC 3 zones and could easily switch to IPC 4 phase.

For the Grand Sud, 2022 began with an extreme situation of the same magnitude as 2021. It was only from March 2022 onwards that a slightly favourable situation was noted with less than 47 per cent of the southern areas affected by Extreme or Emergency drought.

In terms of rainfall, in February 2022, the cumulative rainfall for the Androy region was 170.63 mm, for the Anosy region 213.65 mm and 113.96 mm, for the Atsimo andrefana region (Ampanihy and Betioky). This rainfall received during February was slightly above the seasonal norm.

With regard to groundwater levels, 32-42 per cent of monitoring sites had normal water levels in the first quarter of 2022. The heavy rainfall that accompanied the cyclone during the last decade of February helped to recharge the aquifers somewhat and this led to slightly improved satellite imagery (zNDVlc) and precipitation (P) analyses.

Although the drought seems to ease a little between March and April 2022, given the high evaporation, soil moisture remains quite low for crops.

## Groundwater levels fluctuation

	Alert	Jan 2022	Feb 2022	Mar 2022
<b>Normal</b>	<b>On refill</b>	<b>32%</b>	<b>42%</b>	<b>41%</b>
<b>Vigilance</b>	<b>Moderately low</b>	<b>26%</b>	<b>10%</b>	<b>24%</b>
<b>Alarm</b>	<b>Low</b>	<b>21%</b>	<b>26%</b>	<b>12%</b>
<b>Emergency</b>	<b>Very low</b>	<b>21%</b>	<b>21%</b>	<b>29%</b>

## Percentage of territory affected by drought

Alert Type	Jan D3	Feb D3	March D3	April D3
<b>Favorable</b>	<b>0.306</b>	<b>3.141</b>	<b>3.170</b>	<b>3.205</b>
<b>Normale - Vigilance</b>	<b>10.184</b>	<b>17.167</b>	<b>24.830</b>	<b>26.199</b>
<b>Alarm</b>	<b>17.915</b>	<b>18.022</b>	<b>24.420</b>	<b>24.739</b>
<b>Emergency</b>	<b>67.35</b>	<b>61.373</b>	<b>47.570</b>	<b>45.856</b>

In terms of quality, the electrical conductivity remains between 52 and 2950 µs/cm with a monthly average of 1154.45 µs/cm.

Concerning the price of water, for the areas where the emergency water trucking operation (Avotraina) is effective (urban areas of Amboasary and Ambovombe), the price of the 20-litre can varies from 50 Ar to 100 Ar. For the communes served by the pipeline, the price of the 20-litre can is set at 120 Ar. In the rural area near Amboasary, the same quantity of water costs between 300 and 700 Ar. In Ambovombe (still in the rural areas), it fluctuates between 500 and 1000 Ar. On the Atsimo-Andrefana side, the 20-litre can costs between 40 and 50 Ar in rural areas (Itampolo, Amboropotsy, Androka). Since the beginning of 2021, water prices have not increased overall, they have remained stable.

At the same time, the tropical cyclones of February 2022 (Batsirai and Emnati) disrupted the lives of children and their families. The consequences of the cyclones on a population already weakened by structural poverty and chronic food insecurity are significant.

Despite these challenges, the sectoral response was intended to keep pace with the ever-increasing number of new people affected by the drought and cyclones.

In the previous response plan, the sector estimated that it would meet the needs of 800,000 of the 946,300 people in need of WASH interventions, including access to sufficient quality and quantity of water for drinking and personal hygiene, as well as the distribution of hygiene kits and awareness-raising campaigns on good hygiene practices, prevention of water-borne diseases and hand washing. During the cyclones, the WASH sector also opted to target an additional 200,000 people.

By the end of April 2022 (since January 2022), and with all the members of the sector, approximately 552,000 people have been assisted (including cyclone and drought), or 55 per cent of the initial target. The breakdown of beneficiaries by district and by area of activity is provided in the following link: [Water SanitationHygiene | HumanitarianResponse](#).

The contribution of the sector was possible through the effective implementation of activities such as the construction/rehabilitation of water and sanitation facilities, the provision of water trucks, the distribution of water purchase tickets, the reinforcement of water supply through the extension of existing networks and the multi-use of water, the distribution of kits to communities and especially to mother-child couples, the installation of electrochlorinators in the health centre, the provision of hydro-alcohol solution, the distribution of water treatment

products (SurEau), and the organization of hygiene promotion sessions (participatory interaction).

Despite this response, and in all nine districts most affected by the drought, the proportion of people with access to improved drinking water sources 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 lack or inadequacy of infrastructure in certain areas (sedimentary and coastal) and/or the poor functioning of the water points constructed (insufficient flows, lack of maintenance). Open defecation persists in areas less covered by “community-led total sanitation” or CLTS activities in Bekily, Ampanihy and Betioky.

Moreover, the districts affected by the cyclones were more or less well equipped (40-50 per cent access rate), but after the arrival of the cyclones, more than 40 per cent of the infrastructure was destroyed or contaminated. This situation has put the majority of the districts of Farafangana, Vangaindrano, Midongy, Manakara atsimo, Vohipeno, Nosy-varika, Mananjary and Ikongo in need of WASH. The sector is committed to seeking the necessary resources to rehabilitate infrastructure and bring back the level of WASH services in its districts.

### **People in need and population targeted**

The approach used by the WASH sector to estimate the number of people in need and those directly targeted is based on the rate of access to drinking water and sanitation services in the areas most impacted by drought and cyclones and the number of people in the 10 districts of the Grand Sud in phase 3 as identified by the IPC carried out in April 2022 and the 8 districts affected by the cyclones.

For drought, the sector has estimated that 66 per cent (or 2,123,000 people) of the populations living in the 10 districts (3,200,000 population according to the RGPH 2018) are in need of a WASH response. Considering the most vulnerable targets classified in IPC phase 3 and 4, and based on its operational presence and ongoing efforts in the area

of financial resource mobilization, the WASH sector had estimated to effectively respond to the WASH need for about 940,000 people.

Similarly, for the cyclone areas, the sector estimated that 76 percent (or 1,700,000 people) of the populations living in the 8 districts (2,230,000 population according to the RGPH 2018) are in need of a WASH response. In addition, the recent floods (cyclones) have had an impact on water quality, many water points have been contaminated and rendered unusable. The IPC study conducted in April 2022 revealed needs not addressed in the 2021 plan, and revealed the need for multisectoral interventions in WASH, health, nutrition and food security. Considering the most vulnerable targets classified in IPC3 and 4, and based on its operational presence and ongoing efforts in the area of financial resource mobilization, the WASH sector had estimated that it would effectively address the WASH need for about 480,000 people.

