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Reporting Period: 01 January to 30 September 2020

Madagascar Country Office

Humanitarian Situation Report No. 3



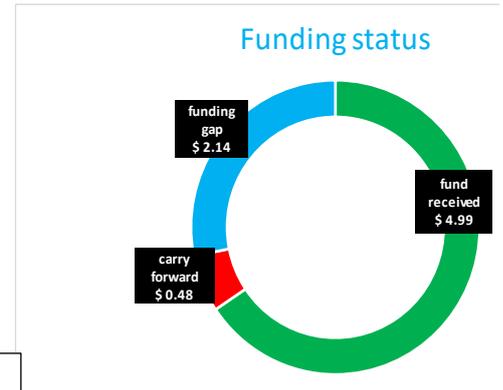
Highlights

- The country has faced several types of epidemics: COVID-19 in 22 regions, malaria in the southern regions, dengue in the central west as well as in Q3 the return of a severe drought in the south.
- UNICEF Madagascar focuses on disaster risk reduction to build resilience in addition to responding to the most immediate needs via a multisectoral approach.
- Between January and August, a total of 13,624 children with severe acute malnutrition have been treated, representing 85% of the annual 2020 target. Early onset of the lean season in southern Madagascar highlights the vulnerability of many districts which are already facing critical nutrition situations including "hotspot" municipalities facing nutrition emergencies. Complete results from the nutrition surveillance system will be available in the third week of October.
- During the COVID-19 emergency response, 1.6 million people were reached with critical WASH supplies. Over 4 million people were reached with COVID-19 risk communication and community engagement (RCCE).
- 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. More details and an action plan will be developed in the coming weeks of October. 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.

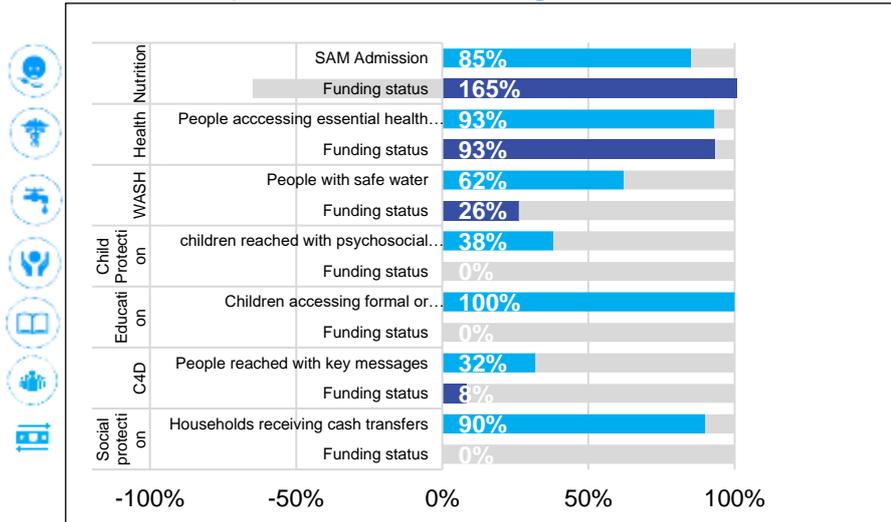
Situation in Numbers

-  **1.1 million**
Children in need of humanitarian assistance
-  **2 million**
People in need
-  **337.200**
Children to be reached
-  **441.000**
People to be reached

UNICEF Appeal 2020: US\$ 7.62 million



UNICEF's Response and Funding Status



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 30 September, 72 per cent had been received – mostly from 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

Floods

Between January 19, 2020 and January 23, 2020, heavy rains in the northwestern part of Madagascar, more than twice the normal precipitation. Seven out of the 22 regions throughout Madagascar were affected and 13 districts were severely affected. In addition to more than 126,000 people affected, infrastructure was severely damaged or destroyed.

