



26 April to 13 May 2020

**Madagascar
Country Office**
Covid-19 response

unicef  for every child

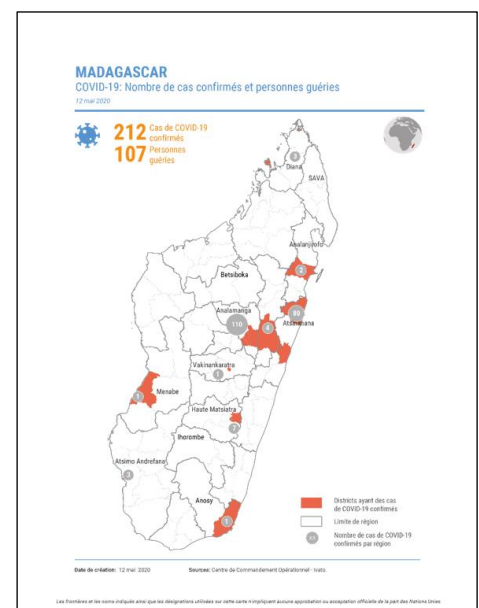
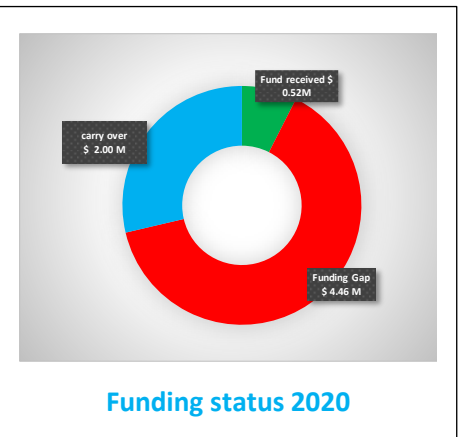
May 13, 2020

Situation in Numbers

- 212 cases reported across 10 regions
- 0 deaths reported
- 107 recovered

Highlights

- As of May 13, 2020, there were 212 reported cases with 0 deaths and 107 people having recovered¹. On 13 May, there was a sudden increase in the number of new cases, with 20 people testing positive. The current situation falls under scenario two of the government's response plan, established with partners at the national level including the UN system in February 2020.
- Cases have been reported in ten regions: Analamanga, Atsinanana, Analanjirofo, Haute Matsiatra, Menabe, Diana, Atsimo Andrefana, Anosy, Alaotra Mangoro, Vakinankaratra.
- The state of health emergency was declared on March 20 and extended for the first time on April 4, 2020², was extended for a third time for another 15 days throughout the country. It remains in effect until May 18, 2020, with partial confinement measures in place.
- UNICEF is playing a key role in supporting the government and other partners in the integrated response, which includes surveillance, case management, campaigns for children, supported by community engagement, social mobilization, risk communication and logistics. In addition, UNICEF ensures coordination for the communication, WASH, education, cash, and nutrition components of the global response.
- UNICEF also pursues advocacy, support and service delivery to ensure that children of Madagascar, the poorest country in East Africa, are not further impacted by common diseases such as malaria, or by the disruption of essential services.



^[1] www.cco-covid19.gov.mg statistics on 13 May 2020

^[2] Situation joint report number 1 Madagascar COVID19 on 19 April 2020

Funding Overview

UNICEF Madagascar has estimated its initial needs at USD 7 million for six months to support the government in its response to the pandemic.

