Update on the context and situation of children

The situation of children in Madagascar is worrisome, and 2020 is likely to have made things worse. Madagascar is not on track to reach any of the Sustainable Development Goals (SDGs), and the fact that 78 per cent of the population, half of them children, lives on less than US$1.90/day illustrates the severity of the situation. A multiple indicator cluster survey (MICS) completed in 2019 demonstrated that despite some progress, the level of infant mortality remains high, at 40 deaths per 1,000 live births. Neonatal mortality rates are stagnant: around 22 deaths per 1,000 live births. Basic immunization coverage is only 41 per cent among children aged 12-23 months, stunting affects 42 per cent of children under five years old and two of every five children do not complete primary education. Water, sanitation and hygiene (WASH) indicators are amongst the worst in the world.

In 2020 UNICEF completed a multiple overlapping deprivation analysis (MODA), which revealed that more than two thirds (67.6 per cent) of Malagasy children suffer from material deprivation in at least two dimensions and nearly one quarter (23.7 per cent) are deprived in four dimensions or more. The proportion of children living in monetary and material poverty is highest in the south and west of the country, although chronic malnutrition is higher in the central plateau. The MODA found that extreme deprivation (4 or more dimensions of deprivation) is experienced by more than 40 per cent of households headed by persons without an education, compared with less than 10 per cent of those with secondary education or more. Other decisive factors are the religion, age and sex of the head of household, as well as the place of residence and size of the household, especially for orphans. The breakdown by sex of the child and the head of the household does not reveal significant gender differences with regard to material deprivation, but UNICEF’s gender analysis revealed the emergence of major gender gaps at adolescence, especially with regard to violence (girls are more affected), access to education (boys are more affected), early marriage, participation and autonomy.

In this context, COVID-19, while not impacting children’s health directly, had many serious impacts on already fragile systems, the economy and family and community resilience. The decline in economic activity – a 4.2 per cent GDP decrease was estimated by the World Bank – flows down quickly to the most vulnerable populations, reduced budgetary resources available for priority investments and social programmes – despite donor mobilization and a reminder that children in urban and peri-urban zones are also vulnerable.

By end-2020 the COVID-19 epidemic in Madagascar had resulted in just 17,633 documented cases and 260 officially recorded deaths. It is likely that the real toll of the epidemic has been higher, due to constrained testing capacity and treatment-seeking – as in many countries around the world, rich and poor alike. At the same time, owing to widespread sanitation and hygiene programmes (many of which were led by UNICEF) and the restrictions on movement in place between March and September, other highly transmissible outbreaks (such as plague or measles) may have been avoided or limited. In the case of measles, the large-scale vaccination campaign supported by UNICEF in 2019 contributed, by reaching some 5 million children.

Poor social sector indicators, aggravated poverty and COVID-19’s direct and indirect effects were not the only threats to the situation of children. Drought, already a chronic emergency in southern Madagascar where 4 million people live, began earlier than usual in 2020, as rains failed. By the end of the year 1.06 million people (27 per cent of the population in the south) were estimated to be facing high levels of acute food insecurity, including 204,000 people in ‘emergency’ and 859,000 in ‘crisis’ (integrated phase classifications 4 and 3, respectively). The situation is expected to deteriorate between January and April 2021, when 1.35 million people are likely to face high levels of acute food insecurity. This situation has immediate impacts on severe acute malnutrition (SAM) as well as knock-on effects for children; for example, increased morbidity and mortality and school dropout. The number of children needing SAM treatment is expected to double, reaching 27,000. With renewed attention by donors, the chronic drought and food insecurity in the south will increasingly need to be
managed as a nexus issue: delivering humanitarian aid which promotes sustainable development. In this complex and challenging situation, a few positive signs can be identified. As a result of a presidential decision to abolish school fees for the 2020/2021 school year, a massive number of out-of-school children re-enrolled: if properly managed this could contribute to reversing longstanding trends in limited access to and demand for education. However, there are no long-term funding plans to ensure that the ‘school fee-free’ strategy and increased demand can be met with a corresponding increase in supply and quality; for instance in infrastructure, materials and salaries for teachers paid by communities. This issue will need to be followed closely. Social protection programmes have grown in scope and effectiveness during COVID-19 – even if almost entirely donor-funded – reaching new populations with a range of tools. Gender-based violence is being more regularly documented and denounced, as a result of the stronger positions that leading justice and political figures have taken on the issue.

### Major contributions and drivers of results

On World Children’s Day, 20th of November 2020, for the first time in history, Madagascar’s main architectural landmark, the queen’s palace in the centre of Antananarivo, lit up blue. While anecdotal, this event signals that in 2020, despite COVID-19, UNICEF was able to innovate and achieve exceptional results for children.

**Health** was of course among the most visible of UNICEF’s programme results in 2020, given the COVID-19 crisis. During the peak of the first wave of COVID-19 in Madagascar (April - August), UNICEF: provided political, strategic, technical and managerial guidance at the highest level; contributed to intensive preparedness through training and equipping key specialists, ensuring oxygen supplies and boosting stocks of protective equipment; and contributing to expanded testing capacity through the purchase of reagents for COVID-19 testing. Oxygen supply was ensured in all affected regions, benefitting 9,276 patients in intensive care centres. A public-private partnership with the National Order of Medical Doctors proved very effective; 162,446 consultations were undertaken at 151 private health facilities, identifying 9,066 suspected COVID-19 cases, of which 7,106 were treated in the facilities and 1,682 referred to a higher level of health care provision.

The COVID-19 epidemic provided UNICEF with an opportunity to re-orient or accelerate some strategic approaches while maintaining essential services, by:

- Incorporating maternal and child health interventions into routine care rather than relying on campaigns in 49 low-performing districts, targeting 1,792,998 children aged 0-to-5 years and 537,900 pregnant women.
- Massively upgrading immunization services impacted by this switch: UNICEF supported the procurement of about 55 per cent of traditional vaccines required for 2020 and advocated strongly for government payment of the rest. The Global Vaccine Alliance will co-finance new vaccines, although the Government remains reluctant to commit funds for this activity. UNICEF support for large-scale central cold chain reinforcement got underway; 491 solar refrigerators were procured (270 installed in 2020) raising solar cold chain coverage from 51 per cent in 2019 to 61 per cent in 2020. However, despite massive efforts to provide catch-up vaccinations for children, especially in urban areas and low-performing districts, it is estimated that the number of unvaccinated children will peak in 2021.
- Reinforcing health systems (development of a national human resources training plan and training of 4,159 community health workers) and strategic positioning (advocacy note supporting universal health care, roadmap for reducing maternal and neonatal mortality and development of the national health strategy 2020–2025)

In addition, 66,000 young people between 15 and 24 years of age benefited from free health services adapted for adolescents and young people at 64 youth-friendly health centres in two regions.

**Social Mobilization** for COVID-19 response highlighted UNICEF’s leadership at the country level.
National and sub-national C4D strategies were developed with the Ministry of Health (MoH), informed by risk communication and community engagement and based on qualitative and quantitative surveys and information monitoring. From March to November 2020, some 248 information monitoring reports highlighted the results of communication interventions and community approaches through different channels (media, social networks, news flash, SMS broadcasting, COVID-19 booklet etc.). UNICEF’s contribution enabled more than 396,000 people to share their questions; more than 889,000 shared feedback and complaints through the tollfree 910 service[AR1] . Data from the tollfree number helped to revise strategies and manage rumours.

UNICEF's work brought messages of prevention and service promotion to more than 13.8 million people in 22 regions through interactive programmes broadcast by 419 local radio and TV stations. More than 123 types of communication material (print and audio-visual) were adapted to local dialects, produced and disseminated in all 22 regions. UNICEF supported local NGOs to conduct 40,000 mobile awareness raisin sessions.

While being on the frontline for COVID-19 social mobilization, UNICEF also supported the introduction of the second dose of the measles vaccine (VAR2) and resilience reinforcement for plague, cyclones, flooding and drought in the south, reaching 297,000 people with messages, particularly in 10 districts historically affected by plague and flooding.

UNICEF’s WASH team also played a crucial role in COVID-19 prevention and response activities through large-scale interventions. More than 1,945,000 people affected by emergencies in 2020 were supported with hygiene promotion, of whom 800,000 (41 per cent) benefited from subsidized water during the COVID-19 outbreak in six most-affected cities. The Avotr’Aina (Save A Life) campaign reduced the cost of water for families at a time when they most needed it and paved the way for future large-scale approaches.

In the south, where intense droughts caused an increase in cases of severe and acute malnutrition, the WASH team provided water for 12,900 affected people to assure optimal conditions for children receiving therapeutic feeding and deworming. The Ampotaka water pipeline functioned continuously without major challenges, convincing the World Bank to invest USD $20 million in the coming years to carry out phase 2 of the pipeline, including reinforcement of Ampotaka and rehabilitation and extension of a second drinking water transfer pipeline (Sampaona pipeline).

UNICEF continued to lead the WASH Donor Group and provide United Nations (UN)-wide coordination through the WASH cluster. Three major documents for the WASH sector were developed, including: a national WASH sector policy, national water safety plan strategy (stage one) and national WASH-nutrition strategy. A WASH budget brief was published for use in sector financing advocacy.

In addition to humanitarian interventions, more than 94,880 people gained access to water services through the programme in 2020. This progress was achieved through the construction of 132 new boreholes equipped with hand pumps, rehabilitation of another 133 boreholes, construction of five small schemes and 35 multi-use systems and extension of the solar-powered pipeline.

**Education.** Schools were closed immediately after the first COVID-19 cases were detected in March and re-opened in October. In addition to mobilizing support via its role as coordinating agency for the Global Partnership for Education, UNICEF supported 80,000 children through catch-up classes held throughout the country and prepared for school re-openings by sanitizing classrooms and providing pedagogical support, hygiene promotion materials (masks, soap) and school supplies. Given Madagascar’s poor internet connectivity, UNICEF explored alternative delivery methods to promote learning during school closures; radio broadcasts reached 1 million children, self-learning materials were distributed to 636,000 children)

Meanwhile, the president announced the suspension of fees as a measure to stimulate school re-entry. Although real-time national data is unavailable, anecdotal evidence indicates that schools are having difficulty coping with the large numbers of pupils returning to school. More than 95 per cent of schools reopened after the COVID-19 lockdown and the passing rate of national examinations increased to 48 per cent (from 36 per cent in 2019), but the quality/quantity balance is at risk because no clear long-term plans have been developed to close funding gaps and promote quality. However, the enrolment trend demonstrates the population’s interest in education.
To promote education quality, UNICEF provided 16,848 schools with equipment, technical assistance for basic education curriculum development and the development (and finalization) of teaching standards and training modules for the first pre-service teacher training programme for preschool educators. A curriculum review was conducted in parallel with the first nationally administered standardized testing of primary and secondary pupils. UNICEF’s ‘Data Must Speak’ and MICS-EAGLE initiatives continue to inform Madagascar’s education strategic plan.

UNICEF reached the most vulnerable by supporting school medical check-ups for more than 13,000 children. At least 823 out-of-school children with disabilities were re-enrolled in inclusive schools after attending national catch-up programmes supported by UNICEF. Additionally, a joint programme funded by the Government of Norway in the drought-affected south benefitted more than 12,300 out-of-school children through catch-up classes and reinsertion in primary school and reached more than 1,500 schools with essential teaching and learning supplies; the World Food Programme (WFP) supported school canteens.

COVID also impacted Nutrition services, which had to be adapted (no large gatherings for mass screening or at community nutrition sites, treatment for acute malnutrition moved from weekly to bi-weekly, etc.). The promotion of maternal, infant and young child feeding practices was reinforced to contribute to COVID-19 prevention. A positive outcome of the emergency response was that it strengthened civil society participation in the national nutrition cluster and national infant and young child feeding task force; civil society contributed actively to the response design and implementation. By November 2020, some 41,923 children with SAM had been admitted for treatment in emergency and non-emergency areas, in most cases with financial support from UNICEF (61 per cent of cases). Eighty-five per cent of affected children were cured, 1.6 per cent died and 8.5 per cent defaulted, which is in line with international standards. The unusually severe drought in southern Madagascar led to rapid growth in acute malnutrition, accounting for about 50 per cent of all children with SAM treated nationwide.

Following the MoH decision to deliver vitamin A supplementation through routine services instead of campaigns, the number of children aged 6¿59 receiving two age-appropriate dose of vitamin A dropped from 97 per cent of the 4,286,708 children expected in 2019 to 51 per cent of the 4,342,172 children expected in 2020. UNICEF and the MoH are addressing the issue through multiple actions: replenishing supply to health centres and improving the timeliness of routine reporting mