UNICEF’s Response and Funding Status

<table>
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<tr>
<th>Area</th>
<th>Target</th>
<th>Funded</th>
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<tr>
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<td>Households receiving</td>
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Highlights:

- Inter Phase Classification for Acute Food Insecurity and Acute Malnutrition showed that 1.06 million people are currently in acute food insecurity which will increase up to 1.35 million between January and April. As a result, an estimated 135,476 children aged 6 to 59 months will be suffering from acute malnutrition (27,137 severe and 108,339 moderate cases).
- This abnormal situation is reflected in the 20,551 children with severe acute malnutrition admitted in health facilities for treatment which is equivalent to 128% of annual target between January and November 2020.
- UNICEF Madagascar focuses on disaster risk reduction to build resilience in addition to responding to the most immediate needs via a multisectoral approach.
- As of September 2020, the number of new COVID19 cases having reduces very substantially, this gave an opportunity to concentrate at boosting the PHC (Primary Health Care) and vaccination services. As such, the Health, Nutrition and C4D sections started strengthening PHC in 49 districts with an integrated and comprehensive package of services that shall reach some 1.9 million children over the period September to March 2021.
- During the flood, the drought and the COVID-19 pandemic in 2020, UNICEF provided effective WASH responses to 2,069,204 people by ensuring they have access hygiene promotion and supplies (specially soap and handwashing, campaign and disinfection to support public places and transport etc.), drinking water (924,202 people from the total above), basic sanitation facilities (7,148 people from the total above). When compared to the entire cluster response, the UNICEF own contribution is estimated at around 70% including 50% to the total available funds mobilized for the sector. The Effectiveness of responses provided by the WASH cluster during COVID-19 crisis helped to raise the WASH sector profile.
- In education, UNICEF’s response has focused on disaster risk reduction (DRR) and, as a response to the COVID-19 pandemic, developing a strategic response that fosters continuation of learning, return to school, sanitary measures and an opportunity to catch-up on learning. Catch-up opportunities, distance learning and distribution of self-learning materials were implemented nation-wide.
- The Cash Working Group (CWG) has been activated to coordinate the response to the early onset of the lean season in the south and to COVID-19. The CWG is planning the response. World Food Program (WFP) and the World Bank (WB) are the major contributors to emergency social assistance as UNICEF’S Social Protection appeal remains unfunded. For the COVID-19 response, the Cash Working Group, co-led by UNICEF, has created a new emergency social assistance programme in urban and peri-urban areas to provide much needed cash to reach over 345,000 families.
Funding Overview and Partnerships
To cover potential emergencies in 2020, UNICEF Madagascar launched a US$ 7.62 million appeal to meet the most urgent humanitarian needs of children and women. As of 31 December, 89 per cent had been received — mostly from CERF mechanism, ECHO and USAID (United States Agency for International Development).
UNICEF calls on donors to provide flexible and timely support for ongoing humanitarian responses in the sectors of health, nutrition, education, shock-responsive social protection and social policy, child protection, water, sanitation and hygiene sectors (WASH), and communication for development (C4D).

Situation Overview & Humanitarian Needs

Drought
Results from the Inter-Phase Classification (IPC) Acute Food Insecurity (AFI) and Acute Malnutrition (AMN) showed impact of the prevailing drought situation on the population. Between October 2020 and April 2021, people in stressed food insecurity situation will decrease from 1,654,178 to 1,617,677 as there will be a shift toward incrementing people in food insecurity crisis from 858,496 to 1,067,021 and those in food insecurity emergency from 204,216 to 281,748. In terms of geographic dispersion, districts in stressed a situation will decreased from 2 to 1 with a shift from 6 to 7 districts in food insecurity crisis and from 1 to 2 districts in food insecurity emergency.

A similar degradation is foreseen for acute malnutrition between October 2020 and April 2021 with an estimated 135,476 children aged 6 to 59 months suffering from acute malnutrition, including 108,339 moderate cases and 27,137 severe cases.
Quarter four screenings are on-going to document the fastly deteriorating situation to ensure that acute malnutrition “hot spots” can be identified and attended to with mobile team in collaboration with Action Against Hunger.

Between January and November 2020, a total of 20,551 children (128% of expected caseload) with severe acute malnutrition were admitted in health facilities (100 per cent of 9 hospitals and 277 health centres in southern districts). Overall care performance is within international humanitarian standards with 89 per cent recovery and 0.8 per cent mortality rates (90 per cent reporting rate). The following graph shows admissions trends from 2017 to 2020 over 9 Southern districts between January and December. An abnormal increase in case admissions is observed starting in September over the 9 districts and mainly over the two districts (Amboasary in Anosy Region and Bekily in Androy Region) which are foreseen to remain or switch to food insecurity emergency between January and April which may lead to further increase in acute malnutrition if food security sector response is insufficient. A similar situation may be seen also in other districts.

COVID-19
From early March, the government supported by the Humanitarian Country Team is in full mobilization with the implementation of the Contingency and the Response Plan on COVID-19. After the peak of mid-July to mid-August, the national trend of cases has been on a downswing leaving the largest concentration of new cases in Analamanga and Atsinanana. The overall tendency remains at a low community transmission rate even though some local transmission shows some peaks such as in Diego Soares where 60 students were tested positive of which only two had symptoms. There is currently no sign of an increase in the number of cases. Still some regions that have been little affected by the pandemic could present a risk. UNICEF and other partners keep staying alert to respond in case of sudden resurgence of cases. Of important note, the country has delayed its acceptance for the COVID vaccines, awaiting to see what the overall worldwide results of the vaccination are elsewhere to take a decision.
Cyclones
UNICEF has been supporting the National Office for Risk and Disaster Management (BNGRC) in the follow-up of weather forecast and cyclonic season preparation. Already a tropical storm CHALANE reached North Eastern Madagascar on December 27th. The BNGRC and partners were ready to respond as needed with prepositioned items such as WASH and health supplies (soap, chlorine tablets, essential drugs, etc.). Chalane’s intensity was low.

Summary Analysis of Programme Response

Nutrition

Drought

Although, treatment of severe acute malnutrition is on-going in 100% of health facilities in targeted IPC districts, it was scaled-up in Atsimo Andrefana Region from 298 health centres and 9 districts hospitals over 16 districts to 405 health centres and 16 hospitals (15 districts and one university hospital centre) to reach a 100% geographic coverage in terms of health facilities in all three regions of Southern Madagascar. A total of 130 health staff from health facilities and district management teams were trained to offer this service by 22 trained facilitators.

Community exhaustive mass screening for quarter four 2020 are planned in all 16 districts in the three Southern Regions. This will be completed with the support of more than 5,240 trained community workers (940 newly trained during in-line with treatment scale-up in Atsimo Andrefana Region and 4,300 already trained community workers in other districts/regions). Results will be shared in January 2021. Parents mid-upper arm circumference (MUAC) training for early screening of acute malnutrition will resume in 202 as well as scale-up of Infant and Young Child Feeding counselling in health centres and in nutrition community sites in three districts.

The SMART Nutrition and Food Security survey used to document the IPC analysis integrated also a service quality and bottleneck analysis of nutrition services offered to the population in Southern Madagascar. A household level assessment was done capturing caretakers’ feedback on nutrition services received in health facilities and nutrition community sites (IYCF counselling, prenatal consultation, micronutrients supplementation and mother’s awareness on optimal nutrition practices), including anthropometric information of children under five years old. A service provision assessment at health centres and community nutrition sites levels to appreciate quality of nutrition services delivery and assess bottlenecks according to the current protocol/guidelines (CMAM
services, cooking demonstration using local and available products, home visit, training on parenting skills and early childhood interventions. Data are currently being analysed and results will be validated through a participative approach with local authorities in January 2021 and disseminated afterwards.

UNICEF procured and distributed 26,250 cartons of Ready-to-Use Therapeutic Food and 513 cartons of therapeutic milk during the year and strengthened the capacity of 171 health workers in IYCF and Severe Acute Malnutrition management in 6 districts. Supply distribution for 2021 quarter one is on-going.

COVID-19
In urban and peri-urban clusters affected by COVID-19, UNICEF supported the Government for the treatment of children with severe acute malnutrition in 108 health centres across eight regions as well as with the procurement and distribution of 14,920 facial masks to be used during community screening. The ONN received from UNICEF 1,614 facial masks, 4,848 bars of soap and 404 no-contact hand washing devices for distribution in 404 nutrition community sites. Multi-cluster linkages were strengthened with health, wash and social protection to ensure the continuation of essential nutrition services with appropriate Infection Prevention and Control (IPC) measures.

UNICEF supported the Ministry of Health transporting vitamin A supplements to all 114 districts of Madagascar along with communication material to increase the coverage of this essential child survival service. It will enhance the protection of more than 4.3 million children 6-59 months against excess mortality due to common childhood diseases with two high doses of vitamin A over a one-year period.

Health

COVID-19

UNICEF has stimulated and maintained dialogue for better coordination of responses at different levels, be it political, strategic, technical and managerial. UNICEF contributed mostly to intensive care preparedness through training (152 health worker in anaesthesia reanimation, 97 in paediatric and 598 IPC) and equipping key specialists, ensuring oxygen supplies, boosting the PPE stocks and also contributed to expand testing capacity through the purchase of reagents for COVID testing (12,000 GeneXpert test and 2500 TaqPath/PCR). Oxygen supply has been ensured in all regions affected by the COVID-19 through 31 intensive care centres. A total of 9,276 patients have benefitted from specialized care with oxygen therapy in intensive care centres. After having provided close to 67,713 m³ of oxygen and as of end of October, having followed the decreasing trend for oxygen therapy administered to severe patients close to normal (see graph below), UNICEF was able to hand-over its support to the MOH. Still some support was provided here and there as per specific request. UNICEF was also able to launch a discussion between the MOH and the WB for mobilizing funds for refurbishing of the national oxygen therapy in the 22 regions. We hope this contract will materialize to ensure regular oxygen provision in all regions.

A public-private partnership between UNICEF and the National Order of Medical Doctors in Madagascar proved very effective as 162,446 consultations were realized in over 151 private health facilities, identifying 9,066 suspected COVID-19 cases of which 7,106 cases were taken care of at their level and 1,682 referred to higher level of health care.

In addition, to counter-act the downtrend in overall PHC coverages, UNICEF mobilized 1.7 million dollars to strengthen PHC services in 49 priority districts, including vaccination and nutrition approaches. As such, an integrated package of care and support at health
facility level facilitating also mobile brigades to increase the offer of services was coupled with increasing awareness, education and mobilisation in the communities to stimulate the demand side. This support started in September and preliminary data analysis shows positive increase in coverages for several indicators such as: vaccination, ANC (Antenatal care), and deworming.

**Drought**
UNICEF continues to support the country in emergency health response for the most vulnerable population in the South. UNICEF and the MoH have provided access to health care and treatment for childhood diseases and ensure immunization to the population in remote communities. UNICEF and the MoH also supported health workers and community health workers (CHWs) by providing inputs, medicines and health equipment for continuous availability of services to children and to strengthen community surveillance of vaccine-preventable diseases and maternal and newborn deaths through the SMS monitoring platform for community health workers. To ensure coverage for those affected by the drought, drugs and equipment were distributed to 167 health centers and CHWs in 6 districts of 2 regions; as of end of May, 189,000 cases of illness in children under 5 were treated.
With the support from UNICEF, SURECA (Department of Emergency and Response to Epidemics and Disasters) will boost the offer of PHC services to remote communities by implementing 12 mobile clinics teams in 8 most affected Districts (Taoagnaro, Amboasary, Ambolombe, Tshombe, Beloha, Bekily, Ampanihy et Betioky) to provide access to health care and treatment for childhood diseases and to ensure immunization to the population in remote communities. This shall start in January 2021 for at least three months.

**Malaria**
A malaria epidemic was observed in several regions of Madagascar during the first half of the year and particularly in the southern regions. UNICEF supported three regions, eight districts and 189 health centers with Rapid Diagnostic Testing (RDT) and drugs for the screening and management of malaria cases at health facilities and CHWs. This support contributed to the care of 117,267 cases of malaria.
In October, regarding the increase in the number of malaria cases in the South, a batch of 18,000 LLINs, 21,250 RDTs (Rapid Diagnostic Testing) and 21,125 doses of ACT (Artemisinin based combination therapy) was sent to the 9 Districts (Taoagnaro, Amboasary, Betroka, Ambolombe, Tshombe, Beloha, Bekily, Ampanihy et Betioky). This was complementary to the efforts of the malaria control Programme itself supported by GF for malaria and PMI on malaria.

**WASH**

**Drought:**
National WASH-Nutrition strategy has been developed in collaboration with National office for Nutrition, the Ministry of WASH and the Ministry of Public Health involving stakeholders working in WASH or in Nutrition. Intervention logic based on scientific evidence and tailored to the context of Madagascar has been developed to identify examples of interventions relevant to the country. In the same time, a study was carried out to analyse the links between malnutrition and environmental factors based on MICS 2018 Madagascar survey data.

Fifteen electro-chlorinators have been installed for Infection Prevention and Control activities to support the WASH and Nutrition response to drought since September 2019. For this year, seven health centres in the South of Madagascar Ambolombe, Bekily, Fotadrevo, Lazarivo, Androy, Andilova, and Bezaha. And other four chlorinators have been installed to supplement the COVID-19 response in four hospitals of Toamasina and Antananarivo, the epicentres of the pandemic for the last 6 months, these health centres and hospitals are namely Andohatapenaka, Ambohisoa Tana, Ankirihiry and Tanambao Toamasina. The provision of these materials considerably helped health establishments to improve hygiene conditions and health services, especially for children screened with severe acute malnutrition and COVID-19 patients. More than 3,000 liters of chlorine solution (with 0.5%) provided since the beginning of Covid-19 crisis.

Communities in Anosy, Androy and Atsimo Andrefana regions were assisted to cope with drought through improving access to water, sanitation and hygiene facilities. For instance, in southern region of Androy, water trucks that were in possession of the local government were mobilized by the governor to transport water to the most affected municipalities.

Since November 2020, our NGO partner MEDAIR has started community assistance activities in the South to cope with the drought while preventing the spread of the coronavirus. 217 hygienists from 78 health centers have been trained to ensure the quality of WASH service, compliance with hygiene measures in health centers which take care of severely malnourished children.

**Floods**
From the 148,678 people covered by the cluster, nearly 124,204 of them (approx. 24,840 households) including 62,100 children were assisted by UNICEF through improving access to safe water and provision of supplies for hygiene promotion. This result was achieved thanks to the activation of two stand-by Program Cooperation Agreements (PCAs) within UNICEF and NGOs (MEDAIR
and SAHI) to implement WASH responses in four districts of Amparafaravola, Mampikony, Maevatanana and Port Berger. Hygiene kits and supplies have also been distributed and in total more than 35 tons of soap, 18,000 buckets/jerrycan, and 5,000 box of Water floc/disinfectant were provided. In cooperation with the BNGRC and Regional Directorate in charge of water in the region of Boeny, the first batch of WASH supplies was also sent as immediate responses to cover the needs of 250 families in Mampikony, 250 households in Mitsinjo and 250 in Mahajamba. So far, 6 WASH cluster meetings at national level were convened to coordinate WASH responses to floods crisis among all WASH cluster partners.

