2016 - 2017

HUMANITARIAN STRATEGIC RESPONSE PLAN
Madagascar
Grand Sud

October 2016

Jointly prepared by the Government and the Humanitarian Team

PERIOD

October 2016 – May 2017

100 %

1.63 million

total population (Grand Sud)

52% of the total population

0.85 million

estimate of the number of people requiring humanitarian assistance

52% of the total population

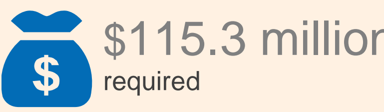
0.85 million

number of people targeted to receive humanitarian assistance under this plan

Main categories of people in need:

0.85 million people in food insecurity	0.33 million in emergency phase (IPC 4)
	0.52 million in crisis phase (IPC 3)
0.11 million children in global acute malnutrition	0.01 million in severe acute malnutrition
	0.01 million in moderate acute malnutrition

Source: Multisectoral assessment, July/August 2016, IPC October 2016



$115.3 million required

SUMMARY

Goals and Strategic Objectives

Goal 1: Save lives

Strategic objective1. Avoid loss of human lives, especially among children under five and pregnant and lactating women in zones classified as being in "Emergency" (IPC 4) and "Crisis" (IPC3) under the Integrated Phase Classification (IPC).

Strategic objective 2. Improve food security and restore livelihoods of the most vulnerable households in zones classified as in "Emergency" (IPC 4) and "Crisis" (IPC 3).

Goal 2: Prevent deterioration of the humanitarian situation

Strategic objective 3. Provide key health services, including maternal healthcare, to the most vulnerable households and ensure monitoring of diseases requiring medical care in the Grand Sud.

Strategic objective 4. Ensure continuity of social services that will prevent the occurrence of negative coping mechanisms from the population in "Emergency" (IPC 4) and in "Crisis" (IPC 3).

Goal 3: Develop a crisis exit strategy concurrently with the humanitarian response

Strategic objective 5. Implement jointly with development actors a crisis exit strategy as part of the early recovery process and community resilience-building.

Parameters of the response

Since March 2016, a joint humanitarian response plan, budgeted at USD 69.9 million has been developed to cover one year, namely from March 2016 to March 2017. The first phase of the response focused on life-saving activities. Early recovery as well as resilience-building activities have gradually started and will be implemented over the next three years.

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Though the humanitarian response plan was funded only at 52% as of August 2016, the overall humanitarian situation tangibly improved in July/August 2016 thanks to a sound use of the funds allocated.

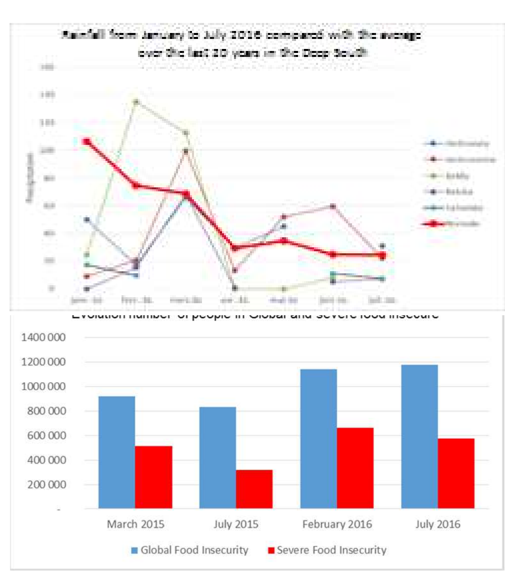
The total number of people in severe food insecurity decreased by 90,000 people and the nutritional status of children under five improved in the five districts and has remained stable over the last two months, except in the district of Tsihombe. Within the communes, the number of pockets reaching the malnutrition emergency thresholds (severe 2% or global >10%) decreased from 32 pockets in February 2016 to 17 pockets in June 2016. Access to surface water has also improved thanks to rainfall and truck-delivered water distribution operations. This has contributed to more stable prices for water. The outcomes would have been much better if the funds requested in the appeals were fully secured.

Despite these achievements, three compounding factors have been persisting.

1) Poor and late rainfall: until April 2016, four districts out of six still recorded rainfall below the average over the last 20 years whereas good rainfall has been recorded since April 2016 in the districts of Ambovombe and Amboasary but came too late to save the crops that should have been harvested in June 2016. (*Figure 1. Rainfall from January to July 2016*). As a consequence, maize, cassava, and rice production decreased by as much as 95% compared with the levels obtained in 2015.

2) Lack of rainfall in the future: According to weather forecasts, rainfall will be below normal until November 2016 in the Grand Sud and the cyclone season 2016-2017 will be late by one to two months compared with normal years.

3) Expansion of the zones with humanitarian needs: The zone that was initially affected by drought expanded to five communes located in two additional districts, namely Taolagnaro and Toliara II. Due to the lack of targeted response resulting from the lack of funds, a portion of people in moderate food insecurity sank into severe food insecurity. (*Figure 2. Change in the number of people in food insecurity*).



The IPC conducted from September to October 2016 showed that 845,000 individuals were affected, namely 330,000 being in Emergency (phase 4) and 515,000 in Crisis (phase 3), and that 3 districts out of 8 (Tsihombe, Beloha and Amboasary) are classified as in Emergency (IPC 4).

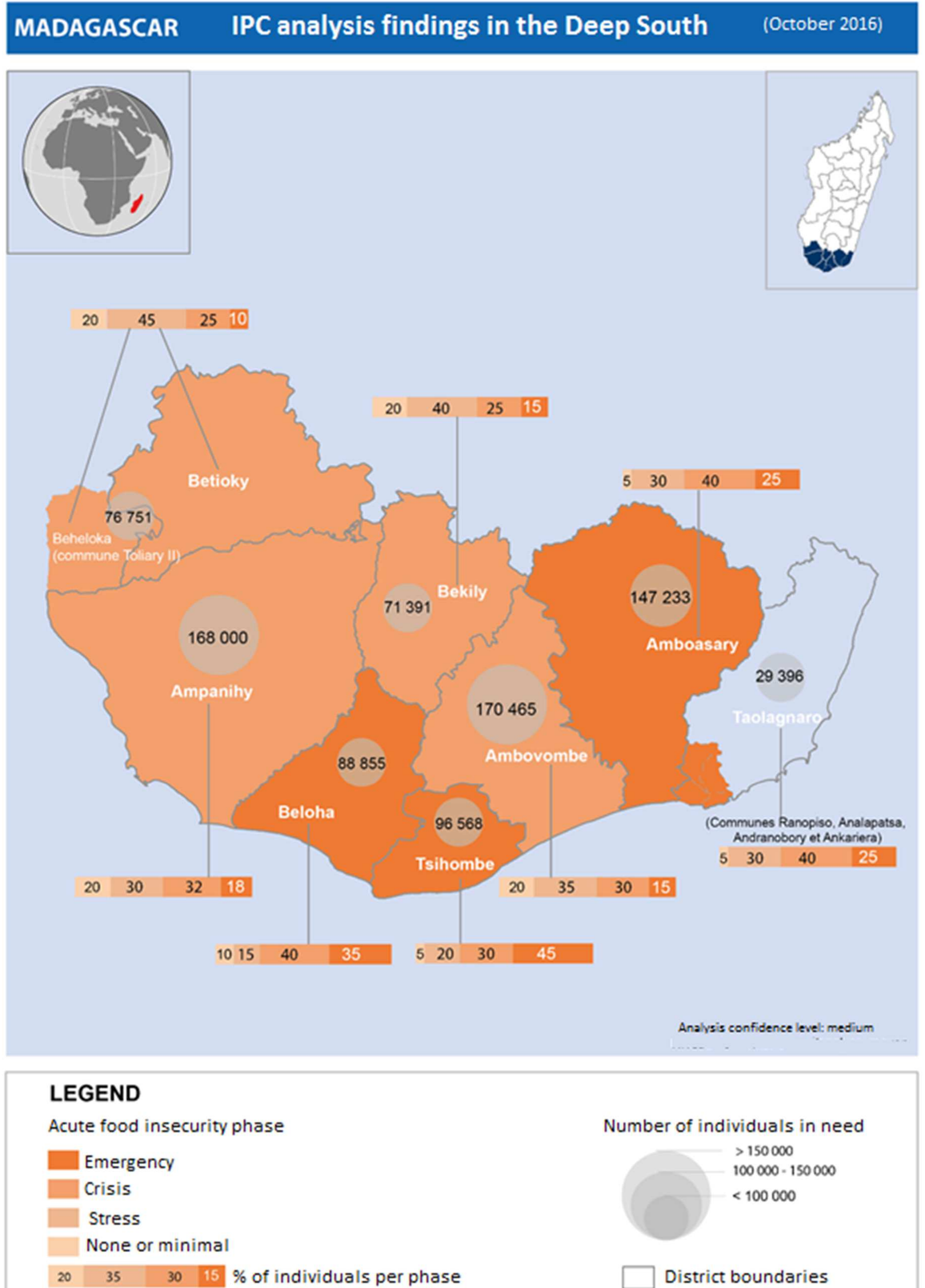
If humanitarian assistance is not continued, households with undernourished children under five and pregnant or lactating women are the most at risk of increase in mortality and morbidity. It is also very likely that the most affected 850,000 individuals will turn to extreme negative coping strategies during the lean season running from October 2016 to April 2017. In the five districts, 70% of the households reported that the lack of money is the main cause for their very low attendance of health facilities and very poor access to drinking water. Moreover, 31% of the households have removed at least one child from school and 44% encourage their children to beg to survive.