### **Sector response**

For the Grand Sud, a budget of US\$7,762,500 will be required to cover all the needs of 6 months, through the implementation of additional activities of distribution of WASH kits, water trucking, equipping institutions (schools, CSB) with WASH kits, regional coordination, strengthening of the information system and monitoring of water tables and promotion of hygiene campaigns and awareness.

For the Grand Sud-Est, a budget of US\$5,182,000 will be needed to cover the 6 month requirement through the implementation of additional activities of rehabilitation of WASH facilities, disinfection, distribution of WASH kits, water trucking, equipping institutions (schools, CSB) with WASH kits, regional coordination, strengthening of the information system and monitoring of water tables and promotion of hygiene campaigns and awareness.

With an estimated \$1,440,000 available for drought and \$60,000 available for cyclone responses, the sector is seeking \$10,904,500 to ensure the full WASH package.



# Communication and Community Engagement



## FUNDING REQUIREMENTS (US\$)

**\$1,4M** (Jan 21 - dec 22)

**\$700K** (June 22 - dec 22)

### Context in the sector

Communication strategies in the context of risk and disaster management focus on structuring the dialogue that underpins the design and implementation of interventions to encourage understanding and facilitate the acceptability of new behaviours. This interactive process of information and opinion exchange between communities and field actors often involves the delivery of a range of messages about the nature of risks, the provision of services and the mobilization and engagement of all stakeholders.

In the Grand Sud-Est, failing knowledge and livelihoods, compounded by the damage caused by two tropical cyclones, communities consumed poorly cooked food, resulting in deaths. The three regions (Vatovavy, Fitovinany, Atsimo Atsinanana) in the south-east of Madagascar are also prone to other types of poisoning linked to the consumption of seafood.

Another observation was that the population is easily influenced by rumours, for example organ trafficking, trafficking in precious stones, etc., particularly in the Grand Sud. Some rumours even target humanitarian actors, inciting the population to doubt their actions, so much so that some of them have been the victims of acts of aggression and intimidation against them, for example throwing stones at certain car of humanitarian workers whom they had considered to be organ traffickers.

In addition, affected communities need access to communication interventions reinforcing actions to be taken before, during and after the cyclone (key messages and guidelines), including weather information, behavioural information related to hygiene and the use of clean water, feeding practices, health and disease prevention behaviours and the occurrence of possible epidemics. Information on the availability of services for emergency and humanitarian assistance, as well as the location of shelter sites, and issues related to schooling and education in the context of cyclones and flooding and are also important to know, as colour codes and their meaning.

Also, behavioural and social change communication activities will need to be strengthened to support the provision and use of available services and encourage the adoption of favourable behaviours in the different components (health, nutrition, WASH, protection, education, food poisoning, etc.). Communication will also play a very important role, not only in building the population's confidence in humanitarian actors, but also in preparing them for more sustained resilience.

Furthermore, at the request of the Humanitarian Country Team (HCT), which endorsed the recommendation of the Inter-cluster Coordination Group during the exercise of the Intra Action Review exercise on cyclone response, some donors and the national counterpart BNGRC, the Emergency Telecommunications Cluster (ETC) will set up a two-way communication service in the form of a toll-free telephone line to complement the existing feedback mechanisms set up by individual organizations.

This initiative is in line with the accountability efforts towards affected populations (AAP) in Madagascar, and the contextual needs of the country, in particular the humanitarian needs resulting from the increased vulnerability of populations after the cyclones that hit many regions in 2022. The Common Feedback Mechanism (CFM) refers to a common service, which can receive submissions from populations affected by humanitarian assistance provided by several organizations, and which can forward them to the appropriate unit within each organization for follow-up. Having a single number will ensure that complaints/feedback/questions reach the appropriate entity when a beneficiary cannot or does not distinguish between the different mandates, which will be crucial in the Madagascar context given the significant number of existing telephone lines and the diversity of actors.

The toll-free hotline will be the main reference number for people to call and be directed to specific telephone lines or focal points. Categorization of the call and referral to the entity best placed to follow up and resolve the issue will be done. A single number will avoid confusion between different mandates and different telephone numbers. This single helpline will not replace any of the feedback mechanisms, but will complement and link them in a unified way. Having a single system will also allow data to be recorded in a consistent manner, and all queries will be recorded and analysed according to a single set of standards for overall monitoring of sectoral trends.

### Population in need and population targeted

All people over 5 years of age in the nine districts will participate in social and behavioural change interventions through interpersonal communication, mass communication, community engagement, social mobilization, advocacy and media engagement.

## Sector response

Communication interventions include:

- Promote behavioural change in favour of the components related to water, sanitation, hygiene, nutrition, health, social protection, child protection, education, food security, shelter
- Promote demand for the use of available essential services by the population
- Support the participation of all stakeholders including the affected population,
- Strengthen the mobilization and commitment of influential people, local leaders and actors at all levels for the implementation of interventions
- Establish a mechanism that allows people to express their needs and encourage them to provide feedback on the interventions
- Strengthen the population's trust in humanitarian workers

The activities to be implemented are in line with the national priorities and objectives set out in the communication strategy and will support efforts at the level of the different clusters. The drought message guide and the recommended behaviours will therefore be aligned with the communication objectives of each cluster and any additional needs they may have.

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

- Primary participant group: consisting of heads of households, mothers, pregnant women, lactating women, children, adolescents and youth, people with disabilities and the elderly
- Secondary participant group: made up of local/administrative authorities (Fokontany chiefs, mayors, district chiefs), natural leaders, service managers, NGO and association managers, traditional and religious authorities, community agents, health workers, nutrition site workers, matrons, healers, teachers and young GRC

Thus, it is expected that the affected population, in particular the most vulnerable groups:

- Have regular access to regular and real time information on available services,
- Know and adopt favourable behaviours related to water, hygiene and sanitation, health, nutrition, education and protection of vulnerable people including the elderly, children, people with disabilities, pregnant women, and,
- Participate, express their needs and be motivated to contribute to their recovery and resilience in the face of drought, cyclone and flood.

Influencers:

- Have access to information and the capacity to apply the communication strategies to be implemented,
- Be empowered to contribute to the return to normal life of the community affected by drought, cyclone and flood, and,
- Support and accompany the implementation of communication actions during the drought

The communication and community engagement response will target nine districts classified as IPC phase 3 (Amboasary, Betroka, Ambovombe, Tsihombe, Bekily, Beloha, Ampanihy, Betioky and four communes of Taolagnaro district).

Interventions under the drought, cyclone and flood communication plan are coordinated by the Risk and Disaster Management Communication Networks under the leadership of the BNGRC and the Ministry of Communication and Culture. The Network is a multisectoral group composed of government entities (Ministries and related bodies), United Nations agencies, NGOs and private sector entities at all levels (national, regional, district).

