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Reporting Period: October 2021

Madagascar Country Office Humanitarian Situation Report No. 5



Highlights

Projections for Q4-2021 and Q1-2022 foresee a deterioration of the nutritional situation due to the early start this year of the lean season (forecasted 70,000 SAM children in need of CMAM treatment during this period).

UNICEF and partners will work to continue multisectoral humanitarian interventions (nutrition, food and cash distributions, WASH, health, etc.) at least until the next harvest (beginning of Q2-2022) targeting the most vulnerable/affected municipalities (i.e. pockets of malnutrition classified in Emergency by the Nutritional Surveillance System) and adapting as much as possible to the very different local contexts from one municipality to another while ensuring a strong geographical convergence between the different interventions.

UNICEF's water interventions have reached an additional 56,500 people who are most affected by the drought in the regions of Androy, Anosy and Atsimo Andrefana with 511,000 now reached out of the 807,000 targeted by the WASH cluster.

With an additional 32,000 people using free health services through UNICEF support in October 2021, this brings the total number of people reached since January 2021 to 227,000, bringing coverage to 102% of the year's emergency response target in the Grand South.

UNICEF continued to coordinate the cash response to the drought. in collaboration with the cluster SAMS to ensure that the most appropriate food, cash or hybrid assistance is provided to households, UNICEF covered about 35,000 people in October and currently requires an additional US\$1.1 million to continue the assistance in this commune until May 2022.

GBV reporting is strongly hampered by social norms, traditional arrangements and the absence of survivors protection options; reporting and referral services also suffer from gaps in staffing, resources, equipment and coverage, which affects their accessibility, the quality and comprehensiveness of care, and the capacity to gather and centralize data, affecting a real time overview of GBV trends in the emergency response.

Situation in Numbers



1,285,000
people facing high acute food insecurity (IPC Phase 3 and 4)

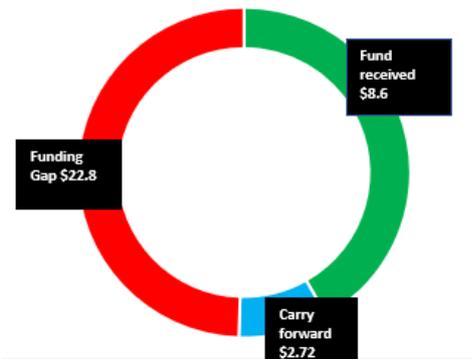


28,000
people critically food insecure (IPC Phase 5)

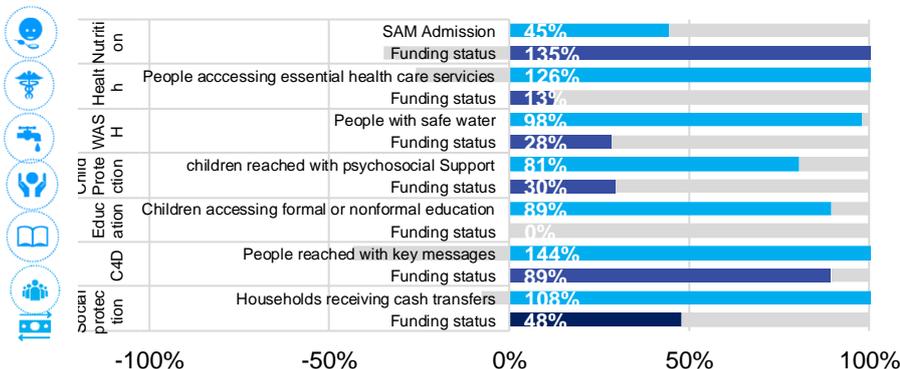


500,000
children in need

Funding status 2021



UNICEF's Response and Funding Status



Funding Overview and Partnerships

To immediately respond to ongoing humanitarian crisis, and to prepare for potentially worsened emergencies particularly in southern Madagascar, UNICEF Madagascar launched a US\$ 34.2 million appeal to meet the most urgent humanitarian needs of children and women. As of 31 October 2021, 50 per cent had been received from the European Commission/ECHO, Central Emergency Response Fund (CERF), SDG Joint Fund, United States Agency for International Development (USAID), Foreign, Commonwealth, and Development Office (FCDO) and the Government of Japan. An additional 8 per cent was carried over. The original 2021 appeal was revised due to exponential increase of humanitarian needs around COVID-19 and drought. Madagascar is experiencing the worst form of humanitarian consequences of drought in years driven by climate change and environmental degradation.