CONTENTS

SUMMARY 1
CONTENTS..... 3
STRATEGY 5
ASSESSMENT OF NEEDS PLANNED 8
STRATEGIC OBJECTIVES AND INDICATORS 9
SECTORAL PLANS 10
WATER, SANITATION, AND HYGIENE 10
EDUCATION 12
NUTRITION 14
PROTECTION 16
HEALTH 19
FOOD SECURITY AND LIVELIHOODS..... 22
COORDINATION, INFORMATION MANAGEMENT, EARLY WARNING SYSTEM 24
Acronyms 28

Table 1. Key social indicators in Madagascar's Grand Sud

Indicators	Grand Sud	National	Data sources
Extreme poverty rate (< USD1.25 PPP)	1.631 million	22 million	INSTAT projection 2016
Life expectancy at birth		58.4 years	HDR, 2007/2008
Under five mortality rate	88/1,000 *	62/1.000	MDG assessment 2012-2013
Child mortality rate (per 1,000 live births)	62	42	MDG assessment 2012-2013
Antenatal consultation rate	64 – 77%	86%	MDG assessment 2012-2013
Rate of delivery with assistance from qualified staff	20.8 – 26.1%	35.3%	MDG assessment 2012-2013
Maternal mortality rate (per 100,000 deliveries)	>478	478	MDG assessment 2012-2013
Chronic malnutrition rate (children under five)	32.5% - 39.3%	47 %	MDG assessment 2012-2013
Acute malnutrition rate MUAC below 125mm Weight for height less than -2 SD or edema	4.8% – 8.4% 7,2% - 8,8%	6.9 % 8.6%	MDG assessment 2012-2013
Rate of improved water sources use	26% (MICS 2012)	52%	JMP 2015 (UNICEF/WHO)
Rate of sanitation infrastructure use	0.7% (MICS 2012)	12%	JMP 2015 (UNICEF/WHO)
Percentage of households having a location with soap to wash hands	4.5%		MICS 2012
Percentage of inhabitants living at more than 5km from a health facility	73.2%		Ministry of Public Health
Average immunization coverage rate among children	30 – 43%	61.6%	MDG assessment 2012-2013
Average school dropout rate	24%	17%	Ministry of National Education
Percentage of women having suffered any type of violence (psychological, economic, sexual, physical)	41.5%	30%	MDG assessment 2012-2013
Percentage of physical violence	13 – 15%	12%	MDG assessment 2012-2013
Percentage of sexual violence	5 – 10%	7%	MDG assessment 2012-2013
Poverty rate (<2 USD Purchasing Power Parity or PPP)	92.4% - 98.9%	91.0%	MDG assessment 2012-2013
Extreme poverty rate (< USD1.25 PPP)	83.9% - 97.5%	77.1%	MDG assessment 2012-2013



Source: IPC analysis in October 2016 (GSU FAO, BNGRC).

STRATEGY

People affected and people targeted

Under the main common response strategy, all affected people who are in the Crisis phase (IPC 3) or in the Emergency phase (IPC 4) will be targeted as a priority, i.e. about 850,000 individuals. Their age and sex distribution is shown in the table below.

The targeting requires reorienting the priorities defined in February 2016, taking into account the fact that people in moderate food insecurity have sunk into severe insecurity due to the lack of interventions specifically geared to them.

Hence, the plan includes two complementary approaches in line with the IPC classifications:

- Scale up multisector support involving all humanitarian actors (water-sanitation-hygiene, education, nutrition, protection, health and food security, and livelihoods) over the next six months to meet the needs of households in the Emergency phase (IPC 4);
- Support to and specific response from sectors targeting households in the Crisis phase (IPC 3).

Table 2. Distribution of the population requiring humanitarian assistance per district

District	Men	Women	Children (<18)		Adults (18-64)		Elderly (>64)		TOTAL	TOTAL
			M F		M F		M F		Actual	Planned
Ampanihy	83,496	84,504	43,835	44,365	37,740	38,196	1,920	1,944	60,480	168,000
Tsihombe	47,994	48,574	25,197	25,501	21,693	21,955	1,104	1,117	57,941	96,568
Beloha	44,161	44,695	23,185	23,465	19,961	20,202	1,016	1,028	41,466	88,856
Bekily	35,462	35,910	18,628	18,853	16,038	16,231	816	826	26,772	71,392
Betioky	38,145	38,606	20,026	20,026	17,242	17,450	877	888	21,929	76,751
Ambovombe	84,721	85,744	44,479	45,016	38,294	38,756	1,949	1,972	56,822	170,465
Amboasary	73,175	74,058	38,417	38,881	33,075	33,474	1,683	1,703	56,628	147,233
Taolagnaro	14,786	14,786	7,670	7,763	6,604	6,683	336	340	11,306	29,396
TOTAL	421,785	426,876	221,437	224,110	190,647	192,948	9701	9,818	333,344	848,661

Source: Multisectorial assessment July/August 20&6, mass screening of children under five, IPC October 2016

Scope of the strategy:

Due its limitations, the strategy defined in this plan must be backed with complementary interventions in the following areas:

- People in the Stress phase (IPC 2) must be targeted with specific social protection actions to keep them from rapidly sinking into a humanitarian crisis situation.
- As humanitarian actions come to an end, they must be linked to the implementation of the early recovery plan that is being currently finalized to cover a 36-month period.

Foundations of the strategy:

The strategy aims to achieve three major goals:

i) Save lives, especially among the most vulnerable people, i.e. children under five and pregnant and lactating women.

ii) Prevent the deterioration of the situation of people who are in food insecurity, such deterioration causing them to adopt negative coping strategies such as prostitution for girls, child labor, permanent school dropout, begging, etc.

iii) Concurrently conduct crisis exit actions to maintain the achievements of humanitarian responses and build upon these.

Analysis of the crisis environment resulting from drought in Madagascar shows that children under five and pregnant and lactating women are the most affected, with their lives being immediately at risk. Over the last three years, measles vaccine coverage has significantly decreased as illustrated by the situation in the districts of Tsihombe and Beloha where it dropped by 40 points of percentage (from 100% to 60%). Diseases due to water borne (such as diarrhea and others) have become the main causes of infant mortality and the maternal mortality rate has now exceeded 478 per 100,000 deliveries. With the persistence of such precarious conditions, these two groups are at much higher risk of mortality compared with other population groups.

In addition, it should be noted that since the Grand Sud is already the country's poorest region with 91% of the population living with less than USD 2 per day, all the affected households adopt highly negative if not extreme coping strategies to survive. Since August 2016, 70% of the households have no longer attended health facilities due to financial constraints and in 41% of the households in the most affected districts and communes, children have been forced to beg to contribute to the households' income.

Coordination and implementation of the response strategy

The Government, through the National Risk and Disaster Management Office (BNGRC), coordinates the implementation of the response strategy with support from the UN Office of Coordination of Humanitarian Affairs (UNOCHA) under a sectoral approach. The operationalization of the strategy is ensured by the relevant Ministries and the country humanitarian team, comprised of humanitarian agencies in the UN system, international NGOs, and the Red Cross movement.

The strategies call for logical intersectoral planning as well as implementation of several joint activities:

- Ensuring consistency between humanitarian activities and early recovery activities;
- Strengthening thematic responses by defining common priorities:
    i. Emergency humanitarian assistance to populations in the IPC 3 and 4 phases at least until May 2017 to make up for the poor harvests, late rainfall, and other adverse events;
    ii. Support to the most vulnerable in IPC 2 phase (stress) who may rapidly sink into phase 3 if no humanitarian assistance is provided
- Integrated and multidimensional responses aiming to support existing social structures such as health facilities and schools.

Cross-cutting issues and issues specific to the context

Protection of the most vulnerable, diversification of income sources and harmonization of response strategies have been integrated in the actions of all the various sectoral groups.

- **Protection of livelihoods, intersectoral coordination of activities, diversification of income sources;** Integration of food assistance activities and activities to safeguard remaining livelihoods and to rebuild productive capital in order to enable households to take advantage of the farming season to revive production and thus increase food availability.

- **Scale up projects in the field of water, sanitation and hygiene (WASH) and key maternal, sexual, and reproductive health services** for the most vulnerable households and diseases monitoring for the entire zone. The relevant actors agree on priority responses to be scaled up immediately and on an ongoing basis.
- **Target the most vulnerable with specific programs:** children under five that are malnourished; single parent households; orphans and children separated from their parents; pregnant and lactating women; people with reduced mobility and elderlies living alone.
- **Involve communities in all emergency response activities.** Communities took part in the multisectoral assessment conducted to identify needs.

How does the strategy complement longer-term plans?

The strategy was harmonized with early recovery strategies with the objective of preparing transition between the various phases and initiating longer-term development actions that will include resilience-building and risk reduction components. To allow for achieving these objectives, the initiation of the revised strategy was placed under the leadership of the Ministry of Economy and Planning.

Monitoring of response

The strategy refers to the indicators listed on pages 9 and 10 that allow for monitoring progress towards the strategic objectives set. BNGRC will maintain a dashboard with the indicators and will ensure their monitoring through regular data collection, regular meetings with sectoral groups, and a review of the findings of evaluations provided for by the plan.

The existence of a decentralized office of BNGRC in Ambovombe will facilitate monitoring. In addtion, joint field visits will be organized to monitor the smooth running of the humanitarian response.

Process and participation

The original version of the plan was developed by the entire group of humanitarian actors in the country under the leadership of the Government through BNGRC. The mechanism set up for monitoring activities allowed for making the decision to review the plan six month into implementation with the same actors involved.

Indeed, the humanitarian community grouped in the "*Comité de Réflexion des Intervenants des Catastrophes*" (CRIC or think tank of disaster management actors) makes decision on humanitarian priorities and activities to be implemented, based on changes in monitoring indicators and is relayed in this work by the various sectoral groups that do the monitoring by activity sector and make decision as regards the orientations in their specific sectors with their respective members.

ASSESSMENT OF NEEDS PLANNED

ASSESSMENT OF EXISTING NEEDS

Cluster/sector	Geographic zones and target population groups	Agency and key partners	Date	Title or subject
Nutrition	8 districts of the Grand Sud 300,000 children under five	UNICEF, ONN, Ministry of Health	Monthly	Mass screening of malnutrition
Intersectoral	8 districts of the Grand Sud	Inter-agency	July 2016 January 2017 May 2017	Multisectoral assessment
Food security	8 districts of the Grand Sud	ODR	Weekly	Monitoring of food commodities price
Water, sanitation, and hygiene	8 districts of the Grand Sud	UNICEF	Monthly starting in August 2016	Data collection by SMS
Protection	8 districts of the Grand Sud	MPPSPF, UNICEF, CRS, UNFPA	Monthly	Rapid assessment

CURRENT INFORMATION GAP

Cluster/sector	**Geographic zones and target population groups**	**Topic**
Water, sanitation, and hygiene	8 districts of the Grand Sud, households	Piezometric variations of water points Functioning of hydraulic structures
Education	8 districts of the Grand Sud	Changes in the drop-out and absence rates
Protection	8 districts of the Grand Sud	Prevalence rate of emergency-related violence

ASSESSMENT OF NEEDS PLANNED

Cluster/sector	**Geographic zones and target population groups**	**Agency and key partners**	**Planned date**	**Topic**
Intersectoral	8 districts of the Grand Sud	Inter-agency	Starting in December 2016	Monitoring of response completion indicators through Activity Info
Intersectoral	8 districts of the Grand Sud	Inter-agency	January 2017 May 2017	Multisectoral assessment
Water, sanitation, and hygiene	8 districts of the Grand Sud, households	MEAH, UNICEF	November 2016	Assessment of the impact of using WASH kits
Nutrition	8 districts of the Grand Sud	ONN, MoH, UNICEF, ACF	Oct, Nov 2016	SMART survey Post-emergency nutritional assessment
Protection	8 districts of the Grand Sud	MPPSPF, UNICEF, CRS, UNFPA, Local actors	To be confirmed	Monitoring of changes in the protection situation
Education	Regions of the Grand Sud	UNICEF, MoE	Starting on November 1st, 2016 on a monthly basis	Dropout rate (students) Absence rates (students and teachers)

STRATEGIC OBJECTIVES AND INDICATORS

STRATEGIC OBJECTIVE 1. Prevent loss of human lives among children under five and pregnant and lactating women in areas classified as in the Emergency and Crisis phases

Indicators	Baseline	Objective
Number of households having access to drinking water at an affordable cost		850,000 individuals
Number of households living in open-air defecation free (ODF) villages		170,000 households
Acute malnutrition rate	1.4%	<1%
Global acute malnutrition rate	8.6%	<5%
Low weight rate	32.6%	25%
Rate of delivery at a health facility	23.5%	30%
ARI case management rate	33%	40%
Diarrhea case management rate	17%	25%
Penta 3 immunization coverage rate	65%	80%

STRATEGIC OBJECTIVE 2. Improve food security and restore livelihoods of the most vulnerable households in zones classified as in "Emergency" (IPC 4) and "Crisis" (IPC 3).

