Funding Overview

UNICEF Madagascar has estimated its initial needs at USD 7 million for four months.

Funding status

- Fund received: $1.19
- Funding gap: $3.45
- Carry forward: $2.35

Highlights

1. From May 17th to July 29th 2020, the positive COVID-19 cases growth curve decupled exponentially from 304 to 10,432 cases with 0.89% of fatality rate in 19 out of 22 affected regions (all except Androy, Atsimo Atsinanana and Melaky).

2. The epicenter remains the capital Antananarivo with very high community transmission. The hospitalization capacity was reached in central hospitals which led to care decentralization for asymptomatic and pauci-symptomatic patients whilst hospitalization is offered in priority for moderate, severe and critical patients.

3. UNICEF supports moderate, severe and critical patients’ care by supplying oxygen (O₂) to central hospitals, helping saving lives of most severe patients.

4. Thus far, 240,000 families have received a cash transfer of 100,000 Ariary (26 USD) to meet their basic needs. In collaboration with the Government and through the Cash Working Group, UNICEF coordinates the second wave of emergency social assistance in the most affected urban and peri-urban areas. However, UNICEF’s appeal for emergency social protection support, remains unfunded.

5. Around 300,000 children received self-study booklets while distribution to another 300,000 children is being organized. UNICEF is monitoring the promoted health measures to be put in place prior the tentative examination dates for grade, 7, 3 and Terminal.

6. 600,000 people in most affected cities benefitted from a subsidized access to water, via Avo-Traina programme while more than 20,000 taxi were disinfected and supported with hydroalcoholic gel and masks in Antananarivo.

July 29th 2020

Situation in Numbers

- 10432 cases across 19 regions
- 93 deaths

July 29th 2020
Situation Overview and Humanitarian Needs

Presidential instructions related to the continued health emergency status of the country remain. Confinement of two largest cities (Antananarivo and Tamataves) as well as confinement between regions is on-going while additional clusters of COVID-19 infection required initiation of confinement. In June and July 2020, testing capacity was increased from 1 to 4 laboratories, all located in the capital, reaching an average of 854 test analysed daily. This led to an exponential increment in identified cases and it improved the waiting time between the test and the results release. This is illustrated in the capital city Antananarivo map below showing the situation on July 2\textsuperscript{nd}, 10\textsuperscript{th} and 20\textsuperscript{th}. However, important transportation issues remain at decentralized level to access testing timely and in sufficient number. Without adequate diagnosis, regional authorities struggle to implement adequate triage measures, infection prevention and control and isolation of suspected cases while access to oxygenotherapy relies mostly on partners’ support in all treatment centres. To mitigate hospitalization bed congestion, the Ministry of Health authorized recently home-based care for mild COVID-19 cases, but adequate dissemination of this new guidelines remains to be done. In line with the national COVID-19 response plan and national guidelines for case management, the Ministry of Health and Health cluster partners prepared the decentralization of the capacity strengthening plan but funding remains insufficient to cover the needs. Meanwhile the number of cases is on the rise and although mortality rate remains low, technical and financial support is dire.

Source: [https://www.covid19mg.org/](https://www.covid19mg.org/)
Humanitarian Leadership, Coordination and Strategy

Humanitarian Strategy
In coordination with government, UN agencies, NGOs, Donors and other actors, UNICEF response focuses on health (procurement of essential supplies, ensuring access to essential activities; risk communication and community engagement; access to water, basic sanitation and hygiene; and prevention and mitigation of secondary impacts across sectors such as education (remote learning and preparations for a future school reopening); nutrition (prevention and treatment of acute malnutrition); social policy and social protection (unconditional cash transfers); and child protection (case management, psychosocial support and interim care/family tracing and reunifications).

Humanitarian leadership and coordination
COVID-19 pandemic coordination is still ensured by three existing coordination bodies (political through the Presidency, strategic under the lead of with the Prime Minister and operational with the COVID-19 Operational Command Center (CCOC/MoH)). In support to these bodies, a military platform was created aiming to support mainly the digitalization of cases and hospital bed attribution.

Summary Analysis of Programme Response

Strengthening Risk Communication and Community Engagement (RCCE)
UNICEF continued to support the Ministry of Health in the coordination of COVID-19 communication response, in close collaboration with other UN agencies and partners.

From April to mid-July 2020, 10.3 million people in 61 districts were reached with COVID-19 messaging on prevention and access to services through a multi-channel communication. Due to a fixed-cost per call initiated by 2 out of 3 telephone companies, the use of the special hotline (910) an important decrease in the number of calls is noted in the last two weeks (early July) compared to two weeks end of March/early June period (from about 50,000 COVID-19 calls to 11,000). From June24th to July20th 2020, 80% of callers were men, 62% were self-employed, 24% were students, 50% were aged 29 to 49.
years old and 43% were aged 15 to 24 years old. COVID-19 related rumours monitoring is done daily to adapt messages and counter fake news.

From June 24th to July 17th, 2020, more than 91,000 people were engaged on COVID-19 through social media at national level. In the same period, with the support from UNICEF field officer team, 918 new community agents were mobilized, 65 animation sessions were held, 216 spot broadcasts were made, 71 TV and radio programs were produced, and 17 types of IEC materials were disseminated in targeted regions (Atsinanana, Haute Matsiatra, Boeny).

UNICEF contributed to the development of the National Action Plan on Health Security where plague and COVID experience were used to enrich the document, especially in the RCCE component.

In addition, UNICEF has contributed to the launch of the first edition of a COVID-19 special clash info. During the second week of July, 15 programs will be broadcasted by 97 TV and radio stations. About 4 millions of people in 13 targeted regions were reached through SMS communication on COVID-10, 12 predefined Facebook posts will be published weekly.

C4D support to sectorial programs in the response to COVID-19 continues, especially on health (continuity of vaccination in the context of COVID-19) and WASH (hygiene promotion and improving access to water in the urban area with the context of COVID-19), with the support of NGO (COMARESS, ASOS).

Strengthening public health response to Covid-19 and improve Infection and Prevention Control (IPC) and provide critical medical and WASH supplies

Health:

UNICEF Madagascar, benefiting from a strong expertise in Health System Strengthening, large field presence and procurement capacity continues its strategic support, as a key member of the Swat team. In addition to protective equipment and tests provided in the past weeks and to reduce mortality hence increase survival chances of moderate, severe and critical cases, 40 health care professionals had been trained on anaesthesia and intensive health care in Antananarivo. Timely with the increase of patients in AntananarIVO, UNICEF contracted lifesaving oxygenotherapy supply with direct delivery in the six central hospitals. In a month, more than 700 patients benefitted of specialized care, using more than 3,000 cylinders of oxygen. Oxygen supply has also been ensured in all regions affected by the COVID thanks to this contract. Under the leadership of the Ministry if Health, the decentralisation of the management of light cases by general practitioners is on-going, and 380 of them will ensure care at health center level.

Wash:

In addition, Infection prevention and control (IPC) training modules were developed and shared with WASH partners. More than 4,000 healthcare facility staff and community health workers has been trained in infection prevention and control (IPC) in 7 regions (Analanjirofo, Analamanga, Atsinanana, Anosy, Atsimo Atsinanana, Boeny, Haute Matsiatra and Vakinankaratra, Vatovavy Fitovinany), through our partnership with Action Contre la Faim (ACF), MEDAIR and Ministry of Health.

UNICEF started to implement IPC activities in Aloatra Mangoro region, the third most affected region mainly in Moramanga District, with the support of MEDAIR and Ministry of Water. 10 water tanks have been also delivered to the region to increase water storage capacity in the health facilities.
To reduce outbreak propagation, massive disinfection was launched in partnership with the Ministry of WASH and local authorities in 6 affected regions: Itasy, Boeny, Atsinanana, Alaotra Mangoro, and Vakinankaratra with the donation of 1,120 box of soap (10 tons), 175 sprayers, 800kg HTH, 175 Handwashing, 2 water tanks for 5m3 storage as well as 240 PPE.

Since the beginning, 2.7 million people were reached and engaged on COVID-19 through RCCE actions focusing among others on Hand Washing (12 million in total for WASH Cluster partners), about 722,500 people were reached with critical wash supplies (including hygiene items) and services (2 million in total for WASH Cluster partners). Results can be found on the following website: https://www.humanitarianresponse.info/en/operations/madagascar/water-sanitation-hygiene

Continuity of health, education, nutrition and protection services

Health:

Diseases such as measles, cholera, or malaria could resurface if attention remains fully focused on COVID-19. The coronavirus pandemic affects negatively the offer of and demand for health services which is already shown by a decrease in the number of children and women who benefitted of immunization doses since March. As the focus of partners and donors is put on COVID-19, mobilizing most of resources, the continuity of the services to fight against diseases such as measles, malaria, dengue, etc. is particularly challenged. To mitigate this effect, UNICEF supports the Ministry of Health to develop, implement and continue to offer primary health care activities with an emphasis on the maternal and child health service.

Education:

Schools continue to operate at partial capacity. Grade levels for which an examination is required (7, 3 and Terminal) are operating, while support to distance learning is offered through radio and TV. 600,000 self-study booklets have been deployed and around 300,000 children already received them. The distribution of study guides continues throughout the country for intermediate grades. The percentage of children that have returned to school in UNICEF regions where schools are operating is above 85 per cent.