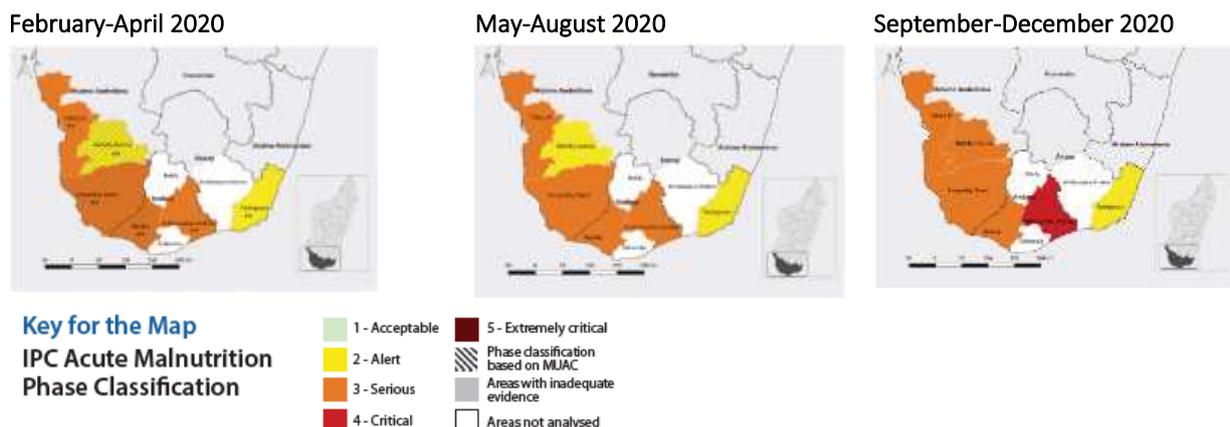
After intense work, by the first week of March, the roads cut in the Alaotra Mangoro (Ambatondrazaka, Amparafaravola), Atsinanana (Toamasina) and Boeny (Mahajanga 1 and 2) axes were passable again and supply trucks could move freely. Under the coordination of the National Office for Risk and Disaster Management (BNGRC), humanitarian actors, including UNICEF, agreed to base the intervention strategy on two pillars:

- Use existing capacities and assess needs
- Organize a more in-depth multisectoral evaluation after the water recedes

Drought

The lean season in the Southern drought-prone districts is typically from December to March, although first signs often appear as early as October. The IPC¹ Acute Malnutrition completed in May 2020 estimated that, between February and December 2020, at least 119,674 children from 6 to 59 months old will suffer from acute malnutrition in nine districts of Southern Madagascar, including 19,554 from the severe form with at least one district classified in Phase 4 (Critical), four districts in Phase 3 (Serious) and one in Phase 2 (Alert).

Table 1: Acute Malnutrition phase classification, IPC Acute Malnutrition, May 2020



As part of the Nutrition Surveillance System (NSS), mass exhaustive screening exercises have been completed in nine districts during the third quarter of 2020. Preliminary results from five districts revealed that, out of 230,350 children 6 to 59 months old screened (90% screening coverage), 0.7% (1,660) were severely acute malnourished (SAM)² and 7% (16,090) were moderately acute malnourished³. In total, 12.5% (13) of the municipalities have been classified in Emergency and 15.4% (16) in Alert. These results are slightly reduced compared to NSS results in the third quarter in 2019. However, Amboasary*, Ampanihy and Bekily* districts are reporting emergency rates of acute malnutrition which are above 10% with aggravating factors (Table 2).

Table 2: Mass exhaustive screening results (available*), Nutrition Surveillance System, third quarter of 2020

	Amboasary*	Ampanihy	Bekily*	Betioky	Tulear II
Screening dates	20-29 Sep.	10-15 Aug.	24-30 Sep.	10-15 Aug.	4-8 Aug.

¹ IPC: Integrated Phase Classification

² MUAC ≤ 115 mm and/or bilateral oedema

³ 115 < MUAC ≤ 125 mm

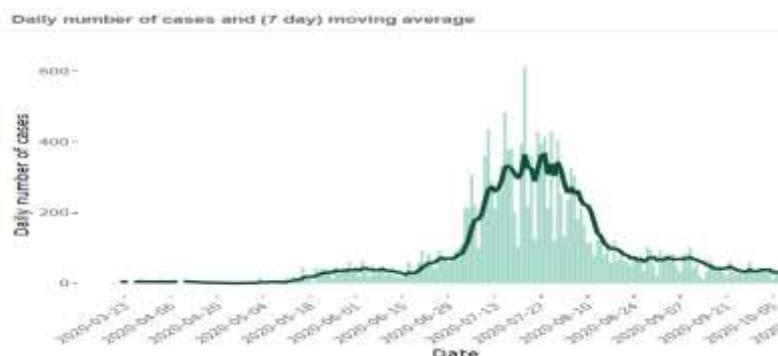
Number of children (6-59 months) screened	36,218	70,514	17,875	47,532	58,211
Screening coverage	82%	105%	86%	96%	110%
Number of children screened with moderate acute malnutrition (MAM) ⁴	3,123 (8.6%)	7,123 (10.1%)	1,602 (9.0%)	1,991 (4.2%)	2,251 (3.9%)
Number of children screened with severe acute malnutrition (SAM) ⁵	532 (1.5%)	419 (0.6%)	254 (1.4%)	200 (0.4%)	255 (0.3%)
% of municipalities in Emergency	37.5% (6/16)	11% (2/19)	31% (4/13)	3% (1/30)	0% (0/26)
% of municipalities in Alert	19% (3/16)	42% (8/19)	15% (2/13)	3% (1/30)	8% (2/26)
Overall classification of the district	n.a.	Alert	n.a.	"under control"	"under control"