Indicators	Baseline	Objective
Percentage of households having a low and limited food consumption score	75%	<15%
Survival strategy index of targeted households	26.42	<26.42
Households benefitting from support for livelihoods restoration		170.000

STRATEGIC OBJECTIVE 3. Provide key health services, including maternal healthcare, to the most vulnerable households and ensure monitoring of diseases requiring medical care in the entire zone

Indicators	Baseline	Objective
Percentage of health facilities that provide key healthcare services		80%
Percentage of child diseases case properly managed in an integrated way at the Basic Health Centers (CSB)	N/A	75%
Percentage of target CSBs having health workers mastering IMCI	N/A	80%
Percentage of target CSBs and hospitals having emergency RH kits	N/A	80%
Rate of C-sections and management of obstetrical complications		
Rate of timeliness of weekly diseases surveillance reports	40%	70%

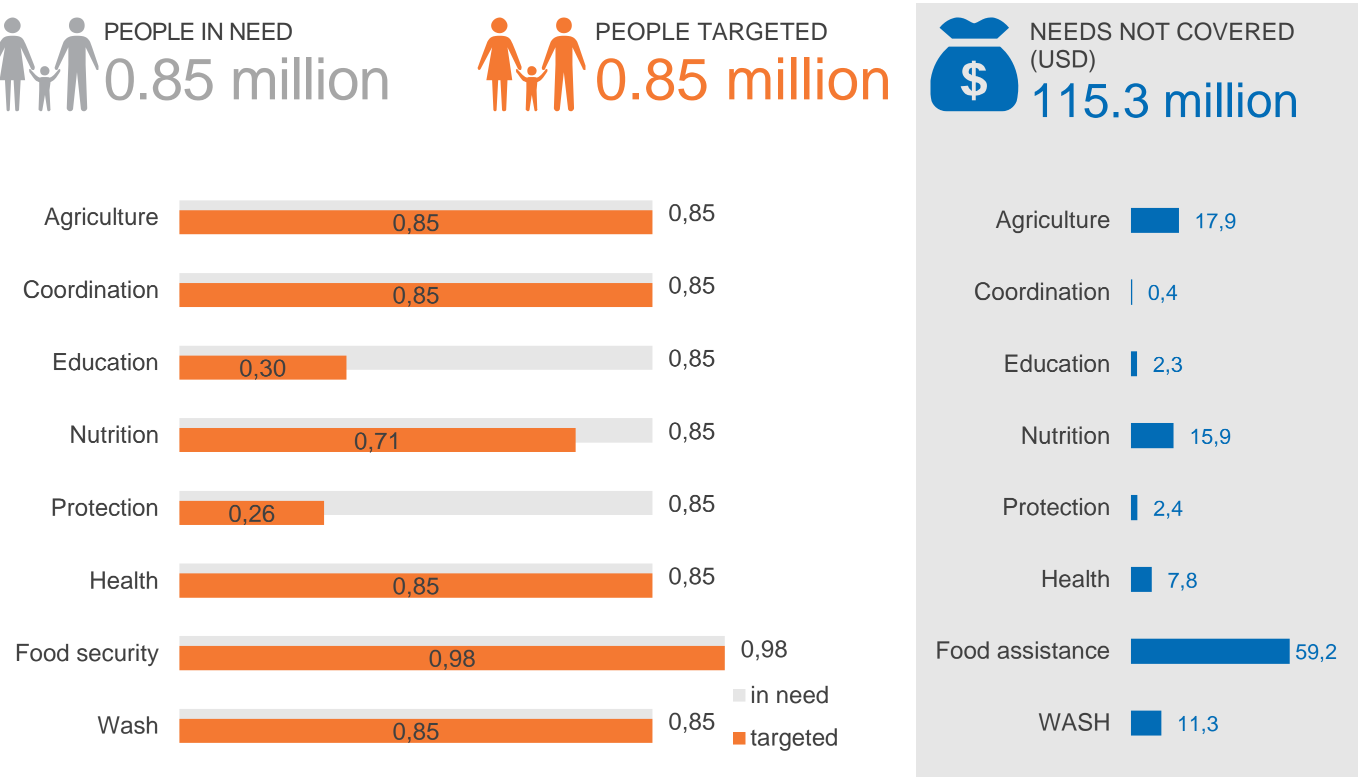
STRATEGIC OBJECTIVE 4. Ensure continuity of social services to prevent the adoption of adverse coping mechanism by the population groups in the Emergency and Crisis phases

Indicators	Baseline	Objective
School drop-out rate	34.3%	23.3%
Absence rate (students)	N/A	To be determined
Absence rates (teachers)	N/A	To be determined
Number of children removed from exploitation situations	172,000 children	25%
Separated or unaccompanied children benefiting from family reunification	95,000 children	25%
Rate of attendance of health facilities	14%	20%

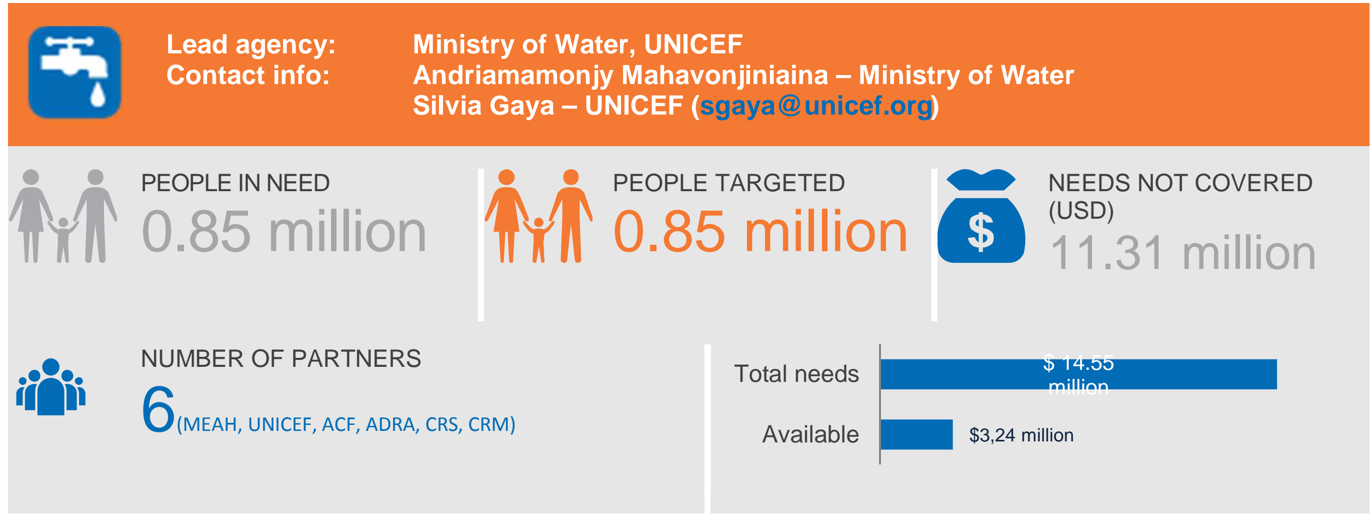
STRATEGIC OBJECTIVE 5. Jointly develop a crisis exit strategy as part of the early recovery process

Early recovery and resilience-building plan developed and implemented	0	1

SECTORAL PLANS



WATER, SANITATION, AND HYGIENE



The activities conducted since February 2016 have resulted in tangible improvements in access to drinking water in all the districts. About 150,000 additional people have now renewed access to drinking water. As regards sanitation and hygiene, about 25,000 villages have now been declared open-air defecation free (ODF); 65,000 latrines have been built by households on their own means; and more than 10.000 households are equipped with WASH kits and sensitized on hygiene good practices.

However, in the eight districts affected, the proportion of people having access to improved drinking water sources has remained low, which means most of the population has to use surface water. This situation is due to the lack of infrastructure in some zones (namely sedimentary or coastal ones) and/or to poor functioning of the water points built

(low flow, lack of maintenance). A persistence of the practice of open-air defecation is observed in those areas that were less covered by Community-Led Total Sanitation (CLTS) activities, namely in Bekily, Ampanihy and Betioky.

