Highlights

- Between January 19, 2020 till January 23, 2020, there were heavy rains in the northwestern part of Madagascar, more than twice the normal precipitation during the rainy season, resulting in floods in 13 districts.
- Besides the drought in the south, the country has faced several types of epidemics like COVID-19 in 15 regions, Malaria in the southern regions, Dengue in the central west.
- UNICEF Madagascar currently focuses on disaster risk reduction to build resilience, reaching vulnerable people in the drought-prone south suffering from malnutrition and lack of access to safe water in addition to reinforcing government systems in preparation for a full-fledged nation-wide response to the COVID-19 Pandemic.
- The Cash Working Group has been activated to coordinate the response to the drought in the South and COVID-19. In response to the drought, WFP is the major contributor 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 240,000 families.
- From January to June 2020, 9,274 children with severe acute malnutrition (SAM) were admitted and treated (86% reporting rate). This represents 58 % percent of the 2020 target.
- A total of 124,204 people gained access to safe water through water trucking and rehabilitation of boreholes through drought and floods responses.
- In education, UNICEF’s response has focussed on disaster risk reduction (DRR) and strengthening national capacity to respond to emergencies. UNICEF has assisted more than 25,000 children in immediate need and provided technical support in developing distance education programmes that can be applied to respond to other emergencies and to increase inclusiveness in development programming.

In preparation for Covid19 response: WASH Needs assessments have been carried out in Health centres and Airports, items have been pre-positioned at 9 entry points, Infection prevention communication through posters is ongoing, and programming for cash transfers to vulnerable households to support basic consumption and compensation for loss of revenues is underway.

UNICEF’s Response and Funding Status
Funding Overview and Partnerships
To cover all potential emergencies in 2020, UNICEF Madagascar launched a US$ 7.62 million appeal to meet the humanitarian needs of children and women. As of 30 June, 12 per cent had been received from ECHO.
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
Seven out of the 22 regions throughout Madagascar were affected and 13 districts were severely affected. In addition to 126,238 people affected, infrastructure was severely damaged or destroyed.
After intense work, by the first week of March, all the roads were passable again and supply trucks could move freely. Under the coordination of the 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 district is typically from December to March. The latest Integrated Phase Classification (IPC) Food Security exercise completed in April 2020 projected that 554,511 people (24% of analysed population in nine districts) will be living in Phase 3 (Crisis) and 4 (Emergency) from April to July 2020. The proportion of people affected is comparable to the same period in 2019 (603,187 people, 26%), with eight out of the nine districts being classified in Phase 3 (Crisis) (IPC Food Security, July 2019) – Table 1.

<table>
<thead>
<tr>
<th>Period covered by the IPC</th>
<th>June-July 19 (Source: IPC July 2019)</th>
<th>April-July 20 (Source: IPC April 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people living in Phase 3 and 4 (Crisis and Emergency)</td>
<td>603,187 (26%)</td>
<td>554,511 (24%)</td>
</tr>
<tr>
<td>Number of districts classified in Phase 2 (Stress)</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Number of districts classified in Phase 3 (Crisis)</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Number of districts classified in Phase 4 (Emergency)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* Ambovombe, Bekily, Beloha, Tsihombe, Toalagnaro, Amboasary, Ampanihy, Betioky and Toliara II

The IPC Acute Malnutrition completed in May 2020 estimated that that between February and December 2020, at least 119,674 children between 6 to 59 months will suffer from acute malnutrition in nine districts of Southern Madagascar, including 19,554 from the severe form with at least one district in Phase 4 (Critical), more than four districts in Phase 3 (Serious) and one in Phase 2 (Alert). A rapid assessment conducted by UNICEF in February/March 2020 in two districts revealed 8.5% Proxy-Global Acute Malnutrition (GAM) and 1.4% Proxy-Severe Acute Malnutrition (SAM) rates in Ampanihy and; 7% Proxy-GAM and 0.6% Proxy-SAM rates in Beloha. This is a reduction in Acute Malnutrition when compared to the results of the NSS, first quarter of 2019.

Table 2: Acute Malnutrition phase classification, IPC Acute Malnutrition, May 2020

Table 2: Comparison of the results of the IPC Food Security exercises, published in July 2019 and April 2020, nine drought-affected districts*

Table 2: Acute Malnutrition phase classification, IPC Acute Malnutrition, May 2020
As the lean season progresses, trends in the number of admissions in the CMAM programme remain stable since end of 2019 and less than the levels observed in 2019 at the same period (Figures 1 and 2).

**Figure 1: Trends in severe acute malnutrition, number of admissions per district, Jan. 2019 to May 2020**

**Figure 2: Trends in severe acute malnutrition, number of admissions in eight districts*, Jan. 2017 to May 2020**

*Ambovombe, Bekily, Beloha, Tsihombe, Toalagnaro, Amboasary, Ampanihy and Betioky

**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 growth curve in the number of people testing positive decupled, reaching an exponential shape from 304 to 3250. Cases have been reported in 15 regions out of 22. Four regions were mostly affected by the epidemic with an emphasis on urban centres: Alamanga (Antananarivo), Alaotra Mangoro (Mangoro), Analanjirofo (Fenerive Est) and Atsinanana (Toamasina).

Source: [https://www.covid19mg.org/](https://www.covid19mg.org/)

**Summary Analysis of Programme Response**

**Nutrition**

**Floods**

In response to the floods that severely affected 13 districts following heavy rains from 19 to 23 January 2020, the nutrition cluster met twice under the National Nutrition Office (ONN) and UNICEF’s leadships to coordinate the nutrition response in January and February. The Nutrition Cluster secured in-kind donations of fortified complementary food for children 6-23 months old through the Private Sector Humanitarian Platform (2-weeks ration for 100 percent of 900 displaced children). It was distributed alongside with active support to the continuation of optimum Infant & Young Child Feeding (IYCF) practices.

**Drought**

As the nutrition cluster lead, UNICEF supported the National Nutrition Office (ONN) conducting eight coordination meetings at the national level and six at district levels over the first semester of 2020.
A total of 112,000 children 6-59 months old were screened for acute malnutrition, before mass screening was halted due to the COVID-19 pandemic. However, 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. In addition, 116,900 caregivers (22% percent of caregivers in nine districts), that were trained 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 (Community-based Management of Acute Malnutrition) 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 May 2020, a total of 9,274 severely malnourished children were treated in the programme, out of which 88% have successfully recovered and 0.5% died (86% reporting rate). Admissions from the MNTs accounted for 19% of the total number of admissions in CMAM.

UNICEF procured and distributed 11,500 cartons of Ready-to-Use Therapeutic Food and 185 cartons of therapeutic milk during the first semester 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.

COVID-19
In urban and peri-urban clusters affected by COVID-19, UNICEF supported the Government for the treatment of 779 children with severe acute malnutrition in 108 health centres (70% recovery and 1.2% mortality rates; 74% reporting rate) between March and June, in line with initiation of the COVID-19 epidemic in Madagascar. UNICEF supported the Ministry of Health with the procurement of 14,920 facial masks for Covid-19 preventive measure during mass screening as well as the National Nutrition Office with the procurement of 1,614 facial masks, 404 cartons of 12 soap bars and 404 no-contact hand washing devices for distribution in 404 nutrition community sites. These supplies will be distributed in July and August 2020.

Technical support was provided to the Ministry of Health and the Early Childhood Development Taskforce to design and widely disseminate three posters and audio-spots on IYCF, maternal nutrition as well as on early stimulation and play with children in the context of COVID-19. An advocacy brief for the respect of the Code of Marketing of Breastmilk Substitutes and prevention of unhealthy food distribution has also been released by the Ministry of Health. Partners involved in the national Infant and Young Child Feeding Task Force are involved in the follow-up of the Code and no report of inappropriate donation was done in the first semester. In addition, 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 measures. Finally, a series of Household Economy Analyses led by the National Disaster Risk Management Office was launched in 4 districts affected by COVID-19 with support from WFP, FEWSNET and UNICEF. Results will be shared in the second semester of 2020.

Health
Floods

Around 50,000 people benefited from the first delivery of tents and essential medicines which temporarily replaced five destroyed or flooded health centres in affected areas. UNICEF equipped these temporary health centres with emergency health kits and basic medical equipment. A total of 15 Interagency Emergency Health Kits (IEHK, for 1,000 people each) were provided to Mampikony, Ambilo, Ambanja, Amparafaravola and Marovoay districts to complement the first delivery of tents and medical supplies sent for life saving purpose and to ensure continuity of basic health services. Medicines and equipment were also provided to the Betsiboka region to support primary health care.

The Ministry of Health has reinforced the epidemic surveillance, especially for diarrhoea and malaria. In total, 2,500 treatment kits for diarrhoea (oral rehydration salts and zinc) have been prepositioned in the health centres at risk.

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1 Moderately malnourished children are referred to the nearest WFP-supported Supplementary Feeding Site
2 Mobile Nutrition Teams are managed by the NGO Action Contre la Faim (ACF)
All UNICEF supplies to be used to respond to the emergency have already been received at the DRS (Regional Health Directorate) and at the district level. In addition, with the support from UNICEF, SURECA (Department of Emergency and Response to Epidemics and Disasters) responded to the needs of the affected districts with essential medicines to cover 1,000 people for Mitsinjo district and 5,500 long-lasting insecticide nets (LLINs) to cover 2,750 households in six districts (Amparafaravola, Ambilobe, Ambanja, Ambatoboeny, Marovoay and Mampikony).

Regarding the increase in the number of malaria cases reported by the National Malaria Control Program (PNLP) in the last sitrep, 5,831 malaria cases (all ages: 2,880 male and 2,950 female) out of 20,985 cases at national level were treated in outpatient clinics in seven districts mostly affected (Kandreho, Maevatanana, Marovoay, Ambatoboeny, Amparafaravola and Tana Ville).

Another batch of 2,500 LLINs was sent to Mahajanga I, Maevatanana and Tsaratanana districts where 1,250 households lost their mosquito nets as they were carried away by the floods.

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 but also contributed to expand testing capacity through the purchase of reagents for COVID testing. 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 regional office of public health and their districts health in preparing, coordinating responses and maintaining routine health services. Furthermore, UNICEF continues to support the 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, 140,280 cases of illness in children under 5 were treated.

Malaria

A malaria epidemic was observed in several regions of Madagascar during this first semester and particularly in the southern regions. UNICEF supported three regions, eight districts and 189 health centers with: RDTs (Rapid Diagnostic Testing) 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.

Dengue

An epidemic of Dengue Like Syndrom (DSL) in the region of Mahajanga (center-West) arose affecting close to 6,000 (5,878) people till June 26th. Fortunately, there were no deaths reported and the epidemic slowed down towards the end of June. UNICEF sent some 2,500 mosquito nets and reinforced preventive measures particularly by environmental awareness and education.
WASH

Floods
Approximately 24,840 households (i.e. 124,204 people including 62,100 children) were supported by UNICEF through improving access to safe water and provision of supplies for hygiene promotion in addition to WASH Cluster coordination. UNICEF activated two stand-by Program Cooperation Agreements (PCAs) with NGOs (MEDAIR and SAHI) to implement WASH responses in four districts of Amparafaravola, Mampikony, Maevatanana and Port Berger. In regions not supported by UNICEF, 5,100 households (i.e. 26,000 people including 13,000 children) were supported by the Regional Directorate in Charge of Water and other WASH cluster partners. In total more than 35 tons of soap, 18,000 buckets/jerrycan, and 5,000 Water floc, disinfectant/BOX-240 were dispatched in 4 affected regions. In cooperation with the National Agency for Disaster and Risk Management (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 have been convened to coordinate WASH responses to floods crisis among all WASH cluster partners.

Development of the national WASH-Nutrition strategy
In collaboration with partners including the National Office for Nutrition, ministries officials, Technical Services Officers, local and international NGOs, donors, civil society, private sector, etc., UNICEF is currently supporting the development of the WASH-Nutrition strategy. Intervention logic based on scientific evidence and tailored to the context of Madagascar has been developed in addition to identification of examples of interventions relevant to Madagascar. The presentation and validation of the document is scheduled to take place this July.

 Provision of seven electro-chlorinators to improve hygiene condition of Health Centres and Hospitals
Seven electro-chlorinators have been installed for disinfection of medical equipment in six health centres and hospitals of Ambovombo, Bekily, Fotadrevo, Lazarivo, Androaka, Ankilivalo and Andohatapenaka. UNICEF carried out this activity in order to improve the health care, especially children screened with severe acute malnutrition and COVID-19 patients. In fact, disinfection with a 0.5% chlorine solution is recommended for infection control and prevention, particularly regarding COVID-19. In this period of epidemic, the endowment of these materials considerably helped the health establishments to make respect the standards of hygiene. Surrounding establishments also benefit from this service by obtaining chlorine solutions from these devices.

COVID-19:
Since the start of the COVID-19 crisis, UNICEF has focused on preparedness and response. Preparedness activities were carried out during the end of the first quarter while the response activities started in the second quarter. In the 9 cities identified by the government as potential entry points, WASH needs assessments were carried out in health centers, hospitals and airports. At the same time, health personnel were made aware and trained on infection control and prevention. Also, prepositioning stock including disinfection equipment, handwashing devices, soap and a water tank were sent to these 9 entry points. As part of preparedness activities, supply order has been processed to support needs in health centers and public places. In Antananarivo, to prevent water shortages in critical areas the national distribution company for Water and Electricity has been supported with 10 water tanks (10m3).

During the second quarter, UNICEF put more effort in developing and implementing the WASH response plan at the national level and regional level. The national WASH response plan requires a total budget of USD 24 million to reach 4.2 million people in need, and to date, USD 7.6 million is available and 4 million still in negotiation with donors engaged to support the WASH cluster. In terms of response coordination, UNICEF and partners use the ‘5W’ tool (who, what, where, when, how) that each partner fills in and shares regularly. UNICEF also conducts funding status assessments that facilitate Cluster plan funding monitoring.

In terms of infection prevention and control (IPC), training modules were developed and shared with WASH partners and Health sector. IPC WASH is being implemented in six hospitals conducting COVID-19 treatment, more than 50 health centres and some public places. To date, 907 clinical and non-clinical staff have been trained on IPC in 6 regions and provided with personal protective equipment through our partnerships with Action Contre la Faim (ACF), MEDAIR, Ministry of Public Health.

In terms of logistical support pre-positioning materials, pre-positioned items from more than 12 regions have been mobilized to facilitate local prevention or response operations.

To improve access to drinking water and hygiene, a major campaign was launched for three months in three 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 can in Antananarivo and Toamasina for 600,000 vulnerable people using the 2,000 standpipes. This is in addition to the distribution of soaps for 200,000 people in 40,000 households most vulnerable to COVID-19. UNICEF has also supported the campaign to support public transport safety through disinfection of automobiles, provision of hand sanitizers and washable masks for drivers.

**Drought**

Communities in the Anosy, Androy and Atsimo Andrefana regions were assisted to cope with the drought through improving access to water, sanitation and hygiene facilities. For instance, in the 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. Furthermore, UNICEF is working with JIRAMA (the water supply company) to improve access to water in Antananarivo which is mainly due to low pressure of the water supply network and the lack of water services in some areas of the city. The aim is to provide ten 10m3 tanks to Tana’s water supply company, JIRAMA, and to provide handwashing devices with soap at the water points. This operation is currently included in the response plan to COVID-19 for both the city of Antananarivo and Toamasina, the main centres of the epidemic.

**Education**

UNICEF’s education response in 2020 response focusses on disaster risk reduction (DRR) and strengthening national capacity to respond to emergencies. Following an increase in the number of risks and the onset of the crisis produced by the COVID-19, the education section has sharpened its focus 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. COVID-19-specific response is also stressing continuation of learning, return to school and generalizing preventive measures (such as handwashing and using masks). Madagascar has experienced heavy rains in the first half of 2020. Floods were reported after significant rainfall experienced 19-23 of January that affected 84 Educational Administrative Zones (ZAP) located in 24 CISCO (school district) of 8 DRENETP (Regional Directorate of National Education, and Technical and Professional Training). This had negative consequences in 174 schools: 159 classrooms were destroyed, 145 classrooms were partially destroyed, 56 classrooms were damaged, and 44 classrooms had to be adapted to serve as temporary accommodation. As a result, 23,322 pupils (8,704 of them girls) were temporarily deprived of education services.

UNICEF responded to the floods by mobilizing stock that had been prepositioned in Boeny, Atsinanana and Melaky for deployment in five affected regions: Boeny, Alaotra Mangoro, Betsiboka, Sofia. This stock included 126 schools-in-a-box, 1026
canvases for 135 temporary classrooms and 86 recreation kits. UNICEF also mobilized 11 metal frame tents (24m²) stored in the Antananarivo warehouse to serve as temporary classrooms.

As follow-up to the emergency response, a multi-sector evaluation was conducted, and additional emergency needs were identified. The Education Cluster, where UNICEF plays a central role, prepared materials for an additional 3,500 pupils located in Boeny, Melaky, Atsinanana and Betisiboka, funded school-feeding for 16,000 pupils for 40 days and complemented with additional classroom materials the stock provided to 5,700 pupils.

Cyclone Francesco affected on the 20 of February of 2020 the districts of Toamasina, Mahanoro, Brickaville and Marolambo in the region Atsinanana. It affected 26 schools: 64 classrooms were destroyed, and 3,831 pupils were temporarily deprived of education services. UNICEF collaborated with the DRENTEP in assisting 13 primary schools, 5 community schools and 5 lower secondary schools with 25 school-in-a-box, 25 recreation kits and 330 canvases for 33 temporary classrooms.