# Logistics and Common Services



## FUNDING REQUIREMENTS (US\$)

**\$1M**

Since 2021, thanks to donors such as USAID, CERF/OCHA, Germany and Italy, the activation of a timely humanitarian response, facilitated by logistical services provided by UNHAS, has prevented a worsening of the severe food insecurity situation in the Grand Sud of Madagascar. Even extremely remote areas have benefited from UNHAS services through multisectoral assessment missions and aid deliveries.

Furthermore, since 2022, the impact of tropical cyclones in the Grand Sud-Est has triggered the need to reach this part of the country with post-disaster humanitarian interventions. UNHAS responded quickly by temporarily deploying a dedicated helicopter funded by the CERF/OCHA fund and adding an additional aircraft through the European Union Humanitarian Aid Flight, which was operated in partnership with UNHAS, allowing to reach remote and isolated areas devastated by the cyclones. The reconfiguration proved vital in the aftermath of the cyclones and also supported the emergency response to the drought in the Grand Sud. The first post-cyclone assessments, which identified the most urgent needs and delineated the most impacted areas, were made possible thanks to the support of the UNHAS service.

The latest IPC analysis of April 2022, which covers the cyclone and drought zones, highlighted that while the situation in the Grand Sud has improved due to humanitarian interventions and rainfall, the overall humanitarian situation remains very fragile and humanitarian interventions need to continue at least for the next six months. This IPC report predicts that by December 2022, more than 2 million people in the Grand Sud and the Grand Sud-Est will be acutely food insecure, i.e. in phase 3 and beyond.

As a result, humanitarian actors remain unanimous that UNHAS services will continue to be crucial for the humanitarian community and also

for development actors to reach vulnerable populations and build their resilience.

A recent survey launched by UNHAS confirmed the high demand for the service and showed a high level of user satisfaction (97 per cent). Users provided positive feedback and appreciation of UNHAS, underlining the importance of its continuation.

Nevertheless, with the current level of resources, the UNHAS Madagascar operation remains viable only until the end of September 2022. An interruption of reliable air services in the country would leave the humanitarian community without a rapid means of transport to continue its operations on the ground. Support is needed to bridge the funding gap of UNHAS to continue until the end of the year.

### UNHAS PERFORMANCE IN FIGURES

January - June 2022

- 2 248** Passengers carried
- 94,7** Tonnes of freight transported
- 36** Destinations reached
- 37** Organisations served
- 06** Medical evacuations performed
- 01** Fixed-wing aircraft (permanent fleet \*)

*\*UNHAS deployed an Mi-8 helicopter to Madagascar from February to May 2022 to support emergency response to cyclones.*



# Annexes

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## Mananjary City, Mananjary District, Vatovavy Region

Assistance that was provided to the BNRGC in Mananjary, following Cyclone Batsirai. February 11, 2022. Photo: OCHA/Viviane Rakotoarivony