The rapid survey conducted in the regions of Androy and Anosy showed that 64% of the population consumes less than 10 liters of water per individual per day, and only 6.3% consume more than 20 liters per individual per day (SPHERE standard). In the six districts in the regions of Androy and Anosy, 46% of the population has to purchase water (with no assurance of quality) at prices ranging from 100 ariary to 200 ariary per 20-liter jerry cans and 38% at prices below 100 ariary. In the district of Tsihombe, 13.8% of the population has to buy water at more than 1,000 ariary per 20-liter jerry can. The price of water varies according to the availability of water sources in each district. Diarrhea prevalence is higher in communes with more limited access to water and latrines (namely in some communes of Tsihombe, Ambovombe, Amboasary and Beloha). Demand for water in some communes located in sedimentary and coastal areas in the eight districts is increasing, resulting in an increase in the price of water

Objective 1 of the cluster: Households with malnourished children under five in zones classified as in Emergency (phase 4) are provided with water treatment equipment and hygiene products.	**Support to strategic objective 1**	
Indicators	**Baseline**	**Objective**
1. Number of households provided WASH kits.	12,000	70,000

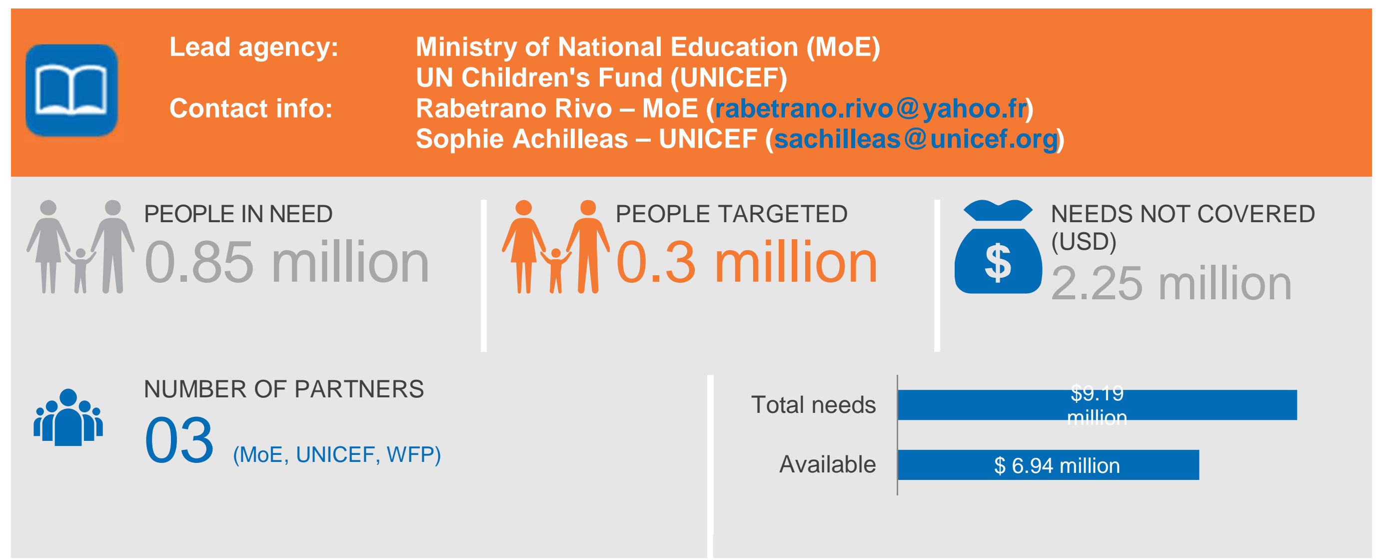
Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Distribution of WASH kits during 3 months	IPC 4 zone	Number of households	12,000	70,000	3,500,000	2,402,500
• Distribution of water cards during 2 months	IPC 4 zone	Number of individuals	50,000	350,000	1,050,000	900,000

Objective 2 of the cluster: Households living in zones classified as in Emergency (IPC 4) and in Crisis (IPC 3) with malnourished children under five have access to drinking water at an affordable cost	**Support to strategic objective 1**	
Indicators	**Baseline**	**Objective**
1. Number of households having access to drinking water at an affordable cost	204,500	850,000 individuals
2. Number of people living in open-air defecation free (ODF) villages	325,000	850,000 individuals

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Truck delivery of water during 2 months	IPC 3 & 4 zones	Number of individuals	80,000	250,000	750,000	600,000
• Rehabilitation of existing boreholes/wells	IPC 3 & 4 zones	Number of wells rehabilitated	292	800 boreholes/wells	800,000	452,824
• Construction of new boreholes	IPC 3 & 4 zones	Number of boreholes/wells built	50	200 boreholes	2,800,000	2,100,000
• Branching of the pipeline into large villages	IPC 3 & 4 zones	Number of villages connected to the pipeline	0	5 villages	90,000	70,000

• Reinforcement/ rehabilitation/ extension of the existing pipeline (Ampotaka-Faux Cap)	IPC 3 & 4 zones	Number of pipeline rehabilitations/ extensions	0	2 pumps/solar panels, 3 booster pumps	784,000	769,000
• Setting up of new water supply system	IPC 3 & 4 zones	Number of water supply systems built	8	30 systems	2,100,000	1,540,000
• Promotion of multiple water use	IPC 3 & 4 zones	Number of pilot sites	20	50 sites	125.000	75,000
• Scaling up of the CLTS approach in 3 districts (Ampanihy, Betioky and Bekily)	IPC 3 & 4 zones	Number of ODF villages	106	1,000 villages	2.550.000	2,400,000

EDUCATION



Due to the increase in food insecurity, loss of livelihoods for households, and increasing poverty, children are at high risk of dropping out of school. The dropout rate stands at about 40% and up to 50% of the schools have closed during the school year 2015-2016 in some districts. According to the MoE's Yearbook for Years 2014/2015 and 2015/2016, the dropout rate between Grade 1 and Grade 2 was 34.3% for the southern zone against 23.3% at the national level. Similar difference is also found as regards the survival rate which is 17.1% for the southern region against 35.5% at the national level. According to the multisectoral analysis conducted by the food security and livelihoods sectoral group in July 2016, up to 33% of the households surveyed reported being forced to take their children out of school. Failure to address this issue of school drop-out and absence would compromise educational efforts and achievements for several years. It is always difficult to bring back a drop-out in school, especially for those children that have been out of school for long, hence the high importance of preventing dropping out to the extent possible. The lack of schooling among children compromises the future of the new generations and will negatively impact on the country's socioeconomic growth. [1]

The priority in the field of education is therefore to keep children in school and prevent dropping out, while offering opportunities for catching up and reintegration for children who dropped out in the affected regions. With the recent rains and the better rainy season forecasted starting in January 2017, the risks of children being absent from school is higher as they may be called to help their parents in the fields. Families in the affected regions, especially children, must have access to suitable social services to be able to respond to increasing violence, various forms of exploitation, and adverse coping mechanisms that come with the increase in poverty, loss of livelihoods, and food insecurity.

[2]Monitoring by UNICEF's Regional Technical Assistants (RTAs) from April to June 2016.

About USD 7 million have been invested by the Education sector (UNICEF/WFP/ILO) in the Grand Sud, through a funding by the Government of Norway in school year 2015/2016. In the upcoming school year 2016/2017, more than USD 10 million will be invested in the Grand Sud by various donors, but only USD 2.4 million will go to the activities described above. [2]

Objective 1 of the cluster: Reduce the dropout rate in the zones in Emergency and Crisis (IPC 3 and 4)	Support to strategic objective 4	
Indicators	**Baseline**	**Objective**
School drop-out rate[3]	34.3%[4]	23.3%[5]
Absence rate (students)	N/A	To be determined[6]
Absence rates (teachers)	N/A	To be determined[7]

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Monthly data collection for systematic monitoring of absence among students and teachers/school dropping out (40 schools/region)	In the 3 regions	Number of regions that have collected date from 40 schools	0	3 regions	N/A	0
• Provision of a daily school meal for students in public primary schools[8]	100% of the public primary schools in the IPC 3-4 zones	• Number of public primary schools with school canteens • Number of children receiving a school meal	1,066 schools assisted 219,500 children currently covered	2,256 public primary schools assisted 219,500 students receiving a school meal	6,585,000	0
• Cash transfers for households with children aged 0 to 5 years as a way to target preschool age children [9]	Anosy and Androy	Number of households who received cash transfers	4,000	4,000 households[10]	800,000	800,000
• Provision of school stationery [11]		Number of students	0	300,000 children	450,000	450,000

[3] The rest is intended for the construction of classrooms and activities to improve quality of education.

[3]UNICEF is currently collecting routinely the drop-out rates between Grade 1 and Grade 2 and these figures will be used while waiting for the first data collection round in November under the real-time monitoring system being set up.

[4] Drop out rate between Grade 1 and Grade 2 in the three regions from 2014 to 2016 (MoE's Yearbook)

[5]23.3% being the national average, the objective will be not to exceed this figure. (MoE's Yearbook 2014-15)

[6]To be calculated in late November 2016 after the first data collection round in 40 schools/region Thus, it is a sample analysis.

[7]Idem

[8] WFP advanced 68% of the funds but all the school canteens in thesse zones are covered by the development funds.

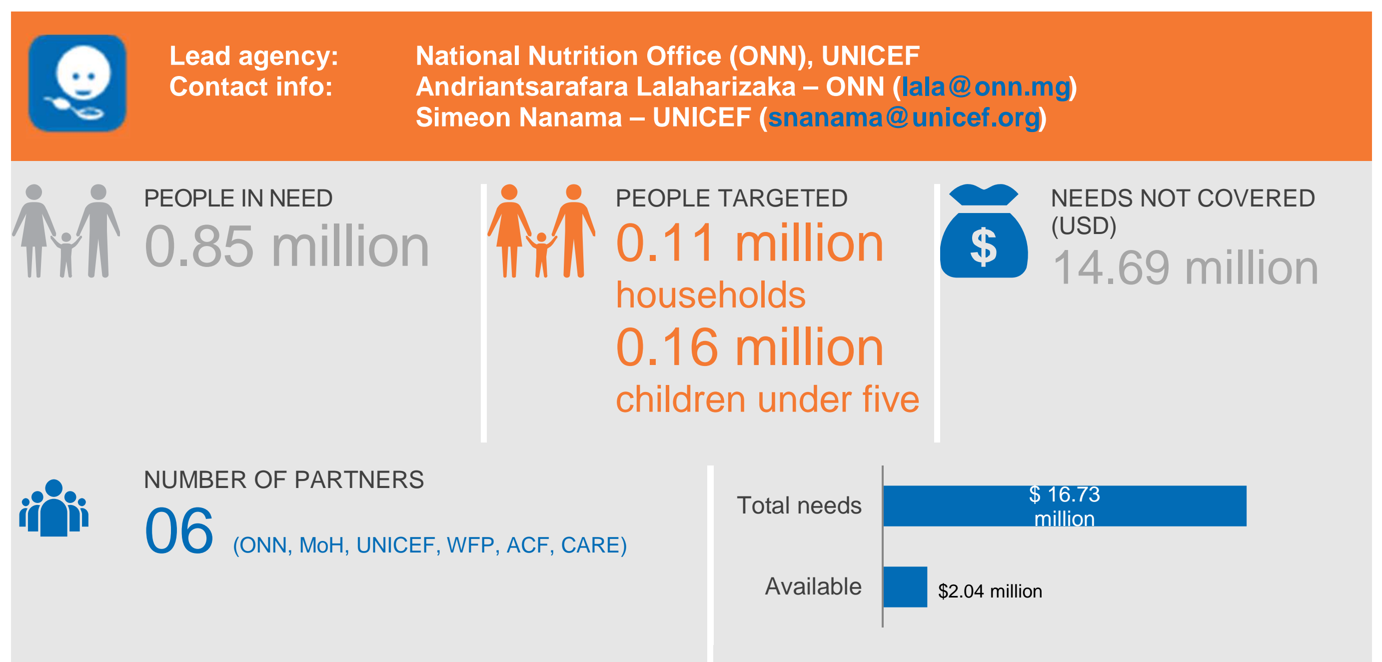
[9]Cash transfers form part of the National Social Policy Plan and the methodology for their implementation was devised by the Ministry of Population with support from the World Bank and UNICEF. Families with children aged 0 to 5 years get registered at nutrition centers.