COVID-19:

Since March 2020, 1,600,000 people were reached by UNICEF with critical WASH supplies (including hygiene items) and almost 800,000 people improved access to Water with UNICEF Support. Over 4 million people were reached with COVID-19 risk communication and community engagement (RCCE). UNICEF had played a key role in the coordination to mobilize actors in accelerating WASH response in all 22 regions of the country reaching around 2,1 million people with critical WASH supplies (including hygiene items). 830,000 people have access to improved water supply and over 19 million people were reached with COVID-19 RCCE. The UNICEF own contribution to this cluster result was estimated at around 80% including 50% to the total available funds mobilized. UNICEF led the situation analysis with the support from the Global WASH cluster. Data is collected weekly (SW) through more than 40 WASH partners. Data and maps are accessible: https://www.humanitarianresponse.info/en/operations/madagascar/water-sanitation-hygiene.

- **Infection Prevention and Control (IPC)**: Preparedness activities were carried out during the end of the first quarter while the response activities proper started from the second quarter. In the 9 cities identified by the government as potential entry points, WASH needs assessments have been carried out in 15 health centers, hospitals and airports. Also, prepositioning stock including disinfection equipment, handwashing devices, soap and a water tank were sent to these 9 entry points. Also, as part of preparedness activities, supply order has been processed to support needs in health centers and schools. In terms of Infection prevention and control (IPC), training modules were developed and shared with WASH partners and Health sector. As part of response activities, IPC WASH was being implemented in seven hospitals conducting COVID-19 treatment and more than 55 health centers. To date, more than 1,000 clinical and non-clinical staff have been trained on IPC in 6 regions and provided with personal protective equipment through our partnership with Ministry of Public Health, Action Contre la Faim (ACF), MEDAIR. Specific awareness tools have been designed and distributed in more than 400 health centers. For IPC in other public spaces: Disinfection and support of barrier measures are carried out in public places such as regular disinfection of public transport, parking places, marketplaces, buildings of administrative offices, social centers and prison houses. Handwashing devices with soap have also been installed in these locations.

- **WASH supply**: In terms of the supply of pre-positioning materials, items from more than 12 regions have been mobilized and replenished to enable local prevention or response operations to be carried out. 8,600 handwashing, 92 tons of soap, 8,5 tons of HTH, 1,000 sprayers, 20,000 liters of hydroalcoholic gel, 21,000 masks, 3,000 PPE, 35,000 flyers and posters has been procured.

- **Access to water**: In the 2 mains affected cities (Antananarivo and Toamasina), to prevent water shortages in critical areas the national distribution company for Water and Electricity has been supported with 10 water tanks (10m3). 3 water trucks are procured to increase water capacity distribution. Also to improve access to drinking water and hygiene for the most vulnerable, a major campaign was launched for three months in main cities with highest number of COVID-19 cases through the supply of drinking water at a subsidized rate of 20 Ariary for the 20-liter in Antananarivo and 50 Ariary in Toamasina reaching 600,000 vulnerable people using the 2,000 standpipes and also supported with 2,000 handwashing devices with soap at the water points. This operation is currently included in the response plan to COVID-19 not only for the city of Antananarivo and Toamasina, the main centers of the epidemic but also for other cities where COVID-19 cases rises such as Mahajanga, Toliara, Ambovombe, Taolagnaro.
UNICEF’s education response in 2020 continues to focus on disaster risk reduction (DRR) and strengthening national capacity to respond to emergencies. This has proven to be particularly relevant as the COVID-19 pandemic created a world-wide crisis. The education section works in three complementary areas: (i) implementing the education strategy in emergencies relying on a map of vulnerabilities by region, so as to better tailor its response; (ii) improve preparedness, prevention and mitigation by continued support to the capacity for DRR (all hazards); (iii) prepositioning and delivery of stocks to schools affected by hazards. Responding to COVID-19 has involved close work with government counterparts in developing a strategic response for continuation of learning during the crisis, promoting the return to school, generalizing preventive sanitary measures (such as handwashing and using masks) and providing opportunities to catch up on learning.

Three cyclones affected 13 regions (37 CISCO “circonscription scolaire”, 320 schools) Madagascar in the first semester of 2020. These disrupted the access to education of 13,000 students. UNICEF supported half this number of pupils with school kits and temporary classrooms so they could continue their education during the emergency. At the close of the year the drought in the southern regions of Anosy, Androy and Atsimo Andrefana required a coordinated response from different sectors. Education will support schools by delivering 1,500 school kits.