UNICEF calls on donors to provide flexible and timely support for ongoing humanitarian responses in the sectors of nutrition, WASH, health, social policy, child protection, gender, and communication for development (C4D).

Situation Overview and Humanitarian Needs

According to the IPC Food Security published in June 2021, it is projected that between October and December 2021, 1,285,000 people (48% of the population) will be in Phase 3 and 4 (Crisis and Emergency) and 28,000 (1%) in Phase 5 (Disaster) in 10 Southern districts.

The IPC Acute Malnutrition published in July 2021 estimated that, between May 2021 and April 2022, 501,000 children 6-59 months old will be at risk of acute malnutrition, of which 111,000 will be severely malnourished.

The main cause is a pronounced and prolonged drought since 2019/2020 leading to high food insecurity against a background of vulnerabilities and very low resilience capacity of the affected populations. Identified aggravating factors are an increase of basic food items prices because of the COVID-19 pandemic, poor results of the main agricultural season in the first semester of 2021 and poor access to health care and water.

Results of the Q3-2021 exhaustive screening exercise (September 2021) show a general improvement in the nutritional situation compared to the Q1 and Q2 of 2021. A "reasonably good" sweet potato harvest in August/September 2021, as well as the sustained level of multisectoral humanitarian response were identified as contributing factors to this general fragile improvement.

However, this situation (Proxy-Global Acute Malnutrition [GAM] of 9.2%) also shows an aggravation compared to the Q3-2020 (Proxy-GAM of 7.9%). This is confirmed by the admission trend in nutrition centers, which remains higher than in previous years. Also, the proportion of municipalities in Alert and Emergency status rose from 26% in Q3-2020 to 35% in Q4-2021.

Projections for Q4-2021 and Q1-2022 foresee a deterioration of the nutritional situation due to the early start this year of the lean season (i.e. starting in October instead of December usually with a peak of admissions of acutely malnourished children usually occurring in March/April, at the end of the lean season when the first harvests become available).

Summary Analysis of Programme Response

Nutrition

UNICEF continues to co-lead and strengthen the Nutrition cluster coordination at central and sub-national levels. Information are gathered monthly and uploaded on the Nutrition cluster dashboard.¹

In total, 100% of health centers (278) and hospitals (9) in the 10 Southern districts offer community-based management of acute malnutrition (CMAM) services and will be supported by the temporary recruitment of 160 health workers.

A total of 32 mobile teams were deployed in remote communities classified in Emergency by the Nutritional Surveillance System. This represents around 30% of all CMAM admissions (UNICEF, ACF, MSF, MDM, MEDAIR and DFM); 29 will be deployed as of the first week of November.

Complementary services include the promotion of optimum maternal, infants and young children feeding practices, the Family mid-upper arm circumference (MUAC) initiative (200,000 parents trained and equipped with MUAC tapes) and a partnership with the NGO ASOS for nutrition information and community awareness.

Since July 2021, blanket supplementary feeding for children under 2 years of age, coupled with general food distributions, has been expanded to children under 5 years of age in partnership with WFP.

¹ <https://www.humanitarianresponse.info/en/operations/madagascar/nutrition>

Between January and September 2021, 53,437 children with severe acute malnutrition (SAM) (UNICEF) and 96,000 children with moderate acute malnutrition (MAM) (WFP) were admitted for treatment in fixed or mobile nutritional centers

Between June and September 2021, 108,417 children 6-59 months old received LNS-MQs supplements and 52,664 pregnant and lactating women received fortified flour (super cereal) from WFP.

The Q4-2021 therapeutic supply distribution has been completed to serve an anticipated 20,000 SAM children in line with forecasted admission trend. Currently the ready-to-use therapeutic food (RUTF) pipeline is secured up-to the Q2-2022 (44,053 cartons in stock and 40,513 cartons in the pipeline).