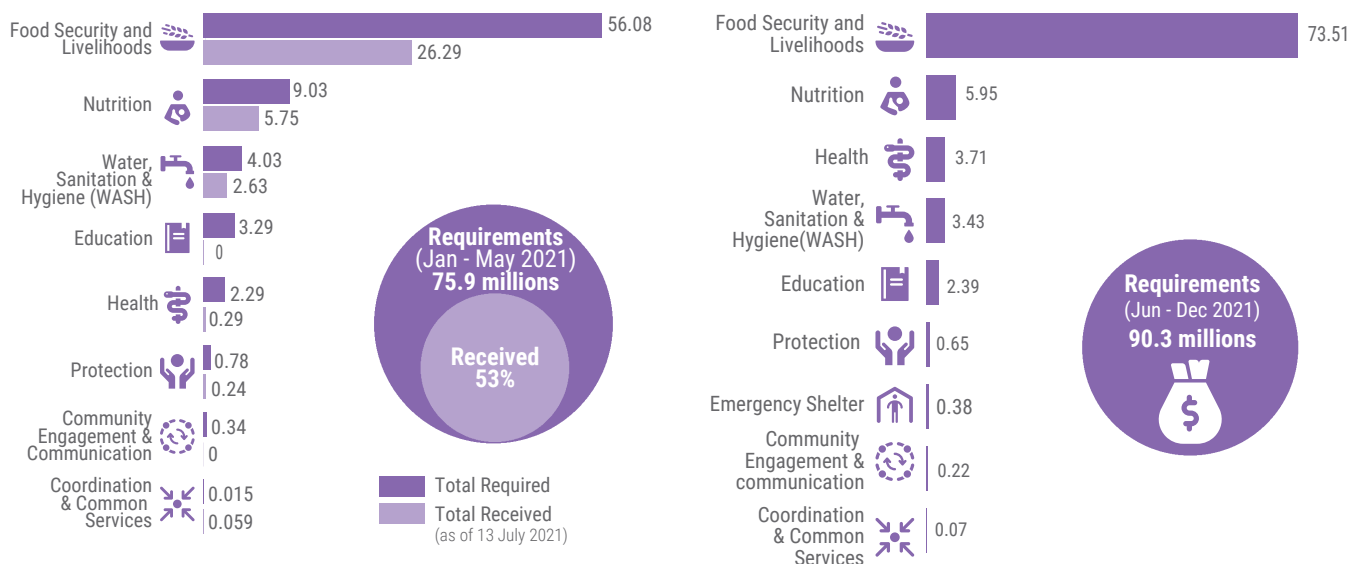


# Participating organizations

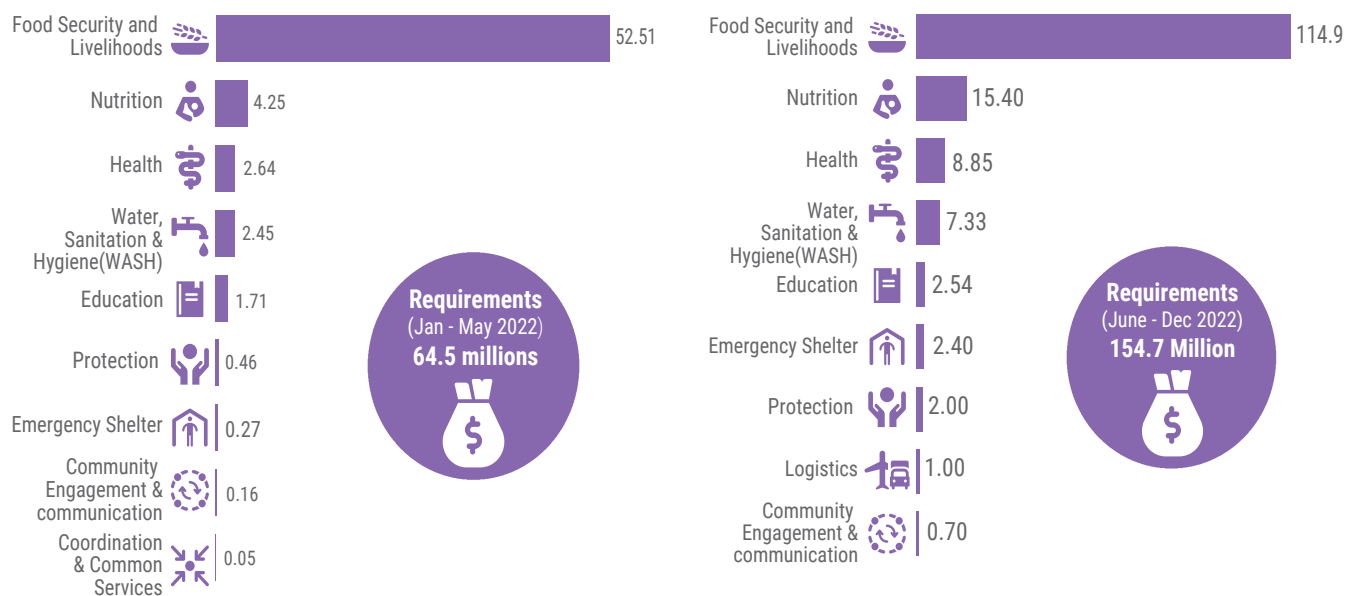
ORGANISATION	REQUIREMENTS (US\$),
AAH	1,200,000
ADRA	4,630,000
Cluster	38,000
CRS	385,000
FAO	21,750,000
Save the Children	87,000
MEDAIR	1,800,000
MSF	400,000
UNFPA	3,846,450
UNFPA/UNICEF	75,000
UNICEF	46,017,000
WFP	69,082,200
WHH	450,000
WHO	2,916,000
<b>TOTAL</b>	<b>154,749,650</b>

# Annual Requirements by Sector

## Requirements by sector 2021 ( millions US\$)



## Requirements by sector in 2022( millions US\$)





# Annual Requirements by Sector

SECTOR	REQUIREMENTS (US\$) (Jan-Mai 2021)	REQUIREMENTS (US\$) (Jun-Dec 2021)	TOTAL REQUIREMENTS 2021	REQUIREMENTS (US\$) (Jan - May 2022)	REQUIREMENTS (US\$) (Jun - Dec 2022)	TOTAL REQUIREMENTS 2022	TOTAL REQUIREMENTS 2021-2022
Education	3.3M	2.4M	5.7M	1.7M	2.5M	4.3M	9.9M
Emergency shelter		383.8K	383.8K	274.2K	2.4M	2.7M	3.1M
Food security and livelihoods	56.1M	73.5M	129.6M	52.5M	114.9M	167.4M	297.0M
Health	2.3M	3.7M	6M	2.6M	8.8M	11.1M	17.1M
Nutrition	9M	6.0M	15M	4.3M	15.4M	19.7M	34.6M
Protection	775K	645K	1.4M	460.8K	2.0M	2.5M	3.9M
Water, hygiene and sanitation	4M	3.4M	7.5M	2.5M	7.3M	9.8M	17.2M
Coordination and Common services	15K	76.4K	91.4K	54.6K		54.6K	146K
Coordination and community engagement	342K	218.8K	560.8M	156.3K	700K	856.3K	1.4M
Logistics					1.0M	1.0M	1.0M
<b>TOTAL (USD)</b>	<b>75.9M</b>	<b>90.3M</b>	<b>166.2M</b>	<b>64.5M</b>	<b>154.7M</b>	<b>219.3M</b>	<b>385.5M</b>

# Projets

ORGANIZATION	SECTOR	PROJECT	REQUIREMENTS (US\$)	CONTACT
IOM	Shelter/CCCM	Humanitarian shelter assistance and off-site management support for vulnerable populations affected by Cyclone Batsirai and Emnati	1,000,000	MANACORDA Bianca bmanacorda@iom.int Roger Charles Evina revina@iom.int
IOM	Shelter/CCCM	Strengthening a humanitarian response adapted to the needs of people affected by cyclones (DTM)	600,000	MANACORDA Bianca bmanacorda@iom.int Roger Charles Evina revina@iom.int
IOM	Shelter/CCCM	DTM: strengthening a humanitarian response adapted to the needs of people affected by drought in the Grand sud of Madagascar	800,000	RAVELOJAONA Eric Richard ERAVELOJAONA@iom.int Roger Charles Evina revina@iom.int
Medair	WASH	Rano Aina (Marolinta) and WASH PCA Kere (6 districts/3 region)	1,800,000	Evelyn Speich-Baer evelyn.speich-baer@medair.org
MSF	WASH	Grand Sud Madagascar Emergency	400,000	Anthony Balleri msff-mada-wtl@paris.msf.org
UNICEF	WASH	Operation water delivery by tanker trucks: for 3 months: delivery 50,000 m3/month to cover the needs of 250,000 people at a rate of 10l/day or more if 5l/days	300,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	WASH	Distribution of the basic individual dignity kit	207,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	WASH	Emergency Drilling	600,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	WASH	Distribution of WASH kits for 215,000 households and 2,000 institutions (schools and health centres)	2,670,000	Mougabe Koslengar mkoslengar@unicef.org

ORGANIZATION	SECTOR	PROJECT	REQUIREMENTS (US\$)	CONTACT
UNICEF	WASH	Hygiene promotion Awareness campaign for 225,000 people	1,050,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	WASH	Construction of 200 emergency toilets (only in case of population displacement)	50,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	WASH	Regional coordination, strengthening of the information system and monitoring of water tables	250,000	Mougabe Koslengar mkoslengar@unicef.org
UNICEF	Education	Provision of learning support supplies to support students' return to school and retention of 150,000 students in the Vatovavy, Fitovinany and Atsimo Atsinanana regions	400,000	Joyce Patricia Bheekah jpbheeka@unicef.org
UNICEF	Education	Provision of learning support to support students' return to school, and retention in of 150,000 pupils from the Anosy-Androy region	400,000	Joyce Patricia Bheekah jpbheeka@unicef.org
UNICEF	Education	Provision of replacement school furniture to support the return of pupils to school, and their retention in 100 schools in the regions of the Grand Sud-est region	500,000	Joyce Patricia Bheekah jpbheeka@unicef.org
UNICEF	Education	Monthly data collection for systematic monitoring of pupil absenteeism in 200 schools in the Anosy and Androy regions	20,000	Joyce Patricia Bheekah jpbheeka@unicef.org
UNICEF	Education	Support for teacher training on mental health, the psychosocial care pedagogical programme and inclusive pedagogy in 100 schools in the Grand Sud-est regions	40,000	Joyce Patricia Bheekah jpbheeka@unicef.org
UNICEF	Education	Support for teacher DRR training and the creation of DRR student clubs in 100 schools in the Vatovavy, Fitovinany and Atsimo Atsinanana regions	40,000	Joyce Patricia Bheekah jpbheeka@unicef.org