Throughout the year, the COVID-19 pandemic has required a continued response to promote continued learning during confinement periods, create conditions for the return of children to schools and ensure that hygienic measures permeate the system. The implementation of actions to ensure the continuation of learning has also introduced initiatives that can be further developed for a more general development response in the future to reach the most marginalized children. UNICEF has supported the development of a national contingency plan, disseminated up-to-date information and provided technical support in the development of mechanisms to distance learning. On March 19, with the declaration of the state of emergency, schools closed affecting 7 million pupils and 244,000 teachers. Schools partially opened in April to accommodate pupils from grades that take examinations for certification (end of primary, end of lower secondary, end of secondary). Schools closed again on July 11 and partially opened again later that month. Examinations for primary and lower secondary took place in September and examinations for certification (end of primary, end of lower secondary, end of secondary). Schools closed again on July 11 and partially opened again later that month. Examinations for primary and lower secondary took place in September and examinations for higher secondary are expected to take place in October. Throughout the emergency, UNICEF has offered continuous support to the education system. UNICEF participated in the discussion on the response strategy and in procuring funding to respond to the emergency. In terms of ground level contributions, UNICEF:

- Distributed 120,000 school posters and 15,000 community posters with messages on sanitary practices to prevent contagion;
- Supported the Ministry of Education in broadcasting of radio and TV educational programme for grades CP1 (preparatory course level1) and CP2 (preparatory course level2);
- Distributed 636,000 self-learning guides to public schools;
- More than 137,000 disinfections of classroom conducted (some classrooms were disinfected more than once);
- Distributed 28,000 hand-washing devices;
- Scaling-up nation-wide the promotion of returning to school and up-scaling the CRAN (cours de remise a niveau) programme that provides an opportunity for catching up on learning.

The response to COVID19 delayed some of the planned activities that had been planned for prevention and resilience. As part of the response measure the government also announced there would be “zero-Ariary registration fees” for the new school cycle that started in October 2020. The latter announcement has promoted enrolment, but it carries a future risk of drop-out if measures are not taken to provide funding for non-government teachers and the necessary adaptations are made in schools to provide the necessary space for all pupils while respecting the hygiene guidelines.

The delayed activities mentioned before are now under way and include training of 345 of the 661 focal points responsible for preparing the response to the emergency season, collecting information on vulnerabilities in 9 of the 22 regions in the country, updating the emergency response manuals to include epidemics and pollution. To mitigate the risks associated to massive enrolment in response to “zero-Ariary registration fees”, USD 15,000,000 from GPE (Global Partnership Education) have been dedicated to fund school subsidies to pay for non-government schools. While this funding will provide some relief, the situation
will have to be monitored closely to prevent the increase in the rate of dropouts in 2021 and unsustainable pupil-to-teacher and pupil-to-classroom ratios.

During the response it has continued to be clear the need to a coordinated response that includes all sectors and organizations involved in the emergency response. Some challenges to reach schools in need persist and they emphasize the need to improve distribution (particularly from the location of regional and local governments to school), to develop end-user monitoring mechanisms, to produce live and reliable data and to identify flexible funding sources.

**Shock Responsive Social Protection and Social Policy**

**Drought**

As a lead for the Cash Working Group (CWG), UNICEF is coordinating the cash response to the drought in the South. The response is aligned with the national operation manual for Shock Responsive Social Protection elaborated by the CWG in 2019. So far, five organisations are involved in the harmonized cash response: FID (with WB and UNICEF funds), WFP, UNDP, Malagasy Red Cross and CRS. The drought cash response began in December 2020 and it is expected to provide monthly cash transfer of 80,000MGA per households until April 2021. The national social protection programme (FID) will expand horizontally and vertically to cover for the humanitarian needs and other actors (NGOs, UN) will align their operation with the parameters of the expanded national programme. The current CWG common planning is expected to cover for 35 communes in most affected districts for a total of about 600,000 individuals supported by cash (this corresponds to about 40% of the estimated 1.4 million individuals in needs of assistance between January and April supported with a cash modality). UNICEF will contribute financially to cover for about 2,800 households via the national social protection agency FID. develop the regular social protection programmes such as the FIAVOTA/TMDH and TMDH-LUL—continue to assure regular social assistance to vulnerable families and promote attendance to primary and secondary education.

**Flood and cyclones**

The CWG has not been very active in 2020 to respond to cyclones or floods. Preparatory activities were supposed to be conducted (national guidelines for cyclones response and MEB” Minimum Expenditure Basket” for regions most exposed to cyclones) but they have been delayed and postponed to 2021.

**COVID-19**

To address the socio-economic impact of COVID-19, the Cash Working Group with technical support from UNICEF, WFP and the WB, has developed a social protection strategy and programme, TOSIKA FAMENO (filling the gap) to provide temporary financial support to most vulnerable households affected by the partial lockdown of the economy, particularly in the informal sector. To date about 348,000 households (out of 368,000 now targeted) in 10 most affected cities (Antananarivo, Toamasina, Fianarantsoa, Moramanga, Ambatondrazaka, Fort Dauphin, Tulear, Manakara, Fenerive Est, Mahajanga) have received a first payment of 100,000 Ariary (26 US$/25 Euro), and 318,000 have received a second payment in December 2020. Second payments are planned to be finalized by January 2021 for all 368,000 households. The emergency social assistance provided seeks to support basic consumption and compensate for the loss of revenues of vulnerable families in the informal sector during the lockdown. UNICEF covered through its own regular resources about 8,500 households for a total budget of 500,000US$. Other development partners including the World Bank (through FID), WFP, UNDP, Action Contre la Faim, CARE, Humanity and Inclusion, SOS Village d’Enfants (through the European Union) and the Malagasy Red Cross (through the IFRC) contributed as well for an overall envelope of more than 15 million US$ to cover the operation.