* Partial data, two municipalities in Amboasary and seven in Bekily are still being processed before the entire district can be classified

As the lean season progresses, trends in the number of admissions in the community management of acute malnutrition (CMAM)⁶ programme remain above those from 2018 and below those from 2019 for the same period of the year. Close monitoring of the situation will be required in the coming months to adapt the coordinated multi-sectorial emergency response to the evolving context.

COVID-19

From early March, the government supported by the Humanitarian Country Team and in collaboration with WHO is in full mobilization with implementation of the Contingency Plan on COVID-19. From May 17th to July 7th 2020, the epidemiological curve in the number of people testing positive increased tenfold, rising exponentially from 304 to 3,250. The national trend of cases is however now on a downswing with the largest concentration of new cases in Analamanga and Atsinanana. Nearly 10 per cent of the total active cases across the country (790) are currently in Diana region. According to the Institut Pasteur de Madagascar⁷, 79,189 PCR tests have been done so far and the total positivity rate has decreased to 7.2 per cent. To date, 93.8 per cent of confirmed cases have recovered and 1.4 per cent have resulted in death (231).



Source : <https://www.covid19mg.org/>

Summary Analysis of Programme Response

Nutrition

Drought

As the nutrition cluster lead, UNICEF supported the National Nutrition Office in the coordination of eleven meetings at the national level and many at regional and district levels over the first three quarters of 2020. UNICEF continued to support the Government's capacity to monitor the nutrition situation using routine health information system and nutrition surveys results to undertake an IPC Food Security and IPC Acute Malnutrition analysis in April and May. After being halted due to the COVID-19 pandemic, the nutrition screening system was resumed as of the third quarter in nine districts (see preliminary results from five districts under "Situation Overview & Humanitarian Needs"). In addition, 116,900 caregivers (22% of caregivers in nine districts), that were trained

⁴ 115 < MUAC ≤ 125 mm

⁵ MUAC ≤ 115 mm and/or bilateral oedema

⁶ CMAM: Community Management of Acute Malnutrition

⁷ <http://www.pasteur.mg/coronavirus-disease-2019-activites-institut-pasteur-de-madagascar/>

and equipped with MUAC tapes since 2018, continued to actively screen and refer children with acute malnutrition to the nearest nutrition treatment facility.

UNICEF continues to support the CMAM programme in the Southern regions that includes: (i) Community active screening and referral of the acute malnutrition cases to the nearest treatment facility; (ii) Outpatient treatment care for SAM cases without complication in 100% (248) of health centres and Mobile Nutrition Teams (MNTs) in municipalities classified in emergency and; (iii) Inpatient care for complicated SAM cases in 100% (9) of district hospitals. From January to August 2020, a total of 13,624 severely malnourished children were treated in the programme, out of which 92.4% have successfully recovered and 0.3% died (94% reporting rate). Admissions from the MNTs accounted for 17% of the total number of admissions in CMAM.

UNICEF already procured and distributed 18,872 cartons of Ready-to-Use Therapeutic Food and 263 cartons of therapeutic milk during the first three quarters of 2020 and strengthened the capacity of 41 health workers in Infant and Young Child Feeding (IYCF) and Severe Acute Malnutrition management in 2 districts that should cover the first phase of the response, with parallel support to mobile clinics.

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 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. Oxygen supply has been ensured in all regions affected by the COVID-19. A total of 8,590 patients have benefitted from specialized care in intensive care centres. Evidence from treatment centres show a decrease in O2 consumption by the moderate, severe and critical cases, being the tip of the iceberg, which goes along the lines of the decreased number of cases.

A public-private partnership between UNICEF and the National Order of Medical Doctors in Madagascar proved very effective as 146,288 consultations have been monitored in over 151 private health facilities, identifying 8,878 suspected COVID-19 cases, either directly treated or referred.