ORGANIZATION	SECTOR	PROJECT	REQUIREMENTS (US\$)	CONTACT
UNICEF	Education	Provision of 400 temporary classrooms (tarpaulin sheet, metal tent, and mixed structure) to support students' return to school, and their retention for 200 schools in the Vatovavy, Fitovinany and Atsimo Atsinanana regions	400,000	Joyce Patricia Bheekah jpbheeka@unicef.org
	Education	Capacity building in ESU and sectoral coordination for new Regional Committees of the regions Vatovavy, Fitovinany, Atsimo Atsinanana, Anosy, Androy and Tsimo Andrefana	25,000	Joyce Patricia Bheekah jpbheeka@unicef.org
ADRA	Education	Food to ensure school canteen for 103 schools, 21,127 students in Ampanihy; Provision of DLM (Hand Washing Devices) and water filters to the 103 schools benefiting from the project; Training and supporting schools in IGA (Income Regenerating Activity) activities.	630,000	Rina Ratsimbazafy education.co@adra.mg
Save the children	Education	Provision of learning support materials to support students' return to school and retention of 2,350 students in the Vatovavy region	87,000	Ando Rakotoarimalala ando.Rakotoarimalala@savethechildren.org
UNICEF	Communication, Community Engagement	Community members have access to real-time information, know and adopt supportive behaviours, and participate in and express their needs and contribute to their recovery and resilience	375,000	Awa Ouattara Guedegbe aguedegbe@unicef.org

ORGANIZATION	SECTOR	PROJECT	REQUIREMENTS (US\$)	CONTACT
WFP	Communication, Community Engagement	Establishment of a Joint Complaint Mechanism (CCM) as part of accountability to affected populations.	325,000	<p><b>CFM point focal in Madagascar CO:</b> Mahmoud Cherif Mahmoud.cherif@wfp.org</p> <p><b>CFM points focaux in ETC Global Unit:</b> Phyza Jameel Phyza.jameel@wfp.org Marta Orozco Mossi Marta.orozcomossi@wfp.org Maria Garcia Maria.gonzalezgarcia@wfp.org</p>
UNFPA	Protection	Strengthening community-based protection against gender-based violence in emergencies	600,000	Rasoanirina Jocelyne rasoanirina@unfpa.org Rahajavololona Lantsoa rahajavololona@unfpa.org
UNFPA	Protection	Establishment of a community-based protection mechanism in 17 districts in IPC 3 and above in the Grand sud and Sud-est <sup>7</sup>	700,000	Rasoanirina Jocelyne rasoanirina@unfpa.org Rahajavololona Lantsoa rahajavololona@unfpa.org
CRS	Protection	Strengthening coordination and management of protection information at national level, strengthening cross-cutting protection	285,000	Ranto Andrianarison harinantenain. andrianarison@crs.org
CRS	PSEA	Strengthening the reporting mechanism, assistance and accountability of organisations with regard to sexual exploitation and abuse (SEA)	100,000	Ramaroson, Haingo haingovoniniaina. ramaroson@crs.org
UNICEF	Child Protection	Strengthening child protection responses to the post cyclone emergency in the Vatovavy and Fitovinany Regions	160,000	Fomunyan Liduina lfomunyan@unicef.org Rakotomahanina Flora frakotomahanina@unicef.org
UNICEF	Child Protection	Strengthening child protection responses to the drought emergency in the Anosy, Androy and Atsimo Andrefana Regions	160,000	Fomunyan Liduina lfomunyan@unicef.org Rakotomahanina Flora frakotomahanina@unicef.org

ORGANIZATION	SECTOR	PROJECT	REQUIREMENTS (US\$)	CONTACT
UNICEF	Health	Strengthening community health by providing community workers with kits for free integrated management of childhood illnesses at the community level for at least 60,000 children under 5 years of age in the districts of Amboasary, Betroka, Ambovombe, Tsihombe, Beloha, Bekily, Ampanihy and Betioky	1,000,000	Issa Ahmat Outman iaoutman@unicef.org
UNICEF	Health	Strengthening community health by providing community workers with kits for free integrated management of childhood illnesses at the community level for at least 40,000 children under 5 years of age in Farafangana, Vangaindrano, Midongy Atsimo, Manakara atsimo, Vohipeno, Ikongo, Nosy-varika and Mananjary districts	858,000	Issa Ahmat Outman iaoutman@unicef.org
UNICEF	Health	Implement the integrated advanced strategy (more than 5 km from the CSB) to strengthen the supply and demand for free integrated health care and nutrition services for pregnant women and children under five years of age in the districts of Amboasary, Betroka, Ambovombe, Tsihombe, Beloha, Bekily, Ampanihy and Betioky, covering at least 30,000 children under five years of age and 4,000 pregnant women.	424,000	Issa Ahmat Outman iaoutman@unicef.org



ORGANIZATION	SECTOR	PROJECT	REQUIREMENTS (US\$)	CONTACT
UNICEF	Health	Implement the integrated advanced strategy (more than 5 km from the CSB) to strengthen the supply and demand for free integrated health care and nutrition services for pregnant women and children under five years of age in Farafangana, Vangaindrano, Midongy Atsimo, Manakara atsimo, Vohipeno, Ikongo, Nosy-varika and Mananjary districts to cover at least 25,000 children under 5 years of age and 3,000 pregnant women	334,000	Issa Ahmat Outman iaoutman@unicef.org
UNICEF	Health	Provide 140 health centres with essential medicines and equipment for the care of children, pregnant women and lactating mothers, especially for underweight infants and newborns suffering from acute malnutrition, and strengthen their capacities for prevention and adequate management of mother-to-child transmission (PMTCT) essential in the districts of Amboasary, Betroka, Ambovombe, Tsihombe, Beloha, Bekily, Ampanihy and Betioky	327,000	Issa Ahmat Outman iaoutman@unicef.org
UNFPA	Health	Provision of free essential drugs and inputs to MSFs and mobile intervention teams for the free management of cases among the most vulnerable groups (essential drugs including RH/FP inputs including transport to the last km) for six months in the districts of Amboasary, Betroka, Ambovombe, Tsihombe, Beloha, Bekily, Ampanihy and Betioky	450,000	Solomandresy Ratsarazaka solomandresy@unfpa.org