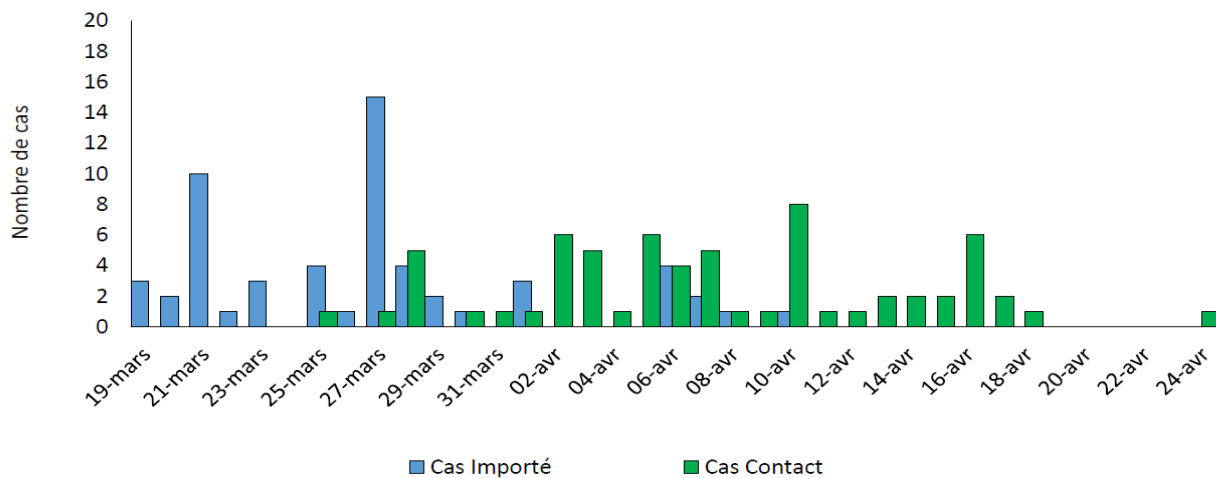
This response focuses on health (procurement of essential supplies, including protective equipment and essential drugs, and support to the primary health care system); risk communication and community engagement; access to water, basic sanitation and hygiene; and secondary impacts across sectors such 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).

Situation Overview and Humanitarian Needs

COVID-19 first officially appeared in Madagascar on March 19, 2020. The cases were determined to have come from outside of Madagascar via international flights. The president of Madagascar declared a state of emergency on March 20, 2020.

As well as treatment, the government and partners have put in place a system of testing and contact tracing. Two tests are used: a rapid diagnostic test and PCR test. Results are handled by the Institute Pasteur de Madagascar (IPM). There are currently around 20,000 tests in Madagascar.

REPARTITION COVID 19 cases: 19 March 2020 to 24 April 2020 at 3 :00 PM



Madagascar has put in place basic measures to combat COVID-19, but because of the general weakness of the health system, the country lacks the capacity to respond to a widespread outbreak without additional international support.

Leadership and Coordination

Within the government, three distinct levels exist for the management of the pandemic in Madagascar: the political level under the lead of the presidency in collaboration with the prime minister and the ministries; the strategic level under the lead of the prime minister with the ministries in charge of essential sectors; and the operational level with the Covid Operational Command Center (CCOC) ensuring the implementation of actions and coordination.

The CCOC is chaired by the Minister of the Interior and Decentralization who is in permanent contact with the General Coordinator.

Preparedness and Response Actions

Health

Before the pandemic

- UNICEF assessed hospital services at the nine main international ports of entry.
- Support for the training of rapid response teams in five entry points.