In addition, UNICEF launched with the National Institute of Statistics a rapid socio-economic survey on the impacts of COVID-19 on children and women in the main towns in Madagascar. The results of the survey will be available in October. UNICEF also continues to support the government to leverage resources to prioritize social sectors and expand social safety nets programmes in response to COVID-19 and other emergencies.

**Child Protection**

In January 2020, the northern part of Madagascar was hit by heavy rains. UNICEF, in collaboration with local actors, took part in monitoring the situation of child protection in the affected districts. UNICEF provided support to child protection actors at national and regional levels in the planning and implementation of responses including psychosocial support to affected / displaced children, and the establishment of Child Friendly Spaces (CFS): 1,138 displaced children (552 boys and 586 girls, including 2 boys with disabilities) at six accommodation sites benefited from psychosocial care and support activities provided by social workers from the Regional Directorate in charge of child protection, the NGO SOS Children’s Villages and the Malagasy Red Cross. They benefited from the CFS (Child Friendly Space) kits prepositioned in this region. Currently, 10 CFS kits are prepositioned in six regions of Madagascar, ready to be sent to affected regions if necessary.

In partnership with the Ministry of Population, Social Protection and Women Empowerment, UNFPA and CRS, UNICEF launched in December 2020 a rapid assessment to evaluate the risk of violence against children (VAC), sexual and gender based violence (SGBV), sexual abuse and exploitation (SEA) in the three regions affected by the drought and the consequent nutritional emergency in the
South of Madagascar, namely Anosy, Atsimo Andrefana and Androy. The assessment was conducted in 16 towns across different districts.

**COVID-19**

In collaboration with the Ministry of Population, a technical guidance note in Malagasy on the role of para-social workers in the COVID-19 response has been developed and shared in the UNICEF priority regions of intervention as well as other regions with high numbers of COVID-19 cases. It contains a basic information on the virus and how it is spread and how it can be prevented, followed by detailed guidance on the provision of psycho-social support in healthcare, institutional and home settings as well as a guidance note on GBV and PSEA. An audio training based on this technical guide was recorded in the form of a radio drama and distributed by SD radio cards to para-social workers in UNICEF target regions, together with solar radios. To date, 418 (239 women) para-social workers have received these supports and benefited from coaching to implement it. They have received an individual protection kit to carry out psychosocial support actions safely.

Child protection actors have remarked an increase in children on the streets since the onset of the COVID-19 epidemic. In Antananarivo and Toamasina the two most affected cities at the outset of the epidemic, persons in street situations were confined in centres as part of lockdown measures. UNICEF supported the Ministry of Population, the Municipalities of Antananarivo and Toamasina and NGO partners to provide alternative care for unaccompanied children in these centres. In a total of 9 regions, UNICEF is supporting its partners to provide care for children in street situations without parental care (shelter, social and family reintegration support), child victims of violence (medical, psycho-social and legal support), and to provide community psycho-social support for children and families affected by COVID-19 (home visits, remote support, psycho-social support in school...). To date, 10,664 people including 8,429 children (4,979 girls, 19 handicapped) have benefited from this support.

UNICEF in collaboration with Grandir Dignement NGO partner support the efforts of the Ministry of Justice to prevent and respond to COVID-19 in prisons to facilitate screening of quarantined minors, set up quarantine areas, provide hygiene materials, protective and preventive materials and food support to the children’s quarters in prisons in high-prevalence regions. in addition to advocacy and technical support aiming to reduce the detention of children in conflict with the law during the epidemic (and in the future). 58 children girls (4 girls) in detention benefited from alternative measures to detention, supervised release, released or other services during the period of the pandemic.

**Communications for Development (C4D), Community Engagement & Accountability**

From January to June 2020, UNICEF reached 297,000 people with key lifesaving and behaviour change messages addressing measles, polio, plague, flood and cyclone. This represents 32,28% of the initial target for the year. Almost all key C4D in emergencies interventions were postponed or cancelled due to the COVID-19 epidemic. Challenges were related to time, availability of partners, availability of funds and access to the field (during the confinement period).

During the flood context in the beginning of the year, in close collaboration with the Ministry of Communication, national and local media broadcast interactive programs on safe practices on WASH, health and nutrition and on available social services. Based on the message guide, SMS broadcasting was also launched in 20 affected districts in collaboration with the BNGRC and with three national mobile phone operators. In addition, communication materials (posters, flipcharts, flyers) have been disseminated to key affected districts. UNICEF C4D, with the national Communication in emergencies platform, have also participated in the multisectoral rapid assessment for flood in three major affected areas. The result of this assessment helped to update the national communication plan for floods and cyclone. During the last quarter of the year, a prepositioning of communication materials (posters, flipcharts, …) is carried out in 16 high risk regions in preparation of the 2020-2021 season.

Besides, multi-channel communication interventions were carried out in 5 most affected districts by the plague contributing to the control of the outbreak for the 2019-2020 season.

Based on the available evidence, the communication and community engagement plan related to the drought in 3 regions of the south have been updated in collaboration with the BNGRC and the Communication in emergencies platform. The implementation of this communication plan aims to support clusters efforts in the response to the drought, mainly the WASH and Nutrition components.