Among the most salient difficulties that communities and schools continue to face are the insufficient protective materials, the strained resources of parents, the difficulties in mobilization and transportation and the uncertainty on the termination of the health prevention measures. Current evolution of the epidemic is characterized by the closure of schools in some areas where they had already opened and the challenges in implementing protective measures globally and systematically. A likely scenario for the mid-term is that the response will alternate between school re-opening and return to distance education. In practical terms this means the government of Madagascar needs a reliable strategy for distance education and the capacity to shift from in-person education to distance-education when required as the epidemic evolves. UNICEF Madagascar continues to work with government partners to further develop their capacity to provide distance-education services.

Nutrition:

UNICEF supported the Ministry of Health transporting Vitamin A supplements to all of the 114 districts of Madagascar along with communication material to increase the coverage of this essential Child Survival service (poster, 1 pager-advocacy brief, pocket-size technical guide for health workers and audio-spot for diffusion through local radios). 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 for a period of one year.
In order to promote and support appropriate breastfeeding practices in the context of Covid-19, the WHO’s document “Frequently asked questions: Breastfeeding and Covid-19 for health care workers” and an accompanied practical “Decision Tree” has been translated in Malagasy by UNICEF and is being printed (330 printed copies in French and 330 in Malagasy). Through the Service of Nutrition of the Ministry of Health, the colored materials will be distributed in August to health institutions currently treating Covid-19 cases, which includes health centers and university and regional hospitals.

Data collection for the Household Economic Analysis (HEA) in the urban municipalities of Antananarivo has been completed by the National Disaster Risk Management Office (BNGRC) with support from FEWSNET, WFP and UNICEF. Only poor and very poor households were included in the analysis and preliminary results show that 31% of this category of the population need assistance to protect their livelihood systems. Next HEA to be completed in Fianarantsoa, Tamatave and the Southern regions are in planning stages.

**Child Protection, Gender:**

The measures put in place to control the spread of COVID 19 pandemic (confinement, income reduction, transport limitation) increase the risk of violence against children (domestic violence, child labour, child marriage, psychological distress). To prevent violence against children, child protection stakeholders in Analamanga region (Population, Health, Policy, Gendarmerie), with UNICEF support, are carrying out community awareness activities on child protection in the current context including reporting and available services. Thanks to UNICEF, stakeholders assure the continuity of child abuse reporting and child protection services during this health crisis in the intervention’s regions.

UNICEF collaborate closely with Government and non-governmental organizations to provide social psychological support to children and families affected by COVID 19 in the affected regions, to provide appropriate care to the most vulnerable children (street children, children in jail, children victims of violence) and to protect them from disease. To date, 984 people including 428 children have benefited from these supports. UNICEF continue also to monitor the children situation during the pandemic and to take active part in the protection cluster periodic meeting.

**Social Policy and Social Protection:**

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 USD /25 Euro), and a second payment just started for the month of July. An expansion of the programme to Moramanga is currently being planned. 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 500,000 USD. 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 USD to cover the operation. With the support of DFID and GIZ, UNICEF also initiated a rapid technical assistance to strengthen gender-responsive social protection (through SPACE).

Considering the evolution of the epidemic the social protection strategy will be expanded to other regions of the country or other socio-economic groups and could be prolonged in the coming months. The implementation of the expansion of the social protection strategy will, however, require the mobilization of additional funds both from development partners that the Government. Well received by the Government, the programme is part of the national emergency response plan.
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 produced a review of the 2020 revised Budget Law in July.

Communications

Press:
UNICEF disseminated a series of press release focusing on international campaigns and local initiatives around COVID-19 response. National TV continues on broadcasting on a regular basis the UNICEF produced one-minute video with an 8-year old girl on different topics. She is now a recognised voice to fight against COVID-19 and to mobilize parents.

Digital assets:
In collaboration with the Division of Communication and the Rooftop agency, UNICEF contributed to a video serie on the lives of young people during the Covid-19 lock-down. The launch of the series by NYHQ is planned on Friday, 24th July. The trailer and the first episode are available in We Share here.