[10]There are 55,000 households in alert that have not yet been covered with cash transfers.

[11]Families have to buy school stationery but given the deterioration in their financial situation, they do no longer have the means to do so, leading to school dropping out.

		provided with school stationery				
• Support to remedial courses (primary and junior high school)	100% of the public primary schools in the IPC 3-4 zones	Number of students attending remedial courses	0	6,000 students	42,000	0
• Quarterly deworming campaigns for students	100% of the public primary schools in the IPC 3-4 zones	Number of students dewormed in schools with canteens	0	425,500 students dewormed in school with canteens	20,000[12]	0
• Work with the WASH cluster to ensure water supply in public primary schools (link with the community approach and the CLTS campaign) and application of hygiene standards	100% of the public primary schools in the IPC 3-4 zones	Number of schools with access to water for hand washing	84 schools	2,256 schools[13]	1.300.000	1,000,000

NUTRITION



The worsening of the households' food security situation impacts on the nutritional status of children under five. At the peak of the lean season in February 2016, the global acute malnutrition (GAM) level was as high as 8 per cent among children under five. The global acute malnutrition rate exceeded the critical threshold of 10 percent in several communes of Tsihombe, Bekily and Amboasary. This rate was as high as 14 per cent in the district of Tsihombe, the district most affected by food insecurity.

[12] The Education Cluster provides support by ensuring the dispatching of medicines provided by the Ministry of Health to schools.
[13] Total number of public pre-school, primary, and junior high schools in the 8 districts

In a normal year, acute malnutrition decreases in the post-harvest period (April to October). However, in 2016, due to significant losses of harvest, increase in food commodities price and poor access to water, the trends have been departing from this, as suggested by the routine low weight surveillance data (collected in the eight drought-affected district). Low weight among children aged less than two significantly increased from 27% to 31%. The increase has been sharp in the districts of Tsihombe and Bekily at 5 to 10 points of percentage within 6 months. These figures give a clear picture of the deterioration of the young children's nutritional status since January 2016 compared with the situation in July of last year. The deterioration is in line with the general trends in the food security situation over the same period and with the trends observed over the last three years and should continue until April 2017.

As of September and October 2016, 35,000 children suffering from moderate acute malnutrition (MAM) are managed in community-based nutrition sites. Treatment performance has improved with the recovery rate increasing from 50% in December 2015 to 70% in June 2016. Capacity-building in treatment should be intensified in order to achieve the international standard of 75% for the recovery rate. In areas covered with community-based nutrition sites, treatment coverage is high, with 73% of eligible children actually involved in the treatment program. In areas without such sites, it is necessary to mobilize other actors to manage the cases identified.

Objective 1 of the cluster: Prevent a deterioration of the nutritional status of affected populations	**Support to strategic objective 1**	
Indicators	**Baseline**	**Objective**
Acute malnutrition rate	1.4%	<1%
Global acute malnutrition rate	8.6%	<5%
Low weight rate	32.6%	25%

Activities	**Location**	**Indicators**	**Baseline**	**Objective**	**Total budget (USD)**	**Budget not covered (USD)**
• SMART nutritional survey	8 districts		0	2	70,000	70,000
• Distribution of protection rations to families with children suffering from SAM and MAM during 2 months	8 districts	Number of beneficiary families		110.000	7,500,000	7,500,000
• Provision of supplementation food for children aged 6 to 23 months at home during 3 months	IPC 3 & 4 zones			51,000 children aged 0 to 23 months	950,000	950,000
• Provision of supplementation food to pregnant and lactating women during 3 months	IPC 3 & 4 zones		2	51,000 pregnant and lactating women	1,050,000	1,050,000
• Capacity-building on YCFN for CNWs, CHWs, TBAs, and health workers through formative supervision (with YCFN tools made available to them)	8 districts			70% of the fokontanys	280,000	280,000
• Setting up of a non-conditional cash transfer mechanism	8 districts			1,005 households	1,000,000	1,000,000
• Make awareness-raising tools available at the community level and at health facilities to improve feeding practices of pregnant and lactating women	8 districts			80% of lactating women	150,000	150,000

Objective 2 of the cluster: Prevent excess mortality due to acute malnutrition	Support to strategic objective 1	
Indicators	**Baseline**	**Objective**
Rate of admission in the (severe and moderate) acute malnutrition treatment program	SAM: 73 %, MAM: N/A	80% 60%
Recovery rate in the (severe and moderate) acute malnutrition treatment program	SAM: 73 %, MAM: N/A	75% 75%
Death rate in the (severe and moderate) acute malnutrition treatment program	SAM: 0.6% MAM: N/A	<10%, <3%
Dropout rate in the (severe and moderate) acute malnutrition treatment program	SAM: 16% MAM: N/A	<15%
Rate of admission in the (severe and moderate) acute malnutrition treatment program	SAM: 73 %, MAM: N/A	80% 60%

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Mass deworming in the 8 districts	8 districts	Number of screenings	Monthly	6	180,000	90,000
• Case management for children suffering from severe acute malnutrition (SAM) during 6 months	8 districts	Number of children managed		100,000 children under five	2,450,000	1,750,000
• Case management for children suffering from moderate acute malnutrition (MAM) during 6 months	8 districts	Number of children managed		100,000 children under five	1,900,000	1,076,200
• Prevention and treatment of acute malnutrition among people suffering from TB/HIV	IPC 3 & 4 zones			2,200	800,000	400,000
• Involvement of and capacity-building for community leaders, associations, and traditional healers in screening and monitoring the treatment of acute malnutrition	8 districts			65% of the fokontanys	400,000	370,000

PROTECTION

Lead agency: Ministry of Population, Social Protection, and Women's Promotion (MPPSPF, Catholic Relief Services (CRS) Ravelojaona Irenée – MPPSPF (iravelojaona@yahoo.fr)

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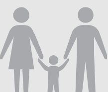


PEOPLE IN NEED
0.85 million

PEOPLE TARGETED
0.26 million

NEEDS NOT COVERED (USD)
2.30 million

NUMBER OF PARTNERS
6 (MPPSPF, CRS, UNICEF, UNFPA, CRM, OHCHR)

Total needs $2.39 millions
Available $0,9 million

The joint assessment conducted in late May 2016 and the multisectoral assessment conducted in July-August 2016 in the Grand Sud by the Protection cluster and the Child Protection cluster showed that:

- There has been a deterioration of the protection situation due to severe constraints on resources resulting from drought; the lack and weaknesses of basic social services; persistence of traditional practices harming vulnerable groups (namely children) such as child marriage, child labor, and amicable settlement by the families of victims of sexual violence with the perpetrators; and high-risk behaviors among youth. While sexual violence is widespread and occurs mainly within the family, most key informants stated that the number of cases reported remains low, which is due both to distrust with public services (namely because of corruption) and amicable settlements among families to maintain social cohesion in a time with increased tensions due to resources becoming scarce.
- It is likely that the security situation will rapidly deteriorate, mainly due to criminal activities that already occur. In some locations, children have been spotted among bandit gangs (*dahalo*) and some have been regularly involved in cattle theft. Boys are direct perpetrators of banditry whereas girls as used to provide logistic help or to lure potential victims.
- Child labor (mining, cattle keeping, domestic workers or water fetchers) as well as sexual exploitation of children (including child marriage) have been frequently reported as adverse coping mechanisms adopted by families and children to face resource limitations. Begging features among these coping mechanisms and concern 22% of the households. In addition, 23% of children must work to contribute to the households' income.
- The assessment teams saw a large number of children living in the street, especially in urban areas. An increase in the number of children separated from their parents has also been reported, a consequence of the households' dire economic and nutritional situation.

Selected facts and figures on the link between drought, household food insecurity, and protection issues:

- 172,000 children victims of exploitation require case management and adequate care.
- 95,000 adolescent girls separated from their parents require case management and support.
- 22% of households resorted to begging to meet their basic needs.
- The poorest quintiles are made up of the most affected households whose head has lower levels of education.
- There is a clear link between the El Niño phenomenon, food insecurity, and protection issues among vulnerable groups, especially women and children.
- The humanitarian situation remains critical in the three districts (Tsihombe, Beloha, and Amboasary) and in the four communes of the district of Taolagnaro: about 55 to 75% of the households remain in severe food insecurity.
- Migration is one of the survival strategies adopted by households in the Grand Sud, especially in the region of Anosy, but this strategy deepens their vulnerability and increases the risk of separation with children.
- The cumulative effects of the food insecurity situation compounds the deterioration of the protection and education situation, with increases in early marriage, child, labor, school dropping out, etc.