ORGANIZATION	SECTOR	PROJECT	REQUIREMENTS (US\$)	CONTACT
UNFPA	Health	Provision free essential drugs and inputs to the SFs and mobile intervention teams for free case management among the most vulnerable groups (essential drugs including RH/FP inputs including transport to the last km) for six months in the districts of Farafangana, Vangaindrano, Midongy Atsimo, Manakara atsimo, Vohipeno, Ikongo, Nosy-varika and Mananjary	450,000	Solomandresy Ratsarazaka solomandresy@unfpa.org
UNFPA	Health	Provision and training in the use of emergency reproductive health kits, EmONC kits, and medical materials and equipment for the free and quality management of obstetric and neonatal complications in referral hospitals and 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 PPE and equipment provided in the districts of Amboasary, Betroka, Ambovombe, Tsihombe, Beloha, Bekily, Ampanihy and Betioky.	550,000	Solomandresy Ratsarazaka solomandresy@unfpa.org
UNFPA	Health	Provision and training in the use of emergency reproductive health kits, EmONC kits, and medical materials and equipment for the free and quality management of obstetric and neonatal complications in referral hospitals and 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 PPE and equipment provided in the districts of Farafangana, Vangaindrano, Midongy Atsimo, Manakara atsimo, Vohipeno, Ikongo, Nosy-varika and Mananjary	627,200	Solomandresy Ratsarazaka solomandresy@unfpa.org

ORGANIZATION	SECTOR	PROJECT	REQUIREMENTS (US\$)	CONTACT
UNFPA, UNICEF	Health	Capacity building for the integrated medical management of sexual and gender-based violence.	75,000	Issa Ahmat Outman iaoutman@unicef.org Solomandresy Ratsarazaka solomandresy@unfpa.org
UNFPA	Health	Free integrated management of sexual violence and GBV cases in Amboasary, Betroka, Ambovombe, Tsihombe, Beloha, Bekily, Ampanihy and Betioky districts	48,300	Solomandresy Ratsarazaka solomandresy@unfpa.org
UNFPA	Health	Free integrated management of sexual violence and GBV cases in Farafangana, Vangaindrano, Midongy Atsimo, Manakara atsimo, Vohipeno, Ikongo, Nosy-varika and Mananjary districts	30,950	Solomandresy Ratsarazaka solomandresy@unfpa.org
UNFPA	Health	Provision of individual hygiene kits and dignity kits for pregnant women, women who have just given birth and women victims of sexual violence in the districts of Amboasary, Betroka, Ambovombe, Tsihombe, Beloha, Bekily, Ampanihy and Betioky	290,000	Solomandresy Ratsarazaka solomandresy@unfpa.org
UNFPA	Health	Provision of individual hygiene kits and dignity kits for pregnant women, women who have just given birth and women victims of sexual violence in Farafangana, Vangaindrano, Midongy Atsimo, Manakara atsimo, Vohipeno, Ikongo, Nosy-varika and Mananjary districts	100,000	Solomandresy Ratsarazaka solomandresy@unfpa.org
WHO	Health	Optimisation of communication and community engagement for better mitigation of health risks related to drought and cyclones	285,000	Mireille RANDRIA randrian@who.int
WHO	Health	Strengthened governance and coordination of the response to health emergencies related to the food crisis and cyclones for the 6 Regions	805,000	Mireille RANDRIA randrian@who.int



ORGANIZATION	SECTOR	PROJECT	REQUIREMENTS (US\$)	CONTACT
WHO	Health	Provision of integrated health care to 150,000 vulnerable people, including cases of disease outbreaks and epidemics in 8 districts of the Grand Sud-est (Mananjary, Nosy Varika, Manakara, Vohipeno, Ikongo, Vangaindrano and Midony) and 5 districts of the Grand sud (Tulear II, Betioky, Beloha, Bekily and Taolagnaro)	860,000	Mireille RANDRIA randrian@who.int
WHO	Health	Supply of equipment and inputs 10 CRENI for the management of medical complications of malnutrition in the 4 districts of the Grand East (Mananjary, Nosy Varika, Manakara, Ikongo, and Midongy) and 6 districts of the Grand sud (Ampanihy, Betroka, Betioky, Bekily, Tsihombe, Beloha)	246,000	Mireille RANDRIA randrian@who.int
WHO	Health	Early warning and investigation of epidemics in 10 districts of the Grand sud and 8 districts of the Grand Sud-est	720,000	Mireille RANDRIA randrian@who.int
Cluster	Health	Strengthening of the coordination mechanism at field level and coordination between field and central level	38,000	
ADRA	Food Security and Livelihoods	Integrated food assistance with Agriculture and WASH for the Grand Sud for 160,000 beneficiaries	3,000,000	Tsarafidy meal.co@adra.mg
ADRA	Food Security and Livelihoods	Post-cyclone agricultural recovery in the Grand Sud-est for 105,000 beneficiaries	1,000,000	Tsarafidy meal.co@adra.mg
WFP	Food Security and Livelihoods	Emergency food assistance in kind and in cash for 600,000 beneficiaries in the Grand sud, including 500,000 unconditionally and 100,000 conditionally	30,031,200	Arduino Mangoni Arduino. mangoni@wfp.org Soloarisoa Raharinjatovo arisoa.raharinjatovo@wfp.org

ORGANIZATION	SECTOR	PROJECT	REQUIREMENTS (US\$)	CONTACT
UNICEF	Food Security and Livelihoods	Drought response through shock responsive social protection, members of the National Cash Working Group, targeting 250,000 beneficiaries, including 200,000 with the unconditional modality and 100,000 with the conditional modality in the Districts in IPC Phase 3 in the Grand sud	16,800,000	Elena Celada ecelada@unicef.org Irene Arimanana Ravelojaona Ep Ratovo iravelojaona@unicef.org
WFP	Food Security and Livelihoods	Emergency food assistance in kind and in cash for 375,000 beneficiaries in the phase 3 districts of the Grand Sud-est IPC, 225,000 of whom are unconditional and 150,000 conditional	29,826,000	Arduino Mangoni Arduino.mangoni@wfp.org Soloarisoa Raharinjatovo arisoa.raharinjatovo@wfp.org
UNICEF	Food Security and Livelihoods	Drought response through shock responsive social protection, members of the National Cash Working Group, targeting 250,000 including 200,000 with the unconditional modality and 50,000 with the conditional modality in IPC Phase 3 Districts in the Grand sud	12,000,000	Elena Celada ecelada@unicef.org Irene Arimanana Ravelojaona Ep Ratovo iravelojaona@unicef.org
WHH	Food Security and Livelihoods	Restoration and improvement of income generating activities of 13,250 economically vulnerable beneficiaries	450,000	Kenneth Bowen Kenneth.Bowen@welthungerhilfe.de
FAO	Food Security and Livelihoods	Contribution to the protection and rapid restoration of the livelihoods of 886,750 severely food insecure people in the Grand sud	18,950,000	Aloys Nizigiyimana alloys.nizigiyimana@fao.org
FAO	Food Security and Livelihoods	Contribution to the protection and rapid restoration of the livelihoods of 295,000 severely food insecure people following the cyclones in the Grand sud and Grand Sud-est	2,300,000	Aloys Nizigiyimana alloys.nizigiyimana@fao.org