During the pandemic

- Technical support to coordinate meetings at the national and regional levels;
- Support for the development of the immunization continuity plan and basic health care services.
- Training of 40 anesthesiologists and resuscitators from four hospitals selected for the management of COVID-19 cases in the Analamanga region.
- Provided 240 boxes of Ceftriaxone, 213 boxes of Cefalexin, 45 boxes of corticosteroids, 450 boxes of bronchodilators, 60 bottles containing an infusion of glucose and sodium lactate, 120 boxes of ascorbic acid, 40 thermometers, 2900 FFP2 masks, 480 FFP1 mask, four medical tents (24m²), and a Rub Hall of 240m² to the minister of health.
- Technical support to surveillance teams for the follow-up of contact cases at national and regional levels;
- Technical support to the teams of the ministry for border control, in schools, and on public transport;
- Monitoring the continuity of the provision of basic healthcare activities at the national and regional levels in districts and basic health centers;
- Support for strengthening of community-based surveillance on COVID-19 and other diseases with epidemic potential;
- Technical support to the regional team for the preparation of daily reports and monitoring of the communication plan;
- Monitoring the availability of polymerase chain reaction test (PCR) tests at the regional level and transporting samples to the Pasteur Institute in Antananarivo;
- Support the creation of the CCOC web page: <http://cco-covid19.gov.mg/fr/accueil/> and a Facebook page;
- A chatbot created in the WhatsApp app about COVID-19, available at +261321910919 for all those who have WhatsApp
- Support the continuity of primary healthcare services (maternal and child health services) at the national and regional level through active participation in technical committees, development of continuity plan, tools, and guidance;
- Organization of coordination meetings of all the actors involved in continuity of services;
- Participation in disease surveillance and response to other epidemics (malaria, dengue, etc.);
- 32 professionals have been trained as trainers in hospital hygiene including 16 managers and 16 hygiene managers in the Toamasina and Analamanga regions.

Looking forward

- Continue the training of anesthesiologists and resuscitators in the 30 hospitals selected for the management of cases, prioritizing the regions that already have cases.
- Continue cascading training for hygienists, prioritizing regions that already have cases.
- Strengthen the technical platform of pediatric resuscitation services at university clinics.

- Training of pediatricians and nursing staff working in emergency services in the 22 regions of the country, prioritizing the affected regions.

WASH

- UNICEF is leading and co-leading with the ministry in charge of water the WASH cluster response and coordination with 55 members including national and international NGOs as well as the private sector.
- WASH cluster finalized a second version of the Covid-19 WASH response plan with three scenarios. The most likely, and most urgent scenario, the introduction of the virus, but causing foci still limited and isolated, for which containment measures are still possible to contain the spread of the epidemic across the territory, requires a total budget of USD 22 million. To date, there is still a gap of 88%.
- WASH cluster completed needs analysis that put 19 million people at risk with 4 million in need.
- An analysis was completed with the Global WASH cluster support and data collected through 40 WASH partners contributing for the WASH response. The web page is accessible from the following link: <https://www.humanitarianresponse.info/en/operations/madagascar/water-sanitation-hygiene>.
- At least 30 WASH assessments have been carried out at hospitals, health centers, and airports in regions using WASH Fit Tool.
- Infection Prevention and Control (IPC) training modules developed and shared to WASH partners. To date, 82 clinical and non-clinical staff have been trained on IPC in Toamasina and Antananarivo.
- IPC supplies to schools, health centers facilities (HCF), institutions, partners of execution (PoE), public spaces: more than 6,200 handwashing facilities, 41 tons of soap, 4,5 tons of chlorine distributed.
- With regard to schools reopening, UNICEF supports disinfection with the ministry in charge of WASH and the Ministry of Education of 1,500 schools (5% of total country needs) that support infection prevention for 375,000 students including 195,000 girls.
- Hygiene promotion activities supported by UNICEF in partnership with the ministry in charge of WASH in seven UNICEF regions of intervention: Androy, Anosy, Atsimo Andrefana, Atsimo Atsinanana, Analanjirofo, Boeny reaching directly more than 76,000 people through activities undertaken in public places.
- JIRAMA, the national water utility, launched with UNICEF on April 23, the Water Service Point by JIRAMA Programme to support access to water for vulnerable people in Antananarivo and Toamasina. This programme aims to increase water storage up to 350m³ and will support at least 35,000 people with 10l/day. This programme is coupled with a communication campaign co-developed with the WASH and C4D sections, including posters on water distribution, hand washing promotion, water safety development and social media and mass media campaign. Emergency water supply interventions: three water trucks in procurement with the Korea International Cooperation Agency (KOICA) support
- UNICEF has prepositioned 14,676 hand washing facilities, 15,804 boxes of soap, 146 chlorine buckets of 45kg, 7,635 liters of hydroalcoholic gel, 1,193 sprayers in the regions and Antananarivo. Some partners are starting to mobilize their pre-positioning WASH kit such as handwashing and soap.
- An electro chlorinator installed March in the Manarapenitra health center in Antananarivo, has produced 256 liters at 5% chlorine concentration. In total 11 electro chlorinators are operating to produce chlorine in Antananarivo, Androy and Atsimo Andrefana and, since the beginning of the crisis, have produced 1,232l of chlorine, an increase of from 16 to 60l/week per institution.

Education

- The education of more than seven million children nation-wide was affected in Madagascar due to the measures taken to prevent the spread of COVID-19. On 23 March, confinement measures were introduced that required closing schools at all levels. A national strategy was developed with the following objectives:
 - Continuation of education while children remain at home;
 - Support the closure of the 2019-2020 school year and the transition of pupils to the 2020-2021 school year;
 - Reinforce the system's resilience.

- UNICEF has contributed to the national effort by providing technical and financial support to adapt radio and TV broadcasts to the current context, preparing self-directed learning workbooks for lower secondary, produce and distribute posters with information on the prevention of COVID-19, establishing the necessary agreements with regional governments to establish the temporary storage facilities for the goods that need to eventually reach schools, and helping prepare schools for opening (for example, the disinfection of classrooms).
- In the current programme's priority regions, UNICEF expects to provide direct or indirect support to 1.4 million children of primary level and 600,000 at secondary level. In addition, UNICEF supports the Ministry of Education to reinforce the catch-up class programme for lower secondary and primary children (CRAN programme) to reduce the drop-out for the next school year.
- UNICEF is also working with the Ministry of Education and Technical Professional Training (MENETP) and the World Bank in preparing a proposal for the Global Partnership for Education's (GPE) Accelerated COVID19 Funding Window to support: (i) continuation of education services, (ii) promoting the return to schools that are safe and secure, (iii) set-up a monitoring and evaluation system that accounts for the efforts implemented to face the pandemic. UNICEF will maintain an active, supportive role during the implementation of the activities suggested under this proposal.
- The government decreed the opening of schools on April 22 for about 1 million pupils enrolled in grade levels that require an examination to receive a certification or be promoted to the next academic level (grades 7, 3, and terminal). The government committed itself to supplying all pupils with face masks and to ensure the hygienic security of the schools. UNICEF education field programme officers have followed the process at the regional level. All regions have reported schools have started opening. Almost 2,000 schools were disinfected. Not all schools received masks, soap and materials on their first day of operation, but this situation has gradually improved. Rates of attendance currently oscillate between 15 per cent and 87 per cent.

Communication for development (C4D)

- In addition to the districts of greater Antananarivo, seven high-risk districts and those with confirmed cases, have specific communication plans in response to COVID-19 (Toamasina, Fianarantsoa, Lalangina, Morondava, Taolagnaro, Toliara, Mahajanga), including community outreach communication and mass communication. One district is already implementing their communication plan in the field and the six others are preparing the implementation while awaiting the effective release of funds.
- Together with the COVID-19 Communication Committee, the Ministry of Health and several NGOs (local health NGOs, CARE, Humanity Inclusive, Red Cross Madagascar, MEDAIR, Blue Venture, WATERAID, etc.) continue awareness-raising actions at neighborhood level and villages with community actors, mobile animation, door-to-door outreach, etc. Training tools for local actors, including health community agents, have been finalized.
- UNICEF supported the reproduction and dissemination of 120,000 posters and 60,000 guides for schools; 50,000 stickers for public transport (buses and taxis); and 70,000 posters on the use of mask.
- The technical content and the design of specific COVID-19 communication supports (flyers, brochures, stickers, posters) are validated for people in quarantine, for the elderly, for workers, for community leaders, for health facilities, for people at risk, for media professionals, for adolescents and for young people.
- A reflection is in progress on the communication to address coinfection: several districts are currently facing multiple epidemics at the same time (COVID-19, malaria, dengue)
- UNICEF is supporting the recruitment of a specialized agency to reinforce information watch and rumor management efforts, and to conduct C4D rapid assessments related to COVID-19. The technical evaluation of the offers received as well as the development of data collection tools are ongoing.