WASH



For the entire month of October, around **56,560** people received WASH assistance (essentially through water supply), as a WASH cluster response. Over **6,856m³** of drinking water was distributed to the above-mentioned beneficiaries. The beneficiaries were mothers and MAS children (at the health and nutrition centres) and some community members in the Anosy, Androy and Atsimo Andrefana regions.

From above, UNICEF's direct contribution reached **56,560** beneficiaries representing the 100% of the cluster response during this reporting period. Additional water infrastructure is under construction and will cover the need for the upcoming months.

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From the **807,000** targeted people by the WASH cluster since the beginning of the crisis, around **511,220** have received WASH assistance. A total of 449,179 people received water; some **51,045** benefited from dignified sanitation activities and over **28,331** from hygiene promotion and supplies. That brings the WASH cluster response to 63 % of the target covered. Thanks to UNICEF's direct contribution, the total beneficiaries reached are estimated to be **306,150** (282,650 for water supply and 23,500 for hygiene and sanitation). Globally, UNICEF contribution represents almost 60% of the cluster response.

The main gaps remain with sanitation and hygiene activities; advocacy continues with the members of the Cluster.

The WASH Cluster response plan estimated budget of 10 **million** USD to cover WASH needs for the **807,050** targeted people. However, to this date, there is still a gap of **5.7 million** USD to cover all WASH needs.



[Water Sanitation Hygiene | Humanitarian Response](#)

UNICEF provided the following items to the DREAH ITASY (Regional Directorate of Water and Sanitation of the ITASY region) or the plague response: 15 sprayers, 40 boxes of soap, 5 containers of HTH, and 320 handwashing devices. These items have allowed the effective response in 10 villages in the Fokontany Miandrandra and 9 other villages from the Fokontany Ambohipandrano.

On 8 October 2021, fire affected the population of Mahafasa (district of Farafangana). In total, 882 households (3,748 people) were affected and UNICEF provided 1,800 hygiene kits to the DREAH ATSIMO ATSIANANA (Regional Directorate of Water and Sanitation of the ATSIMO ATSIANANA region) to ensure effective response. Each kit included a 15-liter bucket, a 1 liter cup, a 5 liter jerrican and soap.



As part of the COVID-19 response, for the month of October, just over 4,850 people received WASH services, and more particularly, hygiene services through UNICEF.

Since the beginning of the crisis, the overall humanitarian response supported by the WASH cluster was provided to nearly 5,418,000 people. The distribution of hygiene kits represents by far the largest activity, covering just over 4,428,000 persons. Water activities represent 12%, while sanitation activities represent 2%.

The COVID-19 targets and the action plan were reviewed by the WASH cluster in April, and the overall target for the country is 6,413,315 people. Up to the current reporting period, the cluster has covered some 84% of the total target.



UNICEF's direct contribution has reached just over 3,615,000 people at the national level. Over 837,000 received water services, just over 4,546 persons received sanitation assistance, and almost 2,785,000 received hygiene assistance, through distribution of hygiene kits and supplies, including buckets, jerry cans, hydroalcoholic gel and soap. In total, 87 public establishments (schools, health centers, administrative offices, COVID-19 treatment centers, churches, markets, and universities) received handwashing devices in all regions. A total of 1,771 public places (COVID-19 treatment centers, administrative offices, and markets) and households have been disinfected. Hypochlorite (for local disinfection and equipment) has been provided to the health centers, and personal protective equipment has been passed on to at least 100 CSBs and COVID-19 treatment centers.

Globally, UNICEF's contribution to the response represents around 66% of the cluster's response.



Health

UNICEF continues to support access to health care for women and children affected by the crisis. As a result of the support provided during October, in addition to the 195,000 people covered from January through September, 3,100 pregnant women and 28,900 children were able to access essential health services in the Grand Sud, representing 193% and 124% of monthly targets, respectively, and broken down as follows:

- 6,700 children under 5 received free treatment for childhood illnesses (diarrhea, malaria, acute respiratory infections, etc.), of which 3,700 were treated by community health workers.
- 20,300 received vaccines against vaccine-preventable diseases, including measles.
- 1,900 newborns in health centers received individual delivery kits with their mothers.
- 3,100 pregnant women received the recommended minimum of four prenatal visits, as well as other packages for pregnant women.