ORGANIZATION	SECTOR	PROJECT	REQUIREMENTS (US\$)	CONTACT
FAO	Food Security and Livelihoods	Strengthening monitoring and regular analysis of the food insecurity vulnerability situation in the Grand sud and the Grand Sud-est	500,000	Aloys Nizigiyimana alloys.nizigiyimana@fao.org
UNICEF	Nutrition	Drought response in the south and responses in cyclone zones	6,300,000	Mathieu Joyeux mjoyeux@unicef.org
AAH	Nutrition	Multi-sectoral emergency response to the severe drought crisis in Southern Madagascar – 2 (Anosy, Androy and Atsimo Andrefana)	1,200,000	Xavier Poncin dpa@mg-actioncontrelafaim.org Dina Ramanank'Andrasana rddnut@mg-actioncontrelafaim.org
WFP	Nutrition	Response to nutritional emergency in eight districts of the Grand Sud-Est	3,800,000	Arduino Mangoni Arduino.mangoni@wfp.org Marieme Dlaw Marieme.diaw@wfp.org
WFP	Nutrition	Response to the nutritional emergency in seven districts of the Grand Sud	4,100,000	Arduino Mangoni Arduino.mangoni@wfp.org Marieme Dlaw Marieme.diaw@wfp.org
WFP	Logistics	Support the humanitarian community with air services in response to humanitarian needs in the country until the end of the year (2022).	1,00,000	Arduino Mangoni Arduino.mangoni@wfp.org Julia Ross julia.ross@wfp.org
<b>TOTAL</b>			<b>154,749,650</b>	

# Methodology for Calculations of People in Need and People Targeted

## Emergency shelter

**For the drought zone.** For drought response, people in need can be considered as all people who are acutely food and/or nutritionally insecure, i.e. the 1.93 million people for all sectors, as these people are at risk of adopting displacement strategies at any time. The number of people targeted could be estimated at 5,000 based on the experiences of previous years. They consist of people who cannot go to their families and are forced to build very precarious living quarters in any available place in big towns. The main destination is the city of Fort Dauphin. According to a recent statistic, about 5,000 people might adopt the same strategy again.

**For the cyclone zone.** On the basis of the multi-sector rapid assessment conducted in February 2022, approximately 210,000 people were estimated to have problems with either damaged, flooded or completely destroyed housing. These people are considered to be in need. Taking into account the resources available from each actor, the non-core needs are estimated at 150,000 people, i.e. 65% of the population.

The people targeted are those who have their huts destroyed, flooded or disfigured and who do not have the means to rehabilitate/reconstruct their huts; they are obliged to go to host families.

## Water, hygiene and sanitation

The approach used by the WASH sector to estimate the number of people in need and those directly targeted is based on the rate of access to drinking water and sanitation services in the areas most affected by drought and cyclones and the number of people in the 10 districts of the Grand sud in phase 3 as identified by the IPC carried out in April 2022 and the 8 districts affected by cyclones.

For drought, the sector estimated that 66% (or 2,123,000 people) of the populations living in the 10 districts (3,200,000 population according to the RGPH 2018) are in need of a WASH response. Considering the most vulnerable targets classified in IPC phase 3 and 4, and based on its operational presence and ongoing efforts in the area of financial resource mobilisation, the WASH sector had estimated to effectively respond the WASH need for about 940,000 people.

Similarly, for cyclone zones, the sector estimated that 76% (or 1,700,000 people) of the populations living in the 8 districts (2,230,000 population according to the RGPH 2018) are in need of a WASH response. In addition, the recent floods (cyclones) have had an impact on water quality, many water bridges have been contaminated and rendered unusable. The IPC study conducted in April 2022 revealed needs not addressed in the 2021 plan, and revealed the need for multisectoral

interventions in WASH, health, nutrition and food security. Considering the most vulnerable targets classified in phase IPC3 and 4, and based on its operational presence and ongoing efforts in the area of financial resource mobilisation, the WASH sector had estimated that it would effectively meet the WASH need for about 480,000 people.

## Education

The education sector identified the entire school-age population of 6 to 15 years old in the nine food-insecure districts (IPC 3 and 4) as the population in need. To do this, the sector determined the number of the population in this age group among the total population of the affected districts using data from the 2018 RGPH data. This number corresponds to 624,378 students in need

The number of targeted pupils was calculated on the basis of the number of pupils in public schools who are not covered by the regular school canteen programme during the 2021-2022 school year (approximately 9 months), and who also require other forms of support, i.e. 567 456 pupils.

## Nutrition.

The number of people in need was obtained using the district prevalences of Food Security and Livelihoods/MAMs from the NSS first quarter 2022 in the Grand sud, and the 2021 Demographic and Social Survey for Cyclone Zones, IPC April 2022 for the FEFA determination (5% of IPC 3+).

- These are children aged 6-59 months identified as severely and moderately malnourished in need of PECMA treatment;
- and pregnant and lactating women from populations classified as IPC 3+ for the distribution of LNS and fortified flours in the 15 districts covered by the national response plan.

We use two different incidence constants due to baseline conditions for the two regions. For the Grand sud, depending on the structural conditions present and the fact that drought and food insecurity are almost permanent, we use the factor 8.4. For the Grand Sud-est, on the other hand, where a temporal situation related to post cyclone conditions is expected, and which will not be permanent, we use a constant of 2.6. Also, the number of people in need is 163,000, or 117,000 children and 45,000 pregnant and lactating women.

For the estimation of the number of population targeted, 50% of the people in need will be targeted by the Nutrition interventions, i.e. 81,567 people including 58,929 children of 6-59 months and 22,638 pregnant and lactating women.



## Protection

The people in need are composed of the following categories of exposed people living in the IPC Phase 3 districts.

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

In total, these categories of people number 0.90 million.

Thus, the targeted people were estimated by applying the percentage of 30% for each district to each category of persons, this gave 281,846 targeted people targeted for the Protection sector, of whom 133,656 for the Grand sud and 90,585 for the Sud-est, distributed between these categories:

- 100,880 girls and women exposed to any type of GBV, including 17,244 exposed to sexual violence, including women with disabilities (1,671)
- 168,436 children at risk, including 109,913 children involved in child labour and 58,523 neglected or abandoned children
- 12,530 elderly people requiring specific care

## Health

The populations in need are those likely to be ill, a proportion based on the morbidity rate estimated at around 25% taking into account interconnected factors, vulnerable populations including children under five years of age requiring integrated health care, in particular vaccination, pregnant women, breastfeeding women and women of childbearing age. These populations in need represent 863,000 people, including 521,000 for the Grand sud and 342,000 ifor the Grand Sud-est.