In addition, UNICEF contributes to strengthen primary health care and vaccination by supporting the Ministry of Public Health in strengthening family health approach and routine vaccination. Through field project officers, UNICEF supports the regional office of public health and their districts health in preparing, coordinating responses and maintaining routine health services. Furthermore, UNICEF continues to support health system strengthening at national, regional and district levels.

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 to 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.

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.

WASH

Drought:

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.

Fourteen electro-chlorinators have been installed for Infection Prevention and Control activities to support the WASH and Nutrition response to drought in ten health centres in the South of Madagascar and to supplement the COVID-19 response in four hospitals of Toamasina and Antananarivo, the epicentres of the pandemic for the last 6 months. 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.

COVID-19:

During the COVID-19 emergency response, 1.6 million 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) activities.

UNICEF played a key role on WASH Cluster coordination, delivering 80% of WASH response and mobilizing 50% of the available funds. WASH actors have accelerated 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 improved access to water and over 19 million people were reached with COVID-19 RCCE.

WASH Cluster Coordination: Since the beginning of the COVID-19 pandemic in March 2020, the national WASH Cluster was activated for the country and 22 sub-clusters put in place. UNICEF is co-leading the WASH Cluster in collaboration with the Ministry of WASH and our 60 WASH partners which gathered weekly via virtual meeting. A national WASH COVID-19 Response plan was set up in March and reviewed in August, targeting 5.7 million beneficiaries out of the 19.7 million people in needs of WASH support. A total of 10 key results have been identified and US\$ 24 million was required to effectively implement the WASH Cluster COVID-19 response. To date, the WASH Cluster has managed to mobilise around US\$ 10 million, of which 50% has been mobilised by UNICEF. Data is collected weekly (5W) through more than 40 WASH partners. Data and maps are accessible via <https://www.humanitarianresponse.info/en/operations/madagascar/water-sanitation-hygiene>

Equity campaign through Avotr'Aina to improve access to Water for the poorest in the main cities hardest-hit by the COVID-19 virus: UNICEF Madagascar launched with the ministry in charge of WASH a campaign called Avotr'Aina ("save life" in the Malagasy language) to (i) boost better access to safe water, (ii) scale up hygiene promotion and (iii) implement IPC measures for public transport in the five cities Antananarivo, Toamasina, Moramanga, Majunga and Tulear, the cities hardest-hit by the COVID-19 virus. UNICEF support consists of subsidizing the price of water to all vulnerable households that draw their water from communal waterpoints in the targeted cities. UNICEF paid the national water utility, JIRAMA, to cover the cost of 1.6 million cubic litres of water for three months. This is allowing 160,000 vulnerable families to pay for a 20 litres jerrycan of water at half the usual price. Prices have been set up by municipalities' decrees, covering more than 2,200 water points. All water points have been equipped with handwashing devices with soap. This operation is a clear win-win and UNICEF appreciate the efforts by both the users and the water point managers to reduce the sale price of water. This operation is also an opportunity to initiate a high-level dialogue with the competent authorities on the cost of water services, which should be the most equitable and affordable for the poorest. Also 200,000 most vulnerable people were provided with hygiene products for 3 months. Finally, 21,000 flyers and disinfectant gel were given to 12,500 taxis and public buses in return for their support to the communication campaign on hand washing and the wearing of masks.

An effective hygiene promotion campaign through RCCE and WASH supply distribution at institution and households' levels. During the COVID-19 pandemic, UNICEF accelerated hygiene promotion campaigns through distribution of hygiene kits, soaps, handwashing facilities, organization of hygiene promotion sessions, edition of awareness posters. UNICEF supported sixteen regions (out of the 22) with more than 9,100 handwashing stations, 92 tons of soap, 8.5 tons of HTH, 2,200 sprayers, 20,000 litres of hydroalcoholic gel, 21,000 masks, 3,000 PPE, and 35,000 flyers and posters as a sectoral response.

Hygiene promotion has been effective with an excellent cooperation with UNICEF C4D in order to amplify our messages to the population. Awareness-raising campaigns are carried out at standpipes, accompanied by the dissemination of messages on COVID-19 preventive measures through street criers at in the most affected areas.



© UNICEF Cluster WASH/2020

In terms of IPC, training modules were developed and shared with WASH and Health sector partners. As part of response activities, IPC WASH is being implemented in 7 hospitals conducting COVID-19 treatment and more than 55 health centres. To date, 1,568 clinical and non-clinical staff have been trained on IPC in 7 regions and provided with personal protective equipment through partnership with Action Contre la Faim (ACF), MEDAIR, and the Ministry of Public Health. Specific information, education and communication material has been designed and distributed to more than 400 health centres. For IPC in other public spaces: disinfection and reinforcement of barrier measures are carried out in public places such as regular disinfection of public transport, parking places, marketplaces, buildings of administrative offices, social centres and prisons. Handwashing devices with soap have also been installed in these locations.