Currently being reorganized, the mobile clinics will be redeployed in early November. In total, 29 teams are set up in the 9 districts of the Grand Sud, making weekly visits to strengthen access to health services and to cover the needs of malnourished children.

Education

During this reporting period, UNICEF supported the Education system through the coordination and monitoring of CRAN (course de remise a niveau) activities and reintegration of students that have dropped out back in school. Out of the 18,706 children and adolescents (9,671 girls, 52%) in CRAN in the three drought-affected regions of Anosy, Androy et Atsimo Andrefana, to date more than 19,700 children (10,640 girls, 54%) are reportedly reintegrated in schools with 17,370 in primary schools (9,300 girls, 54%) and 2,360 adolescents (1,300 girls, 55%) in the secondary schools. Data collection/compilation is ongoing with the decentralized education authorities.

UNICEF continued its contribution in the inter-agency coordination meetings led by OCHA by providing information on the response of the education sector to the crisis.

Supporting the decentralized education authorities of the three drought-affected regions (10 districts), UNICEF strengthened the mechanism to respond to school absenteeism. For this pilot phase, action is ongoing in 210 schools of the regions of Atsimo Andrefana and Anosy.

Focused on the drought-affected districts, a joint action plan for 2021-2022 is in progress with three United Nations Agencies (ILO, WFP and UNICEF), with UNICEF coordinating the development of the plan.

Shock-Responsive Social Protection and Social Policy

At this stage, there are no major revisions to the **joint plan prepared by the Cash Working Group (CWG) and the Food Security Cluster (SAMS)**: the plan covers about 900,000 people who will continue to receive monthly humanitarian cash transfers from the national social protection agency (*Fond intervention pour le Développement*, FID) through the World Bank and UNICEF, WFP, ACF, SAFFJKM, SVI, WHH, and CRM. The members have mobilized a total of approximately US\$ 60 million to cover the needs of those 900,000 people from July 2021 to May 2022. The assistance will cover 50% of the Minimum Expenditure Basket and in most affected locations is complemented by a food ratio corresponding to an additional 50%. However, this hybrid approach is so far implemented in very few locations since the members of the SAMS cluster don't have enough resources at this stage to complement with 50% in kind.

Some members of the CWG, particularly FID, have cumulated significant delays in July, August and September due to slow funds disbursement from donors. About 50% of the target population have received assistance in the past months. To catch up from this delay, from October to December the households will receive double payments.

The preparation of the new Post Distribution Monitoring (PDM) has been slightly delayed and the next round of PDM will be conducted in November 2021.

With financial support from the Foreign, Commonwealth and Development Office (FCDO) and the United Nations' SDG Fund, UNICEF provides humanitarian cash transfers to about **35,000 people (covering 7,000 families, approximately 21,000 children)**. This corresponds to a total coverage (100%) of the population of the commune of Ifotaka, in Amboasary (Anosy region). The last payment has been organized in mid-October in Ifotaka for the 7,000 households, and the next one will be held in November. **A funding gap of about US\$ 1.1 million is hampering the continuity of the response by UNICEF until May 2022.**

Child Protection

During the reporting period, UNICEF implemented the following child protection interventions:

- 24 children (10 girls, 14 boys) who experienced violence and exploitation received care and support, bringing the total since January to 378.
- 38 children benefited from psychosocial support activities after their homes were destroyed by fire in the town of Amboasary, bringing the total since January to 6,811.
- 36 parents were reached with psychosocial support activities, bringing the total since January to 1,336.
- 29 children who head households (21 girls, 8 boys) benefitted from family and school reintegration activities, bringing the total since January to 97.
- 17 parasocial workers (10 women, 7 men), 159 child protection actors (83 women, 76 men) and 114 members of local watch groups were trained on child rights, violence against children, GBV and PSEA to implement child protection and GBV response actions. This brings the total trained since January to 630.
- 1500 parents and community members were sensitized on GBV risk mitigation, prevention or response interventions including life skills, parental skills, and positive masculinity programmes to strengthen their capacity to protect themselves and their children against violence, exploitation, and child marriage during humanitarian settings. This brings the total reached since January to 14,502.
- After community dialogues, 4 fokontany (villages) in the Androy region put in place community agreements against child marriage and in favor of retention of children in school, bringing the total number of fokontany which have adopted such agreements to 8.