On the basis of indicators of service use, particularly the rate of attendance at Basic Health Centres, which is estimated at around 30%, taking into account interconnected factors including the current galloping inflation, which significantly reducing financial access to care, almost 70% of health needs are not covered. Thus, the populations in need are estimated at 1,440,000 people.

However, the focus will be on children aged 0 to 5 years of age likely to contract the 03 childhood diseases (diarrhoea, acute respiratory infections and malaria), children aged 0 to 11 months targeted for routine immunisation, pregnant women likely to have four antenatal consultations, pregnant women at risk of obstetric and neonatal complications, women of childbearing age likely to request modern family planning, women who are victims of gender-based violence and people over 60 years of age, including people living more than 5 km from the nearest functional health centre, as well as people likely to be affected by an outbreak of disease or epidemics. Thus, 517,800 people are targeted, of whom 312,600 live in the Grand sud and 205,200 in the Grand sud-est.

## Food security and livelihoods

The people in need are those classified in Phase 3 and above of the April 2022 IPC, numbering 2.1 million people; the sector will target 1.9 million of these people.

# Acronyms

<b>AAH</b>	Action Against Hunger	<b>HWDs</b>	Hand Washing Devices
<b>AAP</b>	Accountability to Affected People	<b>IASC</b>	Inter-Agency Standing Committee
<b>ADRA</b>	Adventist Development and Relief Agency	<b>IGAs</b>	Income Generating Activities
<b>BNGRC</b>	Bureau National de Gestion des Risques et des Catastrophes (National Risk and Disaster Management Bureau)	<b>INGO</b>	International Non-Governmental Organization
<b>CARE</b>	Cooperation and Relief Everywhere	<b>IOM</b>	International Organization for Migration
<b>CCCM</b>	Camp Coordination and Camp Management	<b>IPC</b>	Integrated Phase Classification
<b>CECJ</b>	Centre d'Ecoute et de Conseil Juridique(Listening and Legal Advice Center)	<b>IYCF</b>	Infant and Young Child Feeding
<b>CERF</b>	Central Emergency Response Fund	<b>LNS</b>	Lipid-Based Nutrient Supplement
<b>CFM</b>	Common Feedback Mechanism	<b>MAM</b>	Moderate Acute Malnutrition
<b>CISCO</b>	Circonscription Scolaire (District School Administration)	<b>MDM</b>	Médecins du Monde
<b>CLTS</b>	community-led total sanitation	<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>COVID-19</b>	Coronavirus Disease 2019	<b>MICS</b>	Multiple Indicator Cluster Survey
<b>CRENAM</b>	Centre de Récupération et d'Education Nutritionnelle Ambulatoire pour la MAM (Ambulatory Nutritional Recovery and Education Centre for MAM)	<b>MSF</b>	Médecins Sans Frontière
<b>CRENAS</b>	Centre de Récupération et d'Education Nutritionnelle Ambulatoire pour la MAS (Ambulatory Nutritional Recovery and Education Centre for SAM)	<b>MUAC</b>	Mid-Upper Arm Circumference
<b>CRENI</b>	Centre de Récupération et d'Education Nutritionnelle Intensive pour la MAS avec complications (Intensive Nutritional Recovery and Education Center for SAM with Complications)	<b>NDF</b>	Nutrition for Women
<b>CRNM</b>	Nutritional and Medical Rehabilitation Centres	<b>NGO</b>	Non-Governmental Organization
<b>CRS</b>	Catholic Relief Services	<b>NSS</b>	Nutritional Surveillance System
<b>CSB</b>	Basic Health Center	<b>PECMA</b>	Protocol for the Management of Acute Malnutrition
<b>cVDPV</b>	Circulating Vaccine-Derived poliovirus	<b>PIN</b>	People in Need
<b>CWG</b>	Cash Working Group	<b>PSEA</b>	Protection from Sexual Exploitation and Abuse
<b>DHIS2</b>	District Health Information System 2	<b>RDT</b>	Rapid Diagnostic Test
<b>DRPPSPF</b>	Direction Régionale de la Population, de la Protection Sociale et la Promotion de la Femme(Regional Directorate of Population, Social Protection and Promotion of Women)	<b>RGPH3</b>	Recensement General de la Population et de l'Habitat 3 (General Population and Housing Census 3)
<b>DTM</b>	Displacement Tracking Matrix	<b>RH/FP</b>	Reproductive Health / Familial Planning
<b>ECD</b>	Early Childhood Development	<b>SISAV</b>	Système d'Information sur La Sécurité Alimentaire et La Vulnérabilité (Food Security and Vulnerability Information System)
<b>EDSMD-V</b>	Demographic and Health Survey	<b>SMART</b>	Standardised Monitoring and Assessment of Relief and Transitions
<b>ETC</b>	Emergency Telecommunications Cluster	<b>UN</b>	United Nations
<b>FAO</b>	Food and Agriculture Organization	<b>UN OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>FTS</b>	Financial Tracking Service	<b>UNFPA</b>	United Nations Population Fund
<b>GAM</b>	Global Acute Malnutrition	<b>UNHAS</b>	UN Humanitarian Air Service
<b>GBV</b>	Gender-Based Violence	<b>UNICEF</b>	United Nations Children's Fund
<b>GRC</b>	Gestion des Risques et catastrophes ( Risk and Disaster Management)	<b>USAID</b>	United States Agency for International Development
<b>GSU</b>	Global Support Unit	<b>VDPV</b>	Vaccine-Derived Polioviruses
<b>HCT</b>	Humanitarian Country Team	<b>WASH</b>	Water, Sanitation and Hygiene
		<b>WFP</b>	World Food Program
		<b>WHO</b>	World Health Organization
		<b>zNDVIc</b>	Standardized score (Z-score) of the cumulative Normalized Difference Vegetation Index
		<b>UNFPA</b>	United Nations Population Fund
		<b>UNICEF</b>	United Nations Children's Fund
		<b>UNOCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs

# End notes

- 1 <https://fts.unocha.org/appeals/1047/summary>
- 2 Multisectoral assessment, March 2022.
- 3 In-depth assessment of the impact of cyclones on agricultural sectors (MINAE, FAO and some NGOs).
- 4 DHIS2
- 5 SMART survey November 2021
- 6 2018 MICS survey.
- 7 Districts of Ambovombe, Tsihombe, Bekily, Beloha, Amboasary, Betroka, Ampanihy West, Betioky, Toliary II, Farafangana, Vangaindrano, Midongy Atsimo, Manakara Atsimo Vohipeno, Ikongo, Nosy Varika, and Mananjary

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Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanisms in the Grand Sud and Sud-Est of Madagascar, as identified in this Flash Appeal.



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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.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

**FLASH APPEAL**  
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