- UNICEF participated in advocacy to switch the “green” hotlines 910 and 913 to emergency numbers in order to reduce costs to the relevant ministry. The National Communication Committee led by the Ministry of Health is waiting for the official letter from the Ministry of Telecommunications to confirm this.
- The development of a joint youth plan by the United Nations System in Madagascar was initiated for the response to COVID-19. The plan that will take into account, among other things, the priorities of the Ministry of Youth and Sports.
- Continuous C4D support to sectoral programs in response to COVID-19 has been provided:
 - ✓ IEC materials for the health training of hygienists at the community health level are available: wearing of personal protection equipment and disinfection with chlorine and handwashing with soap
 - ✓ A SSFA (small scale funding agreement) with the NGO ASOS is developed as part of the handwashing awareness campaign, water treatment for users of water points in Antananarivo and Toamasina.
 - ✓ WASH in schools: a booklet on disinfection in schools has been prepared and will be annexed to the school protocols
 - ✓ Development of messages on the continuity of essential services during COVID-19
 - ✓ Validation of key early childhood development (ECD) messages in Malagasy
 - ✓ Information, education and communication (IEC) materials related to various themes of child protection are being finalized
 - ✓ The COVID-19 school communication plan is under development
 - ✓ Audio and video spots on basic hygiene in schools have been finalized

Child Protection

- Technical and financial support provided to provide psycho-social support and find alternative care for children without parental care who are currently in homeless shelters in Antananarivo and Toamasina, with a view to finding suitable long-term solutions
- Continued advocacy with the justice ministry, including publication of a global statement, to maintain access to justice for children and to limit detention of children, as well as avoiding detention of children with adults.
- Continued support to the toll-free child helpline “Ligne Verte 147” (green line 147) to continue its service 24/7 through provision of additional hardware and protective materials (gloves, soap, hand sanitizer) as well as briefing staff on hygiene and distancing measures, on their role in relation to COVID-19 and supporting them to be able to respond to questions on COVID-19.
- A technical note on the role of para-social workers in relation to COVID-19 has been finalized and shared electronically with all 22 regions of Madagascar. It is printed and physically shared in nine UNICEF focus regions and three other regions impacted by COVID-19. In addition, the contents are being translated into an audio training to be shared via radio to para social workers in 12 regions.
- Updated mapping of active para-social workers and social workers in 10 regions with the Ministry of Population in order to identify para social workers that can be mobilized to provide psycho-social support to children and families affected by COVID-19 and to provide them with the abovementioned training
- Psychosocial support for families affected by COVID 19 by Social workers trained in the Atsinanana, Analanjirofo and Androy regions (in progress)
- Support for travel, by means of communication and acquisition of individual protection equipment for social workers for the implementation of their psychosocial support actions is in progress
- Collaboration with C4D for the development of messages and communication supports on COVID-19 and child protection is in progress

Nutrition

The nutrition sector's objective is to prevent the increase in chronic (stunting) and acute malnutrition (wasting) among vulnerable groups. Key actions so far:

- Continued sectoral nutrition cluster coordination and participation in inter-sectoral coordination (mainly with health, WASH, social protection and food security clusters)
- Strengthened the promotion of optimum maternal, infant and young child feeding (IYCF) practices, including vitamin A supplementation, to prevent deterioration of the nutritional status as per global guidance's
- Preventing donations or financial contributions for the distribution of "unhealthy" food, including breastmilk substitute as per the Code of Marketing for Breastmilk Substitutes adopted by Madagascar:
 - ✓ Advocacy document prepared by the Infant and Young Child Feeding Task Force (IYCF) for the CCOC in order to prevent and refuse all donations or financial contributions of unhealthy food and/or breastmilk substitutes in respect of the Code adopted by Madagascar. Document validation planned shortly.
 - ✓ A sub-group of the IYCF task force will monitor the application of the code and prevention of donations/ financial contributions of unhealthy food.
- Early childhood development promotion messages validated by National Communication Committee led by the Ministry of Health. Final preparation for dissemination on-going.
- Monitoring of trends in acute malnutrition admissions in containment areas and nationwide and ensure continued identification and treatment of severe acute malnutrition nationwide through supply distribution and adapted treatment timing (every 2 weeks instead of weekly) for COVID prevention

Social Policy and Social Protection

- Prior to the arrival of COVID-19, Madagascar was already grappling with a multitude of compounding shocks, including cyclones in the north and drought in the south. With 75% of the population living on less than US\$ 1.90 per day (in purchasing power parity), COVID-19 is foremost a socio-economic crisis in Madagascar compounded by lower income and assets, rising costs of basic goods and reduced access to social services. These pose immense threats to the wellbeing of 13 million children – four out of five which are affected by multidimensional poverty – as well as the 2,434 newborns that arrive in the country every day. The pandemic exacerbates existing issues inequalities, including the prevalence of gender-based violence.
- In coordination with the Ministry of Population, Social Protection and Empowerment of Women (MPPSPF) and the National Office for Risk and Disaster Management (BNGRC), UNICEF is co-leading the Cash Working Group and supported the design, implementation and monitoring of the social protection response to the COVID-19 pandemic.
- In the emergency response phase, the response strategy sets the parameters of a new unconditional cash transfer programme in urban and suburban areas to aid families and their children. Nearly 190,000 households – 8,500 directly supported by UNICEF – from the 769 fokontany (sub districts) of the eight districts of Antananarivo, Toamasina and Fianarantsoa will benefit from the programme, called TOSIKA FAMENO (filling the gap). Under the programme, which was launched by the President of Madagascar on Tuesday, 20 April, each identified household will receive 100,000 Ariary per household (US\$ 26) by mobile money or voucher, for initially two months. The first wave of payments was initiated on Saturday, 25 April. An expansion of the strategy to include the response in the medium term is currently being considered within the Cash Working Group.
- UNICEF continues to support the government to leverage resources to prioritize social protection and enable the expansion of social safety nets. Existing social protection programmes (FIAVOTA and Monetary Transfer for Human Development – Let Us Learn) within the framework of the national social protection strategy (SNPS) continue to be financed to ensure the continuity of ongoing activities. Support during the COVID-19 pandemic is always provided with

the long-term goal to continue building government systems and their ability to adapt and respond to shocks as and when they arise.

- In addition, UNICEF initiated an analysis to assess and monitor the socio-economic impacts of COVID-19 on the well-being of children. This includes a rapid desk review of existing data and the conduct of simulations to estimate the impacts of COVID-19 on poverty and inequality alongside the mitigation potential of cash transfer programmes, as well as the costs and impacts of scaling up cash transfer programmes over time.

Communications

Press

- CO issued a joint [press release](#) with other UN agencies on the support given to COVID-19 response in Madagascar along with highlighting the need of continuity of services for vulnerable children and their families.
- CO shared to local media [DOC Press Release](#) on school resuming with local context

Public Service Announcements

- Broadcasting of two radio spots by hundreds of radio stations in Madagascar on how to wear masks safely
- “No Pata pata” song aired on almost 20 radio stations and one nationwide
- CO shared “how to wear a mask” video spot to national TV
- Broadcast of a [video spot](#) of an eight-year old girls on national TV and radio on how to protect children after school resumes reaching an approximate of three million children

Website

- Story: [A family benefitted from UNICEF-supported social protection plan](#)
- Story: [What was the first day back to school like](#)