**COVID-19**

The context of Covid-19 was an opportunity for UNICEF to assert its leadership in communication by supporting the national communication committee for the fight against major epidemics. Indeed, it was found that the joint work with all communication stakeholders (government actors, NGOs and civil society as well as UNS agencies) is more impactful and facilitates social advocacy and community mobilization.
In this line, C4D interventions had 4 main focus:

- **Coordination and monitoring**: UNICEF supported the Ministry of Public Health in the coordination and monitoring of COVID-19 communication, both at national and regional levels. A national risk communication and community engagement plan has been developed, adapted to the local context, and reoriented based on behavioural and communicational surveys carried out (quantitative and qualitative). All stakeholders refer to these two surveys supported technically and financially by UNICEF to guide strategies and interventions.

- **Information watch/social listening**: from March to November 2020, 248 information watch reports on COVID-19, collected from the media, social networks and the community, are available, making it possible to feed media interventions, the clash info, the sms broadcasting and the COVID-19 booklet but also to update the messages’ bank and the risk communication and community engagement plan. UNICEF has helped more than 889,962 people to share their questions, feedback and complaints through the 910 hotline and through information monitoring at community level.

- **Interpersonal communication**: through specific local support in the 8 most affected regions, more than 2.7 million people have participated in communication actions related to COVID-19, in collaboration with more than 21,000 community actors and thanks to the commitment of community leaders (religious, traditional, Fokontany chiefs, etc.). Co-lead of the communication group of the Cash Working Group, UNICEF provided support in social protection through unconditional cash transfers in urban and suburban areas as part of the "Tosika Fameno" initiative.

- **Mass communication**: UNICEF support has enabled more than 13.8 million people to have access to prevention messages and use of services through media communication and mass communication actions in the 22 regions. 419 local radios and TVs (90%) produced and broadcast interactive programs (in collaboration with the Ministry of Communication), supplemented by more than 40,000 mobile animation sessions (in collaboration with a national NGO) as well as by the design and the dissemination of 123 types of culturally adapted printed and audiovisual communication materials, including in local languages.

The implementation of communication in emergencies interventions for this year revealed the strong need to invest more in the engagement of influencers (both at community, media and social networks levels), in the community engagement (through community dialogues and regular community consultations), in the information monitoring (offline and online), as well as in the evidence-based activities related to behaviour and communication. These elements made the difference in the communication response related to COVID-19.

However, some areas of action still need to be strengthened in order to have more tangible and coordinated actions, such as the effective management of rumours and the establishment of a solid database system that facilitates the collection and regular feedback of information and results from regions and all stakeholders in terms of communication in the context of emergency.

**Humanitarian Leadership, Coordination and Strategy**

As described above, UNICEF ensures that its interventions are in line with humanitarian leadership, whether from the Humanitarian Country Team, government authorities and/or health authorities in case of the COVID-19 pandemic. This coordination is relayed to the clusters UNICEF is responsible for (Education, Nutrition, WASH, Cash) and to the field. UNICEF strategy aims at ensuring a nexus between its development and humanitarian interventions, at reinforcing partners’ capacity in all elements of social systems (data, HR, planning, supply, advocacy) and in giving priority to “at scale” potentially innovative interventions.

**External communication**

UNICEF Communications worked to highlight the programmatic response to the crises affecting Madagascar, the support of donors and partners and the ongoing needs while maintaining a focus on the impact on children.

**Media**

The section issued more than 20 press releases related to the COVID-19 pandemic since the start of the response. These covered activities in all programmatic areas, support to government partners, and contributions to two joint-UN press releases on the response of the UN country team. Several of these press releases were accompanied by events which showcased UNICEF’s support to ministries such as water and sanitation, health, social protection and education. Each of these events, as well as the press releases, resulted in huge media coverage. Together with the C4D section, a handbook for journalists was produced on covering COVID-19 which was then supported by a virtual training. Madagascar participated in an international webinar with journalists’ associations to highlight its back-to-school measures. A media trip was also organized in the southern east of Madagascar during school reopening to document UNICEF support in educational field. An Op-Ed by the Representative was published in a leading newspaper to coincide with Father’s Day on the role of father during the COVID-19 crisis. Early in the crisis, a young influencer was engaged to lead awareness raising campaigns on different topics relating to COVID-19 prevention and impact. Her one-minute video series is still being aired on a weekly basis on national TV during prime. The section also nominated two celebrity supporters of child rights to support public awareness activities and advocacy under the COVID
pandemic situation. The biggest advocacy for children is the debate organized with the President of Madagascar during which participants mentioned about their worries and issues including COVID-19 as well as the malnutrition in the southern part of Madagascar.

Digital content
The Madagascar country office participated in the production of video series on adolescent’s diaries during COVID-19. The project was initiated by Division of Communication (DOC) in collaboration with the Rooftop agency. The two Malagasy adolescents spoke of their lives during the pandemic, using smart phones to film themselves and their surroundings. The video series was launched on at the end of July by DOC and was translated into Malagasy for national audiences. The section also produced a video series in June to highlight the role of parents during the COVID-19 crisis.