The Protection cluster has currently a response capacity to address the situation of 5,000 children and women and its activities cover the following areas:

- Revitalization of the mechanism of Child Protection Networks (CPN) established in target districts
- Capacity-building for the CPN members on child protection in emergency contexts
- Pre-positioning of kits for social workers and child protection kits in the Grand Sud
- Purchase of dignity kits
- Advocacy with the other clusters for the integration of protection-related vulnerability criteria in the targeting and distribution of humanitarian assistance

Objective 1 of the cluster: The most vulnerable populations adopt positive coping actions to face the crisis and emergency situation, thus protecting their families (including children) in zones classified as in Emergency and Crisis (IPC 3 and 4)	**Support to strategic objective 4**	
Indicators	**Baseline**	**Objective**
Number of children removed from exploitation situations	172.000	25%

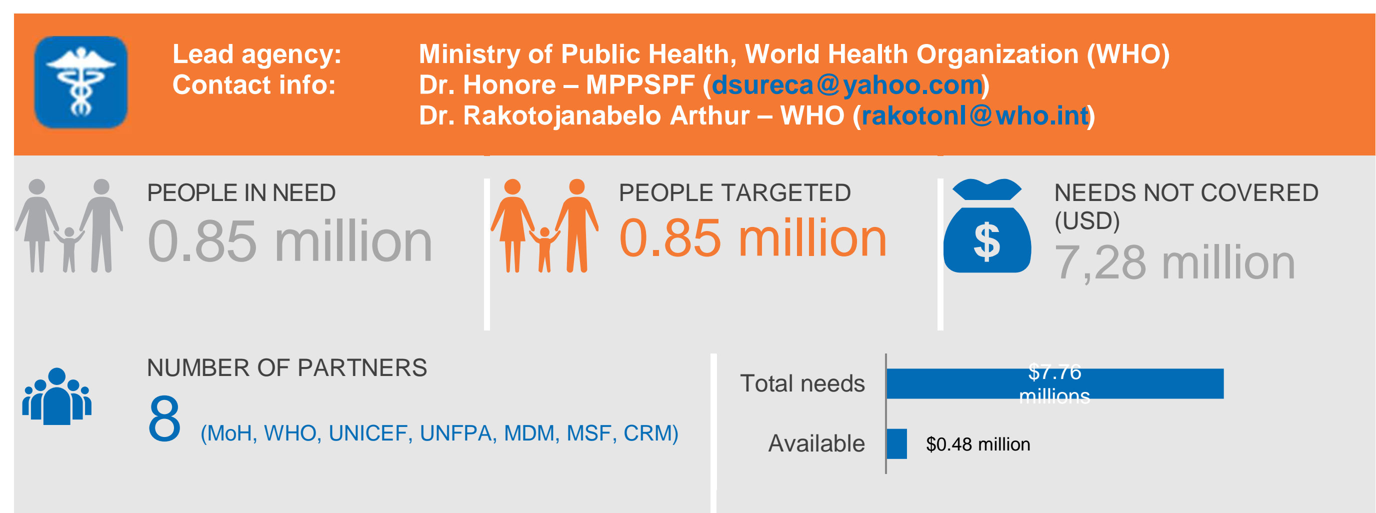
Number of households benefiting from cash transfers	To be confirmed	To be confirmed

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Mobilization and training of social workers to identify beneficiaries	9 districts	Number of social workers with adequate capacity that can be mobilized for child protection in an emergency period	0	500	105,000	100,000
• Setting up of a non-conditional cash transfer mechanism	9 districts	Percentage of households benefiting from conditional cash transfers		22% of households	750,000	750,000
• Vocational training and school reintegration	9 districts	Number of children reintegrated in schools and/or pursuing vocational training	0	50000	500,000	500,000

Objective 2 of the cluster: Protection social services are strengthened and are accessible to vulnerable groups	**Support to strategic objective 4**	
Indicators	**Baseline**	**Objective**
Separated or unaccompanied children benefiting from family reunification	95.000	25%

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Training on child protection, GBV, data collection and forwarding,	9 districts	Number of actors having the capacity to collect and forward data	0	500	105,000	100,000
• Strengthening of the services in charge of integrated management of victims in place, that are accessible to vulnerable groups	9 districts	Number of integrated management services strengthened	0	9	500,000	500,000
• Making protection kits available	9 districts	Number of kits available	16	50	330,000	250,000
• Strengthen the data collection and forwarding mechanism	9 districts	Data collection and forwarding mechanism operational	0	1	100,000	100,000

HEALTH

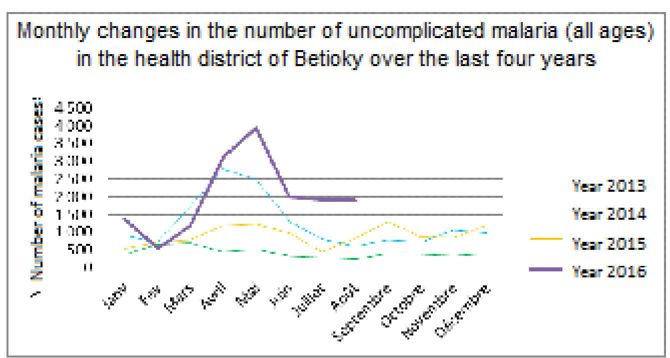


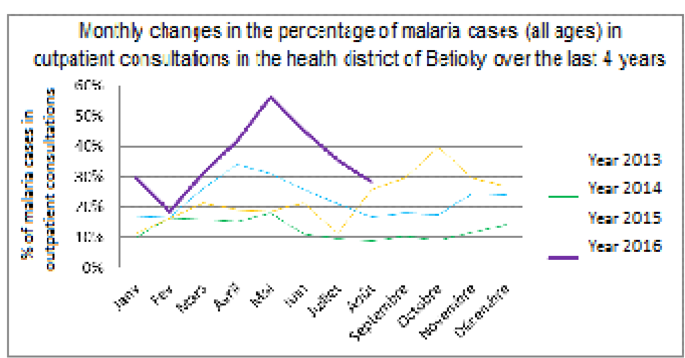
Populations in the Grand Sud that have been severely affected by food insecurity resulting from the El Niño phenomenon have a very hard time accessing key health services. Only 83% of the prescriptions written by health workers are actually delivered at health facilities' pharmacies due to households' very low purchasing power. Overall, thanks to the humanitarian response, the attendance rate at basic health facilities has remained stable at 18.0% in 2016, which is at the same level as in 2015 and represents an improvement compared with 2014 (14.2%) but is still very low compared with the national average of 36% (National Strategic Plan).

Nevertheless, after a drop in June 2016, the number of consultations showed an upward trend in July-August 2016 in the six districts, which is likely due to the humanitarian responses mainly funded by the CERF funds that allowed for the institution of free care for the most affected populations. This rate has slightly decreased compared with 2015 (11%). However, the attendance rate at basic health centers is much higher for children under five compared with the rest of the population. The rate even increased over the first eight months of 2016, reaching 86% (against 49% in 2015 and notably 30% in 2014).

Poor access to health services has a negative effect on coverage with preventive services such as immunization, the coverage with Pentavalent 3 being no more than 65% currently. The already precarious situation of women and children in the Grand Sud is exacerbated by the cumulative impact of severe food insecurity, malnutrition, and lack of access to general key health services, and reproductive health services in particular. As a result, 38,250 pregnant women are at risk of dying due to obstetrical complications occurring during pregnancy or at delivery. Moreover, 95,000 adolescent girls separated from their parents after an early marriage are left without protection against sexual abuse and early pregnancy. They are very much exposed to risks of maternal mortality.

Other threats on this very vulnerable population include malaria, which has seen a tangible surge in the district of Betioky and threatens areas with epidemic risks such as Ampanihy and Bekily, acute diarrhea among children, and immunization-preventable diseases among children. Health threats have been under control over the last months thanks to the responses funded by the CERF fund but the situation remains precarious and any interruption in the support may throw the population into a deep health crisis.





Based on the analysis of the health situation and trends over the next months, the emergency responses by the end of June 2017 will be prioritized and will focus on the following pressing needs:

- Access to health services for 850,000 individuals classified as in Emergency and Crisis, especially the most vulnerable ones (pregnant and lactating women, children under five, population living at more than 10km from a health facility).
- Poor quality of services in general though improvements have been observed in health facilities supported by the recent responses:
  - inadequate and poorly distributed human resources
  - technical capabilities according to the various levels (to be upgraded to standards)
  - deficiencies in community health
- Looming breakdown in the disease surveillance capacity, compounded by the expansion of zones in emergency situation (from 600,000 to 850,000 individuals)

In order to prevent the health sector from sinking into an even worse situation, support should be maintained so that health actors can keep on providing quality healthcare as their counterparts elsewhere.

Specific Objective 1: Restore access to key health services for 850,000 extremely poor individuals affected by severe food insecurity	**Support to strategic objective 1**	
Indicators	**Baseline**	**Objective**
Rate of outpatient consultation use	18%	30%
Rate of delivery with assistance from qualified staff	23.5%	30%
Penta 3 immunization coverage rate	65%	80%

Activities	Location	Indicators	Targets	Responses provided	Total budget (USD)	Budget not covered (USD)
• Provision of health facilities and mobile health teams with essential drugs and inputs for free case management for the most vulnerable groups (170 complete IEHK kits) during 6 months	IPC 3 and 4 zones	Percentage of CSBs equipped with adequate medical kits	193 CSBs 3 CHRRs 6 CHD2s 6 mobile teams	38 CSBs, 1 CHRR, 6 CHDs et 3 mobile teams during CERF	3,740,000	3,740,000
• Provision of pregnant women, women who delivered, and women victims of sexual violence with individual hygiene kits and dignity kits	IPC 3 and 4 zones	Number of women provided with kits	38,250 pregnant women enceintes	38,250 pregnant women Enceintes During CERF	1,224,000	1,224,000
• Support to the outreach and mobile strategies (more than 5km) to ensure integrated service provision for populations living at more than 5km from a health facility		Number of individuals covered by mobile services		340,000 individuals	100,000	100,000
• Support to the implementation of community-based health actions for remote populations as a relay to the mobile strategy		Number of villages located at more than 5km with operational CHWs		30	100,000	100,000

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Measles vaccine campaign for children aged 6 to 59 months	3 districts with high GAM rates	Number of children immunized		127,500 children (90%)	150,000	150,000

Specific objective 2 of the cluster: Ensure quality preventive and curative health services for the most affected populations	**Support to strategic objective 3**	
Indicators	**Baseline**	**Objective**
Percentage of child diseases case properly managed in an integrated way at the Basic Health Centers (CSB)	N/A	75%
Percentage of target CSBs having health workers mastering IMCI (health facility survey)	N/A	80%
Percentage of target CSBs and hospitals having emergency RH kits	N/A	80%
Rate of C-sections and management of obstetrical complications		

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Provision of medical materials and equipment needed for adequate management (EONC, safe motherhood, MTCTP, medical management of sexual violence, clinical IMCI, and medical management of SAM)	IPC 3 and 4 zones	Number of health facilities equipped	193 CSBs 3 CHRRs 6 CHD2s	38 CSBs 1 CHRR 2 CHD2s (80%)	1,800,000	1,350,000
• Recruitment and contracting of 140 paramedics for 140 CSBs and 1 CHRRs in Androy to ensure availability of services under the facility-based and outreach strategies		Number of contracted staff	140	0	280,000	280,000
• Capacity-building on severe cases management for service providers		% of service providers updated		0	50,000	50,000