Communications for Development (C4D), Community Engagement & Accountability

Interventions in maternal, infant and young child nutrition (MIYCN), early childhood development (ECD), vitamin A supplementation and hygiene were implemented in 3 districts (Amboasary, Tsihombe and Ampanihy), through the partnership with the NGO ASOS. The interpersonal communication activities organized by the community activities on behaviour change related to optimal nutrition practices and utilization of services contributed to raising awareness among 145,000 people, of which 74,000 were women and 71,000 men. This is about 96,000 more people than in the last report.

Following the joint mission with the national Emergency Communication Network and the support from the international C4D surge, the report of the rapid analysis of the C4D needs in the south, including a community diagnosis, is validated for Androy region. Based on this analysis, on the national communication response plan and on other available evidence, a regional C4D strategic plan is being developed for Androy after a regional workshop with the participation of 45 regional multisectoral actors in order to readjust and reinforce the C4D response in the south. A C4D capacity building plan for regional actors, media and community agents in Androy region is also being validated along with this regional C4D strategic plan. In addition, the regional C4D platform was reorganized following the insights and recommendations from the C4D analysis held in September 2021. The same process will be held in Anosy region in November 2021. Thus, next steps include communication activities with and for young people according to the newly regional C4D strategic plan.

As part of the COVAX initiative, the update of the communication plan for immunization coverage was carried out in October 2021. The interventions of this communication plan were based on the results of the quantitative and qualitative survey carried out on the perception of health workers and the vaccine target in relation to COVID-19 and the COVID-19 vaccine.

In collaboration with the Ministry of Education, the Ministry of Health and the Ministry of Wash and Hygiene, 72,500 educational booklets on handwashing with soap were produced. This made it possible to provide adequate information on hygiene and social distancing measures to the students of 18,400 public primary schools in the 23 regions of Madagascar. This approach aims to involve students as actors of change with their own families/parents and their community.

For the public, 19,000 stickers on infection prevention and control and the value of vaccination were made available on public transport in the major cities of Madagascar's 23 regions.

Humanitarian Leadership, Coordination and Strategy

UNICEF ensures that its interventions are in line with humanitarian leadership, whether from the Humanitarian Country Team and from government authorities including the National Office for Disaster Management (BNGRC). A flash appeal, initially prepared in June, was released in November after receiving green light from government.

Nutrition, Food security and WASH clusters have been formally activated after the Resident Coordinator was officially nominated as Humanitarian Coordinator. UNICEF is responsible for Nutrition and WASH but also set up sector groups in Education and Cash. These coordination groups have been replicated at field level. UNICEF's strategy aims at ensuring a nexus between its humanitarian and development interventions, at reinforcing partners' capacity in all elements of social systems (data, HR, planning, supply, advocacy) and in giving priority to "scale up" potentially innovative interventions. Partnership and coordination with key UN Agencies (WFP, FAO, OCHA), international NGOs

(MSF, ACF, MEDAIR, CRS, SOS Children's Villages) and local NGOs (FJKM and ASOS) is indispensable to ensure proper response and coordination of information.

UNICEF plays a leadership role in coordinating partners and co-chairs sector meetings with the National Nutrition Office (ONN) for Nutrition, the Ministry in charge of WASH for WASH, Ministry of Population for Social Policy and for Child Protection Area of Responsibility/sub-cluster.

A major element that must be highlighted is the complexity of operating in Madagascar: the COVID-19 pandemic has severely restrained aerial capacity, with severe restrictions being put on external arrivals, even for humanitarian teams. Roads to the south are structurally damaged, and insecurity slows logistics transports. UNHAS flights have however started to serve the south of Madagascar, in addition to a biweekly flight to the two cities bordering the region (Fort Dauphin and Tulear). Electricity and internet coverage are excessively limited making information gathering and compilation complex.