Education

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.

The **COVID-19** pandemic has required a continued response from the education section to foster continuation of learning, 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 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 programmes for grades CP1 (preparatory course level1) and CP2 (preparatory course level2);
- Distributed 636,000 self-learning guides to public schools;
- Disinfected 90,000 classrooms and distributed 28,000 hand-washing devices;
- Scaling-up nation-wide the promotion of returning to school and up-scaling the CRAN programme that provides an opportunity for catching up on learning.

While procurement and distribution to local government has improved, one of the greatest challenges that continues to be faced is ensuring that goods reach schools and children. For families, the financial impact the emergency has had on their income creates greater challenges to ensure the continuation of their children's education, even if school fees are removed.

Shock Responsive Social Protection and Social Policy

Floods and drought

As a lead for the Cash Working Group (CWG), UNICEF in collaboration with other partners, will elaborate a common operational manual to harmonize national cash response to sudden crises (cyclones and floods). A similar manual was developed in 2019 for drought response and published in early 2020. The manual for sudden crises will be available by end of 2020. The CWG is planning the response to the early onset of the lean season in the South, more details and an action plan will be developed in the

coming weeks. 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.

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 310,000 households (out of 345,000 now targeted) in 9 most affected cities (Antananarivo, Toamasina, Fianarantsoa, Moramanga, Ambatondrazaka, Fort Dauphin, Tulear, Manakara, Fenerive Est) have received a first payment of 100,000 Ariary (26 US\$/25 Euro), and a 286,000 have already received a second payment in- July/September. An expansion of the programme to new localities is currently being considered with additional funds provided by the World Bank. 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 7,500 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 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.

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 health care, institutional and home settings as well as a guidance note on GBV and PSEA. To date, 368 para-social workers have received this support and benefited from coaching to implement it. 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.

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, message dissemination through radios, social networks and hotline). To date, 963,364 people including 4,073 children (2,382 girls) have benefited from this support.

In collaboration with other United Nations agencies, UNICEF supports the efforts of the Ministry of Justice to prevent and respond to COVID-19 in prisons. UNICEF has facilitated the screening of quarantined minors, the provision of hygiene materials and provides protective and preventive materials 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).

In collaboration with C4D, MRE and NGO partners, messages and communication materials (posters, video on child protection in the context of COVID-19, including online child protection, have been developed and disseminated through social media ('<https://web.facebook.com/UNICEFMada/>'; '<https://www.facebook.com/Safebookmg/>'). These posters and video received more than 14,000 likes.

Communications for Development (C4D), Community Engagement & Accountability

COVID-19

In line with the national RCCE plan, UNICEF support in terms of media and mass communication reached more than 13 million people from 75 most affected districts through messaging on prevention and access to services (related to nutrition, education, health, WASH, protection and social protection). About 600,000 people are engaged on COVID-19 through RCCE actions (interactions in social media and interpersonal communication activities). In addition, more than 390,000 people are able to share their concerns and asking questions to address their needs through the green line 910 helpline and through information monitoring at the community level.

In collaboration with the Communication Commission under the leadership of the Ministry of Health, the baseline report of the KAP COVID-19 survey is available, demonstrating that the proportion of the population adopting the recommended measures in the targeted districts is high: 91% for the use of masks, 91% for respecting social distancing and 60% for regular hand washing. The challenge will be to maintain and to sustain the acquired behaviors and to highlight that the epidemic is still there although we are now in a phase of deconfinement. Additional entry points will be explored around the topic "living with COVID-19," such as churches, karaoke club, swimming pool, restaurants, schools, workplaces, and other locations. Innovative communication supports will be privileged using more testimonies and using humorous sketches rather than always using classical methods.

To date, UNICEF has covered the 22 regions to support media and mass communication and is specifically supporting the none most affected regions in terms of communication and community engagement (Analamanga, Atsinanana, Haute Matsiatra, Boeny, Anosy, Analanjirifo, SAVA, Androy, and Ihorombe). In these regions, group animation sessions (at health centres, churches, mosques, schools, transport cooperatives and Fokontany level), collective listening groups, work with Loharano committees, and community dialogues began to gain the momentum with the progressive deconfinement. In the last 3 weeks, 3,286 community relays have been mobilized; 4,076 awareness sessions were conducted; and 85 local media produced and broadcast 7272 spots, 202 interactive programs covering various topics (wearing of masks, non-stigma, living with COVID-19, prevention measures, surveillance and community watch, use of services, WASH, education, health, nutrition, etc.). The production and dissemination of locally adapted communication media also continued.