Three animated videos on social protection, WASH and Health support to the government during COVID-19 were produced to highlight UNICEF interventions. A Learning diary of a child during COVID-19 was also produced and posted on social media as were three personal diaries from young people on their early experiences of the pandemic. UNICEF is also producing a video on the success of oxygen therapy during the COVID-19 crisis. This video is currently in production and will be available in January.

Related to the flooding in January 2020, a photo library was created here for internal audiences with a selection of these pictures available on UNICEF’s global platform weshare for external audiences. In addition, UNICEF Madagascar produced a video about the story of Dolys, a boy whose life was affected by the flooding.

A video on UNICEF’s response to the drought in the south was also published earlier this year.

Printed materials
The country office produced printed materials (stickers, posters, etc.) to display UNICEF and donors’ (KOICA, UKAID, Government of Denmark, Government of Norway) logos in order to highlight their technical and financial contributions in the responses.

Web site and Human-interest stories
At the beginning of the year, the section followed the stories of two children, both living with their families in the north west region of Madagascar, who had lost their home in the flooding that hit the region. A few months later, the first cases of COVID-19 were identified in Madagascar. The section ran a series of stories highlighting the role of doctors, nurses, and journalists. Stories highlighting UNICEF’s role in supporting the government of Madagascar, particularly in the areas of education, water and hygiene and social protection were also published. As part of its outreach and education efforts, the section launched a website in the Malagasy language, making UNICEF the only UN agency in the country to have websites in English, French and Malagasy. All COVID-19 related content was made available on all three sites.

Social media
From 01/01/2020 to 22/12/2020
1) Facebook: 244 892 total subscribers
   • Post average coverage per day: 35K (Organic and paid)
   • Average coverage per day by post type (Organic only)
     • Link to web site: 5K
     • Photo: 5K
     • Video: 10K
     • Shared video: 1K

2) Twitter: 26.1K total followers
   Impressions (total number):
     • January to march: 256.4K impressions
     • April to June: 290.2K impressions
     • July to September: 165.4K impressions
     • October to December: 173.5K impressions

3) Web site: 119K users / 172.5k pageviews / 131.4K sessions
   Press releases: 18
   Human interest stories: 19

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### Annex A
Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Cluster/Sector Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall needs</td>
<td>2020 target</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children under 5 with SAM admitted to therapeutic treatment sites</td>
<td>16,000</td>
<td>16,000</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># children aged 6 months to 9 years immunized against measles</td>
<td>241,000</td>
<td>272,000</td>
</tr>
<tr>
<td># people provided with access to essential and life-saving health care services*</td>
<td>200,000</td>
<td>224,000</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people who accessed the agreed quantity of water for drinking, cooking and personal hygiene*</td>
<td>300,000</td>
<td>300,000</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children reached with psychosocial support</td>
<td>3,000</td>
<td>3,000</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children accessing formal or non-formal education, including early learning (Note: cumulative and in reference to those who abandoned school due to emergency). * Purchase or distribution of supplies for COVID19 response not reported in this table.</td>
<td>50,000 (not including COVID19 response)</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>C4D</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people reached with key lifesaving and behavior change messages on health, nutrition and safe and appropriate sanitation and hygiene practices</td>
<td>920,000</td>
<td>920,000</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># households receiving cash transfers</td>
<td>368,000**</td>
<td>368,000</td>
</tr>
</tbody>
</table>

*COVID-19 response not reported in this table, details in the narratives
** target adjusted after decision in the CASH Working group
****This number reflects non-COVID-19 related support. 120,000 children in the drought affected regions in the south from 1,500 school kits currently released and in the process of being distributed.
Annex B

Funding Status*

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds Received Current Year</th>
<th>Carry-Over</th>
<th>Total</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds available</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,000,000</td>
<td>3,589,631</td>
<td>422,916</td>
<td>4,012,547</td>
<td>-</td>
</tr>
<tr>
<td>Health</td>
<td>1,100,000</td>
<td>1,057,842</td>
<td>977</td>
<td>1,058,820</td>
<td>41,180</td>
</tr>
<tr>
<td>WASH</td>
<td>2,000,000</td>
<td>948,922</td>
<td>-</td>
<td>948,922</td>
<td>1,051,078</td>
</tr>
<tr>
<td>Education</td>
<td>550,000</td>
<td>-</td>
<td>-</td>
<td>550,000</td>
<td>100%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>300,000</td>
<td>121,886</td>
<td>-</td>
<td>121,886</td>
<td>178,114</td>
</tr>
<tr>
<td>Communication for Development</td>
<td>475,000</td>
<td>96,934</td>
<td>-</td>
<td>96,934</td>
<td>378,066</td>
</tr>
<tr>
<td>Cash-based transfer</td>
<td>1,200,000</td>
<td>303,031</td>
<td>-</td>
<td>303,031</td>
<td>896,969</td>
</tr>
<tr>
<td>Cross sectoral / Cluster coordination</td>
<td>-</td>
<td>163,212</td>
<td>62,516</td>
<td>225,728</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>7,625,000</td>
<td>6,281,458</td>
<td>486,410</td>
<td>6,767,868</td>
<td>857,132</td>
</tr>
</tbody>
</table>