Objective 3 of the cluster: A responsive health emergency surveillance and response system is operational in each target district	**Support to strategic objective 4**	
Indicators	**Baseline**	**Objective**
Rate of timeliness of weekly diseases surveillance reports	40%	70%
Rate of completeness of weekly diseases surveillance reports	50%	80%
Fatality rate during an epidemics episode	30%	<5%

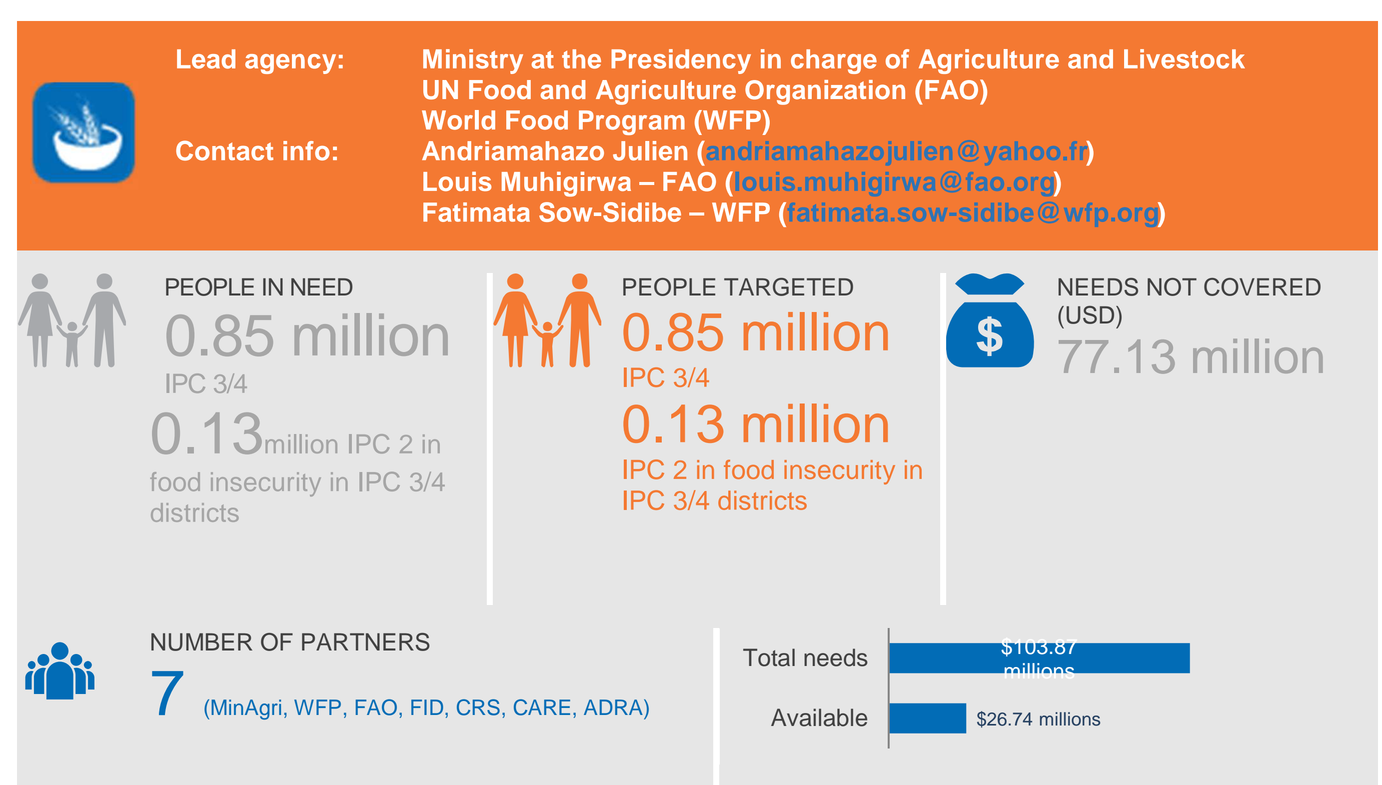
Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Provision of surveillance structures with electronic tools to communicate surveillance data	8 target HDs	CSBs equipped with electronic tools	193 CSBs 3 CHRRs 6 CHDs 8 EMADs 3 EMARs	70 CSBs 1 CHRR 5 CHDs 6 EMADs 2 EMARs	77,000	49 000
• Networking of surveillance structures (including upgrading)	8 target HDs	% of CSBs covered by the surveillance network	193 CSBs 3 CHRRs 6 CHDs 8 EMADs	70 CSBs 1 CHRR 5 CHDs 6 EMADs 2 EMARs	20 000	20 000

		3 EMARs				

Objective 4 of the cluster: Ensure coordination of health interventions and monitoring & evaluation of activities	**Support to strategic objective 4**	
Indicators	**Baseline**	**Objective**
% of health facilities benefiting from at least one integrated formative supervision visit	N/A	50%
Field coordination operational	1	1

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Set up an operational coordination system for the cluster in the field	Ambovombe	Health sub-offices operational	1	1	150,000	150 000
• Ensure reinforced supervision	8 target HDs	Number of supervision visits completed	1	1 p 10	50,000	50,000
• Conduct a final evaluation of health status and interventions	8 HDs	Number of evaluations completed	1	0	20,000	20,000

FOOD SECURITY AND LIVELIHOODS



The Grand Sud had already been suffering from the consequences of two years of drought prior to the occurrence of the El Niño phenomenon, a situation compounded by structural factors such as dire lack of access to basic social services. In the three southern regions, the 2015/2016 farming season was much affected by a dry spell compounded by the El Niño phenomenon. In the most affected districts, food crop production (maize, cassava, and rice) significantly decreased by as much as 50 to 95% compared with the last five years. Intense and protracted drought also resulted in

a decrease in the availability of grazing land and water, which in turn caused a decrease in animal productivity, loss of cattle, and outbreaks of animal diseases, ultimately reducing the income of animal-farming households. Households' livelihoods and food security gradually deteriorated, pushing households towards repeated decapitalization and adverse coping strategies.

More than half of the population in the most affected districts, such as Tsihombe, Beloha, Amboasary Sud, and the four communes of Taolagnaro surveyed, have poor food consumption. The less affected districts such as Ambovombe, Ampanihy, Bekily, Betioky and the commune of Bekily in the district of Toliara are not immune from these difficulties. According to observations, staple food stocks are at a very low level at only 0 to 3 months of consumption though the main harvests occurred just a few months ago in May/June. Thus, the lean season started early in 2016/2017, will last longer and will be more difficult to go through for households that are already in chronic poverty, have poor access to water and sanitation and to healthcare at health facilities, and are faced with chronic malnutrition.

Though food assistance has allowed for reducing by 90,000 the number of individuals suffering from severe food insecurity in April and July 2016, the total number of people in food assistance has sharply increased over the last months due to the degradation of the situation of those households that were previously in margin food security. The lack of financial resources has had considerable impact on the coverage and duration of the humanitarian assistance being provided.

Under the IPC analysis, from October to December 2016, three districts (Tsihombe, Beloha, Amboasary Sud) as well as four communes in the district of Taolagnaro (Ranopiso, Analapatsy, Andranobory, Ankariera) were classified as in Emergency (IPC 4) and four districts (Betioky, Bekily, Ambovombe and Ampanihy) as well as the commune of Beheloka in the district of Toliara II were classified as in Crisis (IPC 3). The situation is especially critical in the districts of Tsihombe and Beloha.

Overall, in the geographical zone considered, 20% of the population (i.e. 335,000 individuals) are in an Emergency phase (IPC 4); 31% (i.e. 515 individuals) are classified as in Crisis (IPC 3); and 32% (i.e. 530,000 individuals) are classified as in Stress (IPC 2).

The response plan of the "food security and livelihoods" sector aims to provide immediate food assistance and support for the restoration of livelihoods to 978,000 individuals, distributed in the IPC 4 and 3 (850,000) and IPC 2 (128,000), living in the most affected districts (districts in IPC 4: Tsihombe, Beloha, Amboasary and the four communes in the district of Taolagnaro). These districts being in severe food insecurity, they are at high risk of sinking into IPC 3 or even 4 without appropriate assistance from November 2016 to March 2016, when the lean season is at its highest.

Immediate restoration of livelihoods by farming revival and support to the diversification of income sources (short-cycle farming, fishing, crafts) becomes one of the priorities to reduce households' vulnerability. About 170,000 households will benefit of support to livelihoods.

According to current weather forecast, rainfall may be late in the South (December 2016 -January 2017), which will delay the first harvests. However, rainfall forecasts starting in December are rather good. To better coordinate and ensure transition between humanitarian assistance and recovery, those households that are in the most difficult situation will be supported until June 2017.

Objective 1 of the cluster: Ensure adequate food consumption for a period of 8 months (November 2016 to June 2017)[14]					**Support to strategic objective 2**	
Indicators					**Baseline**	**Objective**
Percentage of households having a low and limited food consumption score					75%	<15%
Survival strategy index of target households					26.42	<26.42
Activities	**Location**	**Indicators**	**Baseline**	**Objective**	**Total budget (USD)**	**Budget not covered (USD)**
• Non conditional food assistance in the form of Food/Cash from November 2016 to January 2017	IPC 3 & 4 zones			195,600 households	38.461.500	WFP: 10,643,440 ADRA: 2,998,734 FID/ 4,800,000
• Non conditional food assistance in the form of Food/Cash from February to	IPC 3 & 4 zones			47,800 households	15,917,400	

[14]This activity will continue until June 2017 in anticipation of the delays in the first harvest due to the late rainy season in 2016-2017.