Cyclone Hérod (March) mainly affected Analanjirofo destroying 4 classrooms and partially destroying another 96. A total of 1,483 pupils were temporarily deprived of the education service. UNICEF supported 25 schools and 906 pupils with 26 school-in-a-box, 27 recreation kits and 340 canvases for temporary classrooms.

The COVID-19 pandemic has required a continued response from the education section to foster continuity of learning, create conditions for the return of children to schools and ensure that hygiene 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. To date, 70,000 posters and guides on COVID-19 have been distributed, support has been provided for the distribution of HTH products to disinfect 62,000 schools and 600,000 self-learning booklets are in the process of being distributed. UNICEF has also provided technical assistance to put in place distance learning TV and radio programming. The distance learning support is something that will also be useful in future development programming to promote the inclusion of traditionally excluded children, such as children living with disabilities and those living in remote areas.

The greatest challenge UNICEF continues to face to its emergency response is the distribution process. Procurement and to DRENTEPs is expeditious, and the relay towards CISCO has improved significantly. However, final distribution to schools continues to present logistic challenges that slow down the delivery process.

**Shock Responsive Social Protection and Social Policy**

**Floods and drought**

As a lead for the Cash Working Group (CWG) with the National Office for Risk and Disaster Management (BNGRC) and the Ministry of Population, Social Protection and Promotion of Women (MPPSPF), UNICEF organized a coordination meeting among partners to prepare and harmonize the cash interventions for early recovery after the floods and the drought. WFP provided emergency cash distributions to about 500 displaced households to cover 50 per cent of their food needs and the Government through the FID (Fond d'intervention pour le développement) is implementing emergency cash for work activities for about 1,000 households. In 2020, the CWG with technical support from UNICEF and other partners, will elaborate a common operational manual to harmonize national cash response to sudden crisis (cylones and floods). A similar manual was developed in 2019 for drought response, and the published in early 2020. The manual for sudden crises will be available by Q3 2020. Other UNICEF emergency social protection activities in response to the drought have been put on hold due to the lack of funding and response from donors to the funding appeal. The regular social protection programmes such as the FIAVOTA/TMDH and TMDH-LUL, however, continue to assure regular social assistance to vulnerable families and promote through social assistance attendance to primary and secondary education.

**COVID-19**

To address the socio-economic impact of the COVID19, 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 financial support to most vulnerable households affected by the partial lockdown of the economy, particularly in the informal sector. To date about 240,000 households in Antananarivo, Toamasina and Fianarantsoa received a fist payment of 100,000 Ariary (26 US$/25 Euro), and a second payment is planned for the month of July. An expansion of the programme to Moramanga is currently being considered. The emergency social assistance provided seeks to support basic consumption and compensate the loss of revenues of vulnerable families in the informal sector during the lockdown. UNICEF covered through its own regular resources about 7,500 households for a total budget of 500,000US$. 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 14 million US$ to cover the operation. A review of the results achieved by the Cash Working Group in the response to the pandemic was held on 25 June to reflect on the good practices and lessons learned thus far. The review will allow the Cash Working Group to make some rapid adjustment to the TOSIKA FAMENO for the second payment and to capitalize on the lessons learned for the roll-out of a medium to longer term strategy in response to the pandemic. With the support of DFID and GIZ, UNICEF also initiated a rapid technical assistance to strengthen gender-sensitive social protection (through SPACE).

As the pandemic is rapidly spreading through the country, it is urgent to expand the social protection response strategy to other regions and beyond the initial two payments made to beneficiaries. The implementation of this horizontal expansion will, however, require the mobilization of additional funds both from development partners and the Government through the budget support made available by international financial institutions and donors. The programme has been well received by the Government and national authorities and it is part of the national emergency response plan.

In addition, UNICEF is preparing a questionnaire for a rapid socio-economic survey on the impacts of COVID-19 on children and women in the main towns in Madagascar. The survey will be launched in the month of July. In collaboration with the Regional Office, UNICEF Madagascar is also developing a model to simulate the impacts of COVID-19 on poverty and the mitigation potential of cash transfers. UNICEF also continues to support the government to leverage resources to prioritize the social sectors and expand social safety nets programmes. In particular, UNICEF started a review of the 2020 revised Budget Law – and policy recommendations will be presented in July.

**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.

As a member of the Protection Cluster and co-lead of the Child Protection Sub-Cluster, UNICEF participated in coordination meetings organized by the Protection Cluster and the BNGRC as well as in the multisectoral post-flood evaluation mission. UNICEF also 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 Space (CFS).

In the Districts of Mahajanga and Marovoay (Boeny Region), 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, ten CFS kits are prepositioned in six regions of Madagascar, ready to be sent to affected regions if necessary.