Videos

- CO shared with ESARO video of a child rights champion dancing with the “no pata pata” song

Social Media

- Twitter:

[The Juniors Reporters Club in Anosy](#)

[One minute with Lova Renée](#)

[Concours destine aux journalistes Malagasy, Media awards](#)

[Results of the 2019 Open Budget survey](#)

[Hygiene and protective measures for students who are returning at school](#)

[UNICEF Madagascar is supporting the Ministry of Education to ensure educational continuity at home during lockdown period](#)

[Launch of online training for media during health crisis](#)

[UNICEF Madagascar was able to respond to malnutrition in southern Madagascar thanks to partners](#)

- Facebook:

[The Junior reporters Club in Anosy](#)

[La minute avec Lova](#)

[Launch of the media awards in collaboration with the Ministry of Communication related to development and humanitarian crisis](#)

[Reminder of the hygiene measures for children resuming schools](#)

[Hygiene measure on how to wear safely washable masks](#)

[UNICEF guidelines for school resuming](#)

[Launch of global online training for media on global health crisis and emergency](#)

Contact for further information

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Annex A

SUMMARY OF PROGRAMME RESULTSⁱ

Indicator		UNICEF		Sector/Cluster	
		UNICEF Target	Total Results	Cluster Target	Total Results
Risk Communication and Community Engagement (RCCE)					
Wash : Number of people engaged on COVID-19 through rcce actions (Hand Washing)		2,000,000	340,838		
C4D :	Number of people reached on COVID-19 through messaging on prevention and access to services.	8,636,309	6,829,731		
	Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanism.	250,000	169,605		
Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies					
WASH: Number of people reached with critical wash supplies (including hygiene items) and services		100,000	70,701		
HEALTH	Number of healthcare workers within health facilities and communities provided with personal protective equipment (ppe).	50,000	1,500		
	Number of healthcare facility staff and community health worker strained in	10,806	1,500		

	infection prevention and control (ipc).				
	Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases.	10,806	1,500		
Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management					
	Number of children and women receiving essential healthcare services in UNICEF supported facilities.	5,000,000	445,000		
	Number of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	3,500,000	1,082,000		
	Number of children 6-59 months admitted for treatment of severe acute malnutrition (sam).	16,000	13,800		
Access to continuous education, child protection and GBV services					
	Number of children supported with distance/home-based learning.	600,000	Radio and tv programming have been made available to 600,000 pupils. Materials are being distributed for 630,000 pupils.		
	Number of schools implementing safe school protocols (COVID-19 prevention and control).	0	2,000 schools have been disinfected.		
	Number of children without parental or family care provided with appropriate alternative care arrangements	300	45 (23 girls, 22 boys)		
	Number of children, parents and primary caregivers provided with community based mental health and psychosocial support.	700	153 (44 children , 28F, 16M)		
	Number of UNICEF personnel & partners that have completed training on gbv risk mitigation & referrals for survivors.	1,000	338		

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 (affected by COVID-19) receiving humanitarian multi-sector cash grant for basic needs.	7,500	8,500	189,400	74,671

FUNDING

Appeal Sector	Requirements	Funds available			Funding gap	
		Funds Received Current Year	Carry-Over (re-programmation)	Total	\$	%
Nutrition	700,000	-	-	-	700,000	100%
Health	1,300,000	200,000	156,000	356,000	944,000	73%
WASH	1,000,000	200,000	625,539	825,539	174,461	17%
Education	1,200,000	-	1,225,373	1,225,373	(25,373)	0%
Child Protection	300,000	-	-	-	300,000	100%
Communication for Development	1,500,000	123,859	-	123,859	1,376,141	92%
Cash-based transfert	1,000,000	-	-	-	1,000,000	100%
Cross sectoral / Cluster coordination	-	-	-	-	-	0%
Total	7,000,000	523,859	2,006,912	2,530,771	4,469,229	64%