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
June 2017 for households without hand labor						CARE: 894,653 CRS: 3,287,729
• Conditional food assistance in the form of Food/Cash from February to June 2017	IPC 3 & 4 zones			122,200 households	27.450.000	
Sub-total for food assistance				**195,600 households**	**81.828.900**	**59.204.344**

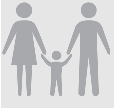
Objective 2 of the cluster: Support the protection and restoration of livelihoods for at least 170,000 households in Emergency and Crisis (IPC)	**Support to strategic objective 2**	
Indicators	**Baseline**	**Objective**
Number of households benefitting from support for livelihoods restoration		170.000

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Recapitalization of the most affected animal-farmers and strengthening animal health	IPC 3 & 4 zones			59,500 households	2,082,500	1,582,500
• Farming revival: technical support, making available inputs and innovative materials suited to the local context: micro-irrigation	IPC 3 & 4 zones			85,000 households	4,250,000	1,281,060
• Seeds multiplication	IPC 3 & 4 zones			17,000 households	1,700,000	1,400,000
• Setting up/ strengthening fishing activities as alternative activities: professional support and inputs	IPC 3 & 4 zones			25,500 households	892,500	892,500
• Promotion of innovative techniques in climate-smart agriculture and farming revival	IPC 3 & 4 zones			164,000 households	13,120,000	10,770,000
Sub-total for livelihoods protection and restoration				**170,000 households**	**22,045,000**	**17,926,060**

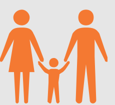
COORDINATION, INFORMATION MANAGEMENT, AND EARLY WARNING SYSTEM

Lead agency: **National Risk and Disaster Management Office (BNGRC)**
UN Office for Coordination of Humanitarian Affairs (UNOCHA)

Contact info: **Cdt Aritiana Faly - BNGRC (aritiana23@gmail.com)**
Rakotoson Rija – UNOCHA (rakotoson@un.org)

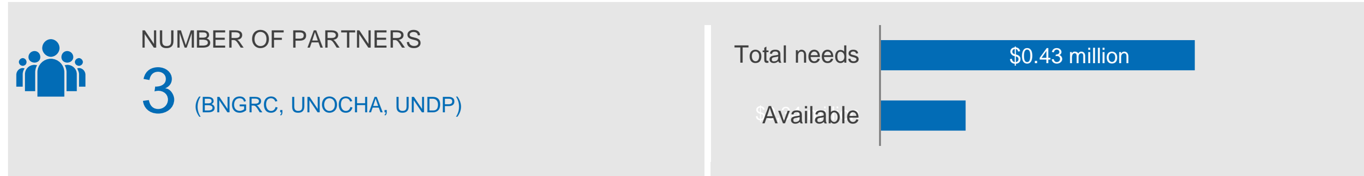


PEOPLE IN NEED
0.85 million



PEOPLE TARGETED
0.85 million

NEEDS NOT COVERED (USD)
0.32 million



The main objective is to support coordination at the decentralized level to improve the humanitarian response in the Grand Sud in the following fields: coordination, information management, monitoring and evaluation of the response, and revival of the early warning system.

There is a need to ensure stronger coordination and better and ongoing monitoring and evaluation of the response provided given the nature and scale of the current crisis (spreading over an area of about 100,000km²), the difficulties to obtain information from the field even out of crisis times, and the large number of humanitarian actors (more than thirty) operating in the Grand Sud.

This initiative will allow for providing a response that is more consistent in the field and for detecting in real time potential deficiencies in the humanitarian response and will foster appropriate redistribution of activities in the most crucial sectors. Coordination and information management cover the entire affected zone and will focus on the priority targets included in the overall response plan in the eight districts of the Grand Sud.

UNOCHA and UNDP are supporting BNGRC in setting up a disaster management office in the affected zone in order to meet daily needs for response coordination and information management, which currently are currently totally lacking in field. These actions will target specifically all humanitarian actors: national and local authorities, donors, leaders in the crisis-affected communities, NGOs, medias, etc. Reports and other documents pertaining to the crisis will address gender and protection issues.

The effective presence of BNGRC in the field and the availability of resources to ensure its role will guarantee the success of the response over its entire duration. One challenge remains, that is the training of the center's staffing to properly ensure information management and coordination in an acute crisis phase: they need immediate support and strong technical support to ensure all the duties falling to them.

One of the duties is decentralized coordination that will revolve around three major aspects:

- inter-sectoral coordination in support to sectoral coordination of the response;
- information management (which will require acquisition of IT materials and supplies) to produce the documents required for the response;
- capacity-building on the previous two aspects as well as support to operationalizing the early warning system.

At the operational level, their implementation will call for ongoing presence of BNGRC in the field as well as technical support upon opening the center to rapidly build the staff's technical capacity. OCHA will also have to organize timely support missions.

Objective 1 of the cluster: Support decentralized coordination for effective humanitarian response in the Grand Sud: coordination, information management, monitoring and evaluation of the response	**Support to strategic objective 1, 2, 3, 4 and 5**	
Indicators	**Baseline**	**Objective**
Monthly monitoring dashboard	0	1
Weekly intersectoral coordination meeting held in the field		
Setting up of a BNGRC office in the affected regions and districts	1	8

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Setting up of a BNGRC office in the affected regions and districts, including a crisis management operations center	Ambovombe and 7 districts		1	8	118,000	0
• Capacity-building for the field coordination staff through training and timely support visits		Number of support visits	0	3	4,500	4,500
• Secondment of temporary support staff	Ambovombe and 7 districts		0	1	8,900	8,900

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Activation of the logistics sectoral group co-chaired by BNGRC and WFP to support the operationalization of the response and coordinate logistic support	8 districts	Staff trained to hold logistic coordination meeting		8	10,000	10,000

Objective 2 of the cluster: Regularly collect, process, analyze, and disseminate information to allow for rapid operational decision-making at the local level and strategic decision-making at the national level	**Support to strategic objective 1, 2, 3, 4 and 5**	
Indicators	**Baseline**	**Objective**
Situation and analysis report produced and disseminated on a monthly basis	0	1 per month
Current historic database and database on response underway centralized and filed	20% available	80% available
Early warning system set up and operational	0	1

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Training on information management in emegency and on operations center management	Ambovombe		0	1	5.000	5.000
• Regular collection, processing, analysis and dissemination of data	Grand Sud			Ongoing	N/A	N/A
• Implementation of all the steps planned for the restarting the new early warning system (EWS)	Grand Sud	EWS in place	0	1	270.000	270.000
• Two joint monitoring visits and multisectoral evaluations during the response phase	Grand Sud		0	2	20.000	20.000

Objective 3 of the cluster: Develop and implement a communication strategy to enhance the visibility of the crisis in support of resources mobilization and in order to better inform communities	**Support to strategic objective 1, 2, 3, 4 and 5**	
Indicators	**Baseline**	**Objective**
Communication strategy document developed	0	1
Joint press conference or release completed every two months	0	3
Joint field visits of high-level officials in the Grand Sud	0	1

Activities	Location	Indicators	Baseline	Objective	Total budget (USD)	Budget not covered (USD)
• Development of a communication strategy for the crisis			0	1	500	500
• Joint press conference held (or press release published)			0	3	1,000	1,000
• Joint visit by high-level officials			0	1	5,000	5,000

Table: Coverage per location

Region	District	Organizations directly involved in plan implementation	Organizations that are potential implementation partners	Total number
Androy	Ambovombe	BNGRC, MPPSPF, MinAgri, MoE, MoH, ORN PNNC, FID, ADRA, Caritas M/car, FAO, WFP, WHO, UNFPA, UNICEF, UNDP	GRET, VAM, PNNC PECMAM, Africa Muslim Agency,	
	Beloha	MPPSPF, MinAgri, MoE, MoH, ORN PNNC, FID,CRS, FAO, MSDLCP, WFP, WHO, UNFPA, UNICEF,	FITAMI, GRET, LOVASOA, MIARO, PECMEME, TSI-MI, CTAS	
	Bekily	MPPSPF, MinAgri, MoE, MoH, ORN PNNC, FID, ADRA, CRS, FAO, WFP, WHO, UNFPA, UNICEF	AIM, GRET, CTAS, MANAO, MADR ,	
	Tsihombe	MPPSPF, MinAgri, MoE, MoH, ORN PNNC, FID,CRS, FAO, MSDLCP, WFP, UNFPA, UNICEF, WHO, AGEX ECAR	Ampelamitraoka, CAC Havelontika, GRET, CTAS, MIARO, GRET,	
Anosy	Amboasary	MPPSPF, MinAgri, MoE, MoH, ORN PNNC, FID, Caritas M/car, FAO, WFP, ACF, CARE, UNICEF, WHO	BON EVENIR, AVSF, CRM, AECDI	
	Taolagnaro	MPPSPF, MinAgri, MoE, MoH, ORN, FID, FAO, UNICEF, WFP, WHO	ASOS	
Atsimo Andrefana	Ampanihy	MPPSPF, MinAgri, MoE, MoH, ORN, FID, ADRA, WFP, WHO, UNFPA, ACF, UNICEF	AVSF, CDD, AIM, FIHAMY, Hiara Hampandroso, Land o lakes, Mahafaly Mandroso,	
	Betioky	MPPSPF, MinAgri, MoE, MoH, ORN, FID, ACF, ADRA, FAO, FID, WFP, WHO, UNFPA, UNICEF	AVSF, CDD, AIM, DREL, FIHAMY, Land O lakes, TAMAFA, Tany Maitso	

ACRONYMS

ACF	*Action Contre la Faim*
ADRA	Adventist Development and Relief Agency
ASOS	*Action Socio-Sanitaire Organisation de Secours*
BEONC	Basic Emergency Obstetrical and Neonatal Care
BNGRC	National Disaster and Risk Management Office
CARE	Cooperation and Relief Everywhere
CEONC	Complete Emergency Obstetrical and Neonatal Care
CERF	Central Emergency Response Fund
CHD	District Hospital Center
CHRR	Regional Reference Hospital Center
CHW	Community Health Worker
CISCO	Educational district
CNW	Community Nutrition Worker
CPN	Child Protection Networks
CRENA	Ambulatory nutritional rehabilitation center
CRENI	Intensive nutritional rehabilitation center
CRS	Catholic Relief Services
CSB	Basic health center
DRDR	Regional directorate of rural development
ECHO	European Commission Humanitarian Aid Office
EWS	Early Warning System
FAO	Food and Agriculture Organization
FID	Development intervention fund
GAM	Global Acute Malnutrition
GEOGLAM	Group on Earth Observations Global Agricultural Monitoring Initiative
HCT	Humanitarian Country Team
HD	Health District
HH	*Hiara-Handroso*
HID	Human Development Index
IASC	Inter-Agency Standing Committee
INSTAT	National statistics agency
IPC	Integrated Phase Classification
JMP	Joint Monitoring Program
KG	Kilogram
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goals
MDM	*Médecins du Monde*
MFI	Moderate Food Insecurity
MID	Ministry of Interior and Decentralization
MinAgri	Ministry of Agriculture
MoE	Ministry of National Education
MoH	Ministry of Health
MPPSPF	Ministry of Population, Social Protection, and Women's Promotion
MSF	Doctors without Borders
ONN	National Nutrition Office
ORN	Regional Nutrition Office
RTUF	Ready-To-Use Food (plumpy nuts, BP5)
SAM	Severe Acute Malnutrition
SFI	Severe Food Insecurity
SNUT	Nutrition Unit
SURECA	Emergency and disaster response unit
UNCT	United Nations Country Team
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USA	United States of America
USD	US Dollar
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization
YCFN	Young Child Feeding and Nutrition