During the second quarter of 2020, apart from the COVID-19 pandemic, no other emergency has affected the country requiring specific child protection responses.

As part of the preparedness, in March 2020, 41 stakeholders from the Atsinanana region, including 31 para-social workers, were trained on violence against children case management and child protection in emergencies. This training had been jointly organized and conducted by UNICEF, the Ministry of Population, Social Protection and Woman Promotion and the High Institute of Social Work (ISTS). Other trainings in other regions have been planned but suspended because of the COVID-19 pandemic.

The memorandum of understanding between the Ministry of Population, Social Protection and Promotion of Woman (MPPSPF) and UNICEF related to the management of supplies provided by UNICEF including in emergency was signed on 25 June.

**COVID-19**

Connecting with the responses plans of the country office and the child protection area of responsibility, supporting partners at central and regional level, the following actions have been implemented by UNICEF during the period of the present report. Supporting 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 regions priority of intervention and other regions with high COVID-19 cases. It contains a basic information on the virus and who its spread can be prevented, followed by detailed guidance on the provision of psycho-social support in health care, institutional and home settings and a guidance note on GBV and PSAE. To date, 337 para-social workers have received this support and benefited from coaching to implement it.
In 4 regions, UNICEF supports the Ministry of Population, the Municipality of Antananarivo and NGO 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). To date, 663 people including 326 children (169 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) provisional release measure and probation are to be negotiated with the ministry of Justice and supported by UNICEF and partners.

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.

Finally, UNICEF continues to support child protection stakeholder to provide care services to children victims of violence and participates actively in protection cluster virtual response coordination meetings on COVID-19.

Communications for Development (C4D), Community Engagement & Accountability

From January to June 2020, UNICEF reached 294,000 people with key lifesaving and behaviour change messages addressing measles, polio, flood and cyclone. This represents 32% of the initial target for the year. The COVID-19 epidemic compromised the C4D response to other emergencies (flood and cyclone, plague, drought, measles, polio) planned in Q2 2020. Challenges were related to time, availability of partners, availability of funds and access to the field due to the confinement measures.

Key improvement in emergency C4D were noted during this period. First, C4D actions were more integrated with sectoral efforts with C4D participation in the multisectoral rapid assessment for flood, and regular participation and coordination of teams with the different clusters. Compared to last year, there has been a notable improvement in the prepositioning of cyclone and flood-related IEC materials in high risk regions. In addition, a specific communication plan for flood and cyclone for each high-risk region was initiated in order to develop more context-based interventions. Additionally, multichannel communication interventions were used to address the plague in five key affected districts contributing to the control of the outbreak.

Within the current context, the integration of other emergency C4D actions into COVID-19 response initiatives (e.g: in the collaboration with scouts' associations and religious leaders' associations) is being considered for the next semester.

COVID-19

In collaboration with other UN agencies and partners, UNICEF continued to support the Ministry of Health in the coordination of communication response in Madagascar. These efforts have reached 9,927,000 people in fifty-two districts with COVID-19 messaging on prevention and access to services through media and mass communication since April. During June, 2,471,034 people were reached with COVID-19 messaging through social media managed by UNICEF Madagascar with the External Communication team. An additional 333,801 people were engaged on COVID-19 through RCCE actions. Between 9 and 22 June, 61,222 calls on COVID-19 were received through the green line 910. The 910 is a platform where people can share their concerns, address their needs and ask questions related to COVID-19.

From March UNICEF provided technical and financial support in the implementation of RCCE plan in 6 main affected regions. This support will be expanded to other regions in the coming months. In addition, a Knowledge Attitude and Practice survey on COVID-19 was launched in collaboration with ATW Consulting, a specialized agency. Data collection tools and the methodology note are finalized, questionnaire pretested and data collection in the key selected areas will start in coming weeks. Another specialized agency was recruited to conduct a series of C4D rapid assessment on a monthly-basis to measure changes in perception, opinion, attitude, knowledge and practices of the population as well as identifying influencers and appropriate and trusted communication channels. This agency will also help to reinforce the information watch and rumour management component in line with the national RCCE plan.

COVID-19 communication strategies and approaches have been re-oriented to respond to the evolving nature of the outbreak, given the substantial increase of COVID-19 positive cases, the spread of stigmatization, the proliferation of rumours, the decrease in the use of services, and the non-compliance with preventive measures. This reorientation will be effective from July at national
level and specifically in the main affected districts. In this context, UNICEF helped to update the COVID-19 messages bank. The tone and the style of messages were adjusted to a more positive note, and the content takes into account the current situation in the field. The COVID-19 IEC materials bank is also updated in order to capitalize on achievements but also to explore innovative approaches according to the evolution of the situation.