Human Interest Stories and External Media

Media

Interviews with Reuters, the Associated Press and UN News were conducted on the situation in the south of the country. Sky News UK is being supported in-country.

Video production

UNICEF is producing a video showing the situation and UNICEF interventions in the south with the support of DoC. A [video on cash transfers](#) and FCDO support was also produced in French, English and Malagasy. It will be published on social media channels.

Partnerships

UNICEF organized a virtual field visit on climate change and its effects on malnutrition and WASH for the UK National Committee. The audience was current and potential Goodwill Ambassadors in the UK and the US.

Social media

- [30,000 women and children may be victims of violence, including gender-based violence in the South](#)
- [77 health centers in the 3 southern regions equipped with devices to disinfect objects and treat drinking water](#)
- [Life-saving assistance, including essential medicines and supplies for vulnerable families in the south](#)
- [Madagascar CO WASH Section Open Day as part of its response to emergencies in the South](#)
- [Meeting between the new UNICEF Representative in Madagascar and the Governor of the Androy Region to consolidate the commitment of both in support of families affected by food insecurity in the South](#)
- [UNICEF supports the Malagasy government's response in the south of the country](#)
- [The impact of the food crisis in the South on children](#)

Contact for further information

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Annex A

Summary of Programme Results

Sector		Total needs	UNICEF and IPs Response			Cluster/Sector Response		
			2021 target	Total results	Change* ▲ ▼	2021 target	Total results	Change* ▲ ▼
Indicator	Disaggregation							
Health								
# people provided with access to essential and life-saving health care	female	225,600 (children)	180,000 children	104,000	▲	210,000	N/A	
	male			99,000	▲			
	Services	56,400	30,000	24,000	▲			
Nutrition								
# of children under 5 with SAM admitted to therapeutic treatment sites	girls	120,000	120,000	27,253	▲	120,000	27,253	▲
	boys			26,184	▲		26,184	▲
	women							
Child Protection								
# of children reached with psychosocial support	girls	8,000	8,000	3473	▲	8,000	N/A	
	boys			3068	▲		N/A	
# women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	girls	30,000	2500	3900	▲	137,000	TBD	
	boys			3600	▲			
	women			4700	▲			TBD
Education								
# Children Receiving learning materials	girls	155,000	155,000	71,100	No change	160,000	71,100	No change
	boys			67,600	No change		67,600	No change
WASH								
# of people who accessed the agreed quantity of water for drinking, cooking and personal hygiene	girls	300,000	300,000	71,000	▲	807,000	130,000	▲
	boys			68,000	▲		126,000	▲
	women			79,000	▲		130,000	▲
	men			76,000	▲		126,000	▲
C4D					▲			▲
# of people reached with access to	girls	800,000	800,000	228,000	▲	1,000,000		
	boys			208,400	▲			

services and behavioural change messages	women	64,000	64,000	397,000	▲	80,000				
	men			315,600	▲					
People participating in engagement action	girls									
	boys									
	women						97,500	no change		
	men						52,500	no change		
Social Protection										
# households receiving cash transfers		30000 people (6500 households)	30000 people (6500 households)	7,000	No change	900,000 people (180,000 households)	900,000 people (180,000 households)	▲		

Annex B

Funding Status*

Funding Requirements (as defined in Humanitarian Appeal 29 September 2021)						
Appeal Sector	Requirements	Funds available			Funding gap	
		Funds Received Current Year	Carry-Over	Total	\$	%
Nutrition	7,650,000	8,635,152	1,686,085	10,321,237	-	0%
Health	7,000,000	471,145	406,069	877,214	6,122,786	87%
WASH	9,900,000	2,596,686	217,465	2,814,150	7,085,850	72%
Education	2,100,000	-	-	-	2,100,000	100%
Child Protection, GBViE and PSEA	1,500,000	345,000	97,873	442,873	1,057,127	70%
Communication for Development	1,500,000	76,403	83,686	160,090	1,339,910	89%
Cash-based transfers	1,430,000	607,250	136,784	744,034	685,966	48%
Cross sectoral / Cluster coordination	-	241,802	93,633	335,435	-	0%
Total	31,080,000	12,973,438	2,721,595	15,695,033	15,384,967	50%