Social Media

TWITTER:
- Avotraina a WASH campaign to fight COVID19 in 3 cities in Madagascar
- Additional support from the Government of Norway to the joint education program in Madagascar
- UNICEF video to promote preventive measures to fight covid19
- Disinfection of public transportation in Antananarivo
- Testimony of a family affected by covid19
- UNICEF grant helps reduce water costs and facilitates access to drinkable water for vulnerable families

FACEBOOK:
- Avotraina Wash project with UNICEF, Ministry of Water Hygiene and 3 municipalities in Madagascar
- UNICEF support for public transport to fight covid19
- Positive impacts of the wash campaign Avotraina on vulnerable families
- About UNICEF, ILO, WFP and the government of Norway joint education program in Madagascar
- Disinfection of public transportation in Antananarivo
- Facilitating access to safe drinking water and promoting prevention messages to combat covid19
- UNICEF reinforces its support in the coordination of WASH responses led by the Ministry of Water
- Parenting during the coronavirus period
- Social protection and UNICEF’s actions towards vulnerable people
- Message from Lova Renée on online protection

Contact for further information
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### Annex A

#### SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indicator Details</th>
<th>UNICEF Target</th>
<th>Total Results as of 21 July</th>
<th>Cluster Target</th>
<th>Total Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wash</strong>: Number of people engaged on COVID-19 through RCCE actions (Hand Washing)</td>
<td>2,000,000</td>
<td>2,727,000</td>
<td>19,716,000</td>
<td>12,000,000</td>
<td></td>
</tr>
<tr>
<td><strong>C4D</strong>: Number of people reached on COVID-19 through messaging on prevention and access to services. Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanism.</td>
<td>8,636,309</td>
<td>10,375,000</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>250,000</td>
<td>More than 361,000</td>
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<td></td>
</tr>
<tr>
<td><strong>WASH</strong>: Number of people reached with critical wash supplies (including hygiene items) and services</td>
<td>100,000</td>
<td>More than 722,000</td>
<td>4,177,000</td>
<td>More than 1,057,000</td>
<td></td>
</tr>
<tr>
<td><strong>HEALTH</strong>: Number of healthcare workers within health facilities and communities provided with personal protective equipment (PPE). Number of healthcare facility staff and community health worker trained in infection prevention and control (IPC). Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases.</td>
<td>50,000</td>
<td>More than 2400</td>
<td>14,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10,806</td>
<td>6,000</td>
<td>5,600 (cluster WASH target)</td>
<td>More than 1,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10,806</td>
<td>More than 3000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children and women receiving essential healthcare services in UNICEF supported facilities</td>
<td>2,173,034</td>
<td>462,100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19</td>
<td>3,500,000</td>
<td>More than 1,590,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for treatment of Severe Acute Malnutrition (SAM)</td>
<td>16,000</td>
<td>10,175 (Jan to June 2020)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Access to continuous education, child protection and GBV services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children supported with distance/home-based learning</td>
<td>600,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of schools implementing safe school protocols (COVID-19 prevention and control).</td>
<td>0</td>
<td>41,570 schools have been disinfected.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>300</td>
<td>77 (27 girls, 50 boys)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children, parents and primary caregivers provided with community based mental health and psychosocial support.</td>
<td>700</td>
<td>907 (including 373 pupils, 240 girls and 133</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Note:** The numbers provided are estimates and may not reflect the exact figures achieved as of the date mentioned.
Number of UNICEF personnel & partners that have completed training on gbv risk mitigation & referrals for survivors.

1,000 368

Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse.

500,000

Support access to continuous education, social protection, child protection and gender-based violence (GBV) services

Number of households benefitting from new or additional SOCIAL ASSISTANCE MEASURES provided by governments to respond to COVID-19 with UNICEF support

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds Received Current Year</th>
<th>Carry-Over (re-programmation)</th>
<th>Total</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>700,000</td>
<td></td>
<td>34,015</td>
<td>34,015</td>
<td>665,985</td>
<td>95%</td>
</tr>
<tr>
<td>Health</td>
<td>1,300,000</td>
<td>614,477</td>
<td>485,002</td>
<td>1,099,479</td>
<td>200,521</td>
<td>15%</td>
</tr>
<tr>
<td>WASH</td>
<td>1,000,000</td>
<td>381,995</td>
<td>725,642</td>
<td>1,107,637</td>
<td>(107,637)</td>
<td>0%</td>
</tr>
<tr>
<td>Education</td>
<td>1,200,000</td>
<td>-</td>
<td>875,265</td>
<td>875,265</td>
<td>324,735</td>
<td>27%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>300,000</td>
<td>20,000</td>
<td>-</td>
<td>20,000</td>
<td>280,000</td>
<td>93%</td>
</tr>
<tr>
<td>Communication for Development</td>
<td>1,500,000</td>
<td>173,859</td>
<td>234,333</td>
<td>408,192</td>
<td>1,091,808</td>
<td>73%</td>
</tr>
<tr>
<td>Cash-based transfert</td>
<td>1,000,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,000,000</td>
<td>100%</td>
</tr>
<tr>
<td>Cross sectoral / Cluster coordination</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7,000,000</td>
<td>1,190,332</td>
<td>2,354,257</td>
<td>3,544,588</td>
<td>3,455,412</td>
<td>51%</td>
</tr>
</tbody>
</table>