With the field officer team, UNICEF continues its support to the affected and high-risk districts in the implementation of communication activities in the field. For example, in Tamatave, 1,230 awareness sessions were carried out by health community agents and key influencers; 90 radio spot broadcasts were performed; 23 radio and TV programs were produced; 7,500 IEC materials were disseminated. Orientation sessions were held with youth groups (Young Educator Pairs, Club TandM Tamaga and Tanora Garan'Teen) and with animators of water points. In addition, advocacy meetings with traditional and religious leaders were organized followed by their engagement to participate in the communication campaign, including the fight against stigma, the promotion of use of masks, adoption of prevention measures, and the response to the rumours about the disease.

RCCE actions also involving active collaboration and support to programs in the response to COVID-19:

- **HEALTH**: Finalization of communication materials and support for the preparation of communication activities on the continuity of vaccination in the context of COVID-19
- **WASH**: Continuous support for community awareness actions in Tana and Tamatave with NGO ASOS; support to the Municipality of Tana in the communication campaign to improve access to water in the urban area with the context of COVID-19
- **EDUCATION**: preparation of a drawing and story competition for children and teenagers in the context of COVID-19
- **NUTRITION**: Contribution to the organization of a Food Contest entitled "INONA NY LAOKA ANDROANY" intended for teenagers and young people from 13 to 18 years old from the Analamanga region. The competition consists in preventing COVID-19 with a healthy, varied and balanced diet and in supporting young people to better prepare their daily meals both during this period of COVID-19 and in their everyday life.
- **CHILD PROTECTION**: Finalization of COVID-19 communication materials related to Child protection; the dissemination has started on UNICEF social networks

**Humanitarian Leadership, Coordination and Strategy**

In 2020, UNICEF adopted different strategies to respond to the different crises. For example, in response to the epidemic, a nationwide approach was used, while in responding to the drought, UNICEF focused more on targeted interventions that reinforce a link with development.

**Drought**: Improving targeting and prioritizing interventions while reinforcing the link with development

**External communication**

UNICEF reinforced the communication coordination from before and during the COVID-19 crisis in order to be efficient in joint response actions with government, NGOs. This strengthening takes shape through support in the main and sub-committees: informational monitoring, mass communication, proximity communication, etc.

**Events, press and public service announcements (radio, television)**

A special documentary on the humanitarian response in the south has been broadcasted in two big channels including the national one TVM and the private TV Plus. It highlights also the important part of government response.

As among COVID-19 response, UNICEF engaged a young influencer to bring voices of children and lead awareness raising campaign on different series of topics. Her one-minute video series are being aired on a weekly basis on national TV during prime time and amplified by the regional office.

UNICEF nominated two supporters of child rights to support with activities mainly on humanitarian responses

Special programs for children have been highlighted by the national TV and radio news edition during child month celebrated throughout June in Madagascar. Different topics have been covered.

**Digital content**

Madagascar country office (CO) participated in the production of video series of adolescent’s diaries during COVID19. The project was initiated by Division of Communication (DOC) in NYHQ in collaboration with Rooftop agency. The two adolescents from Anosy region told their daily life during five weeks through videos taken with smartphone. This video series will be launched on the end of
July by DOC and will be translated in Malagasy language for national audience. In addition, country office produced videos series during the parenting month campaign in June to highlight parents roles during the COVID-19 crisis. Moreover, three animation videos on social protection, WASH and Health support to the government during COVID-19 were produced to highlight UNICEF interventions. CO produced 8-year-old one-minute video series containing messages for children and parents on different topics: protection barriers for families and children, child protection, nutrition, etc. These videos are available for use in three versions (Malagasy, English and French). Finally, the learning diary of a child during COVID-19 was also produced and posted on social media.

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

Web site and Human-interest story

Human interest story:
At the beginning of the year, we followed the story of two children, both living with their families in the North West region of Madagascar, who have experienced the tragedy of a flood, but who nevertheless decide to look to the future with optimism. A few months later, COVID-19 arrived in Madagascar. Real heroes emerge who help the community to cope with it, through their work as doctors and nurses, journalists or even little Lova Renee who, at the age of 9, tries to raise awareness on preventive measures. UNICEF is stepping up its actions to support the Malagasy government, particularly in the areas of education, water and hygiene and social protection. Finally, in addition to the actions in response to COVID-19, UNICEF is continuing its other actions, particularly with regard to families with children with disabilities.

Press release:
A big program to fight against open defecation had been launched for the southern east with a big media coverage. In the current context of COVID-19, UNICEF strengthened its support to the Malagasy government to fight against the spread of the disease through the donation of medical equipment, water facilities, hygiene supplies and other essential support to address the emergency. UNICEF is also supporting vulnerable families through social protection program and strengthening its support for distance learning education. All of these activities have been shared to the media.
However, UNICEF maintained its contribution to the fight against malnutrition and issued press releases about the fight against acute malnutrition in the South, and a press release on a new program to fight against chronic malnutrition in the Amoron’i Mania region. The press release has been released in few medias.
Despite the COVID-19 context, media has brought attention to southern malnutrition these last months. A few stories have been released on the topic.

Social media

From 01/01/2020 until 09/07/2020:

- The number of additional subscribers:
  - Facebook: +56,629 net subscribers for this period, i.e. +53.1% compared to the previous period.
  - Twitter: +2200 subscribers

- On average one publication per day for Facebook and 2 for twitter

- From January to early March, publications focus on UNICEF’s achievements and activities, mostly illustrated with stories, testimonies and survey results. Since March, the priority topic has been COVID-19, including UNICEF’s actions in response to the COVID-19, story, raising awareness with regular reference to articles on the website (press release and human-interest story)

- Facebook average coverage depending on the type of publication (on a year-to-date basis):
  - Link to web site (press releases or stories): 175,721
  - Photo: 123,684
  - Video: 8721

- Twitter: Tweet impressions 560,900 (on a year-to-date basis)

Next SitRep: 15/10/2020

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Jean Benoit Manhes, Deputy Representative UNICEF, +261 32 05 411 37, jmanhes@unicef.org
Annex A
Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall needs</th>
<th>2020 target</th>
<th>Total results*</th>
<th>Change since last report ▲▼</th>
<th>2020 target</th>
<th>Total results*</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td>9,274</td>
<td>▲</td>
<td>16,000</td>
<td>9,274</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># children aged 6 months to 9 years immunized against measles</td>
<td>241,000</td>
<td>200,000</td>
<td>120,612</td>
<td></td>
<td>241,000</td>
<td>120,612</td>
<td></td>
</tr>
<tr>
<td># people provided with access to essential and life-saving health care services</td>
<td>200,000</td>
<td>197,334</td>
<td></td>
<td></td>
<td>180,000</td>
<td>197,334</td>
<td></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td># of people who accessed the agreed quantity of water for drinking, cooking and personal hygiene</td>
<td>300,000</td>
<td>200,000</td>
<td>148,678</td>
<td>▲</td>
<td>200,000</td>
<td>124,204</td>
<td>▲</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children reached with psychosocial support</td>
<td>3,000</td>
<td>3,000</td>
<td>1,138</td>
<td></td>
<td>3,000</td>
<td>1,138</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
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<td></td>
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</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)</td>
<td>50,000 (not including COVID19 response)</td>
<td>16,000</td>
<td>40,000</td>
<td>10,580</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C4D</strong></td>
<td></td>
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<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>
<td>294,000***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of vulnerable households receiving cash transfers</td>
<td>189,000</td>
<td>189,000</td>
<td>240,000</td>
<td>▲</td>
<td>189,000</td>
<td>240,000</td>
<td>▲</td>
</tr>
</tbody>
</table>

* Purchase or distribution of supplies for another 3,950 pupils under way, not yet delivered. COVID19 specific materials being printed.
*** COVID Response not reported in this table, details in the narratives

Annex B
## Funding Status*

### Regular Programme and COVID-19

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirement</th>
<th>Received</th>
<th>Funding gap received (HAC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>HAC (COVID-19)</td>
<td>Regular Programme</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,700,000</td>
<td>700,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Health</td>
<td>2,400,000</td>
<td>1,300,000</td>
<td>1,100,000</td>
</tr>
<tr>
<td>WASH</td>
<td>3,000,000</td>
<td>1,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,750,000</td>
<td>1,200,000</td>
<td>550,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>500,000</td>
<td>300,000</td>
<td>300,000</td>
</tr>
<tr>
<td>Communication for Development</td>
<td>1,975,000</td>
<td>1,500,000</td>
<td>475,000</td>
</tr>
<tr>
<td>Cash-based transfer</td>
<td>2,200,000</td>
<td>1,000,000</td>
<td>1,200,000</td>
</tr>
<tr>
<td>Cross sectoral / Cluster coordination</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14,625,000</td>
<td>7,000,000</td>
<td>7,625,000</td>
</tr>
</tbody>
</table>