Besides, communication support for the Education programme is marked by the back-to-school campaign in partnership with the Ministry of Education. In this context, in addition to the planned community activities, 3 posters and 4 spots are produced to reassure parents about COVID-19 and to highlight the enthusiasm of children, and the implementation of prevention measures by schools, teachers and children. With regard to WASH, communication support has been focused within the framework of the Avotr'aina Project at national and regional levels. In relation to child protection, support was provided for the production of audio-visual materials with the Young Reporter Club and Centre Vonjy, as well as the reporting on violence in the context of COVID-19. For the Social Protection component, support to the Cash Working Group's Communications team was delivered: coordination of weekly meetings, update of communication media for the second phase of the "Tosika fameno", including videos, and the update and monitoring of the implementation of the communication plan for the second phase.

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 relating 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, and education. Each of these events, as well as the press releases, resulted in media coverage in leading tier 1 domestic news organizations. Together with the C4D section, a handbook for

journalists was produced on covering COVID-19 which was then supported by a virtual training. 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 awareness.

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.

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 it 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 30/09/2020:

- 1) **Facebook:** + 65.5K subscribers
 - Post average coverage: 44.6K
 - Link to web site: 31k
 - Photo: 12.3K
 - Video: 23K
- 2) **Twitter:** +2860 subscribers
Impressions (total number):
 - January to march: 256.4K impressions
 - April to June 290.2K impressions
 - July to September: 165.4K impressions
- 3) **Web site:** 90k users / 132.5k pageviews / 101.5K sessions (on a year-to-date basis)
Press releases: 38
Human interest stories: 30

[Next SitRep: 15/01/2021](#)

Contact for further information

Michel Saint-lot, Representative of UNICEF Madagascar, +261 32 23 432 84, msaintlot@unicef.org
Jean Benoit Manhes, Deputy Representative UNICEF, +261 32 05 411 37, jmanhes@unicef.org

Annex A

Summary of Programme Results

Sector	Overall needs	Cluster/Sector Response			UNICEF and IPs		
		2020 target	Total results*	Change since last report ▲▼	2020 target	Total results*	Change since last report ▲▼
Nutrition							
# of children under 5 with SAM admitted to therapeutic treatment sites	16,000	16,000	13,624	▲	16,000	13,624	▲
Health							
# children aged 6 months to 9 years immunized against measles	241,000		272,000		241,000	272,000	
# people provided with access to essential and life-saving health care services*	200,000	200,000	224,000		180,000	224,000	
WASH							
# of people who accessed the agreed quantity of water for drinking, cooking and personal hygiene*	300,000	300,000	148,678	▲	200,000	124,200	▲
Child Protection							
# of children reached with psychosocial support	3,000				3,000	1,138 non COVID-19 and 4,073 COVID-19	
Education							
# 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.	50,000 (not including COVID19 response)	50,000	50,000		40,000	9,100	
C4D							
# of people reached with key lifesaving and behavior change messages on health, nutrition and safe and appropriate sanitation and hygiene practices	920,000				920,000	294,000***	
Social Protection							
# households receiving cash transfers	345,000**	345,000	310,000	▲	345,000	310,000	▲

*COVID-19 response not reported in this table, details in the narratives

** target adjusted after decision in the CASH Working group

Annex B

Funding Status*

Regular Programme

Funding Requirements (as defined in Humanitarian Appeal 06 October 2020)						
Appeal Sector	Requirements	Funds available			Funding gap	
		Funds Received Current Year	Carry-Over	Total	\$	%
Nutrition	2,000,000	3,298,199	422,916	3,721,115	-	0%
Health	1,100,000	1,028,036	977	1,029,013	70,987	6%
WASH	2,000,000	523,292	-	523,292	1,476,708	74%
Education	550,000	-	-	-	550,000	100%
Child Protection	300,000	-	-	-	300,000	100%
Communication for Development	475,000	39,742	-	39,742	435,258	92%
Cash-based transfers	1,200,000	-	-	-	1,200,000	100%
Cross sectoral / Cluster coordination	-	105,349	62,516	167,865	-	0%
Total	7,625,000	4,994,618	486,410	5,481,028	2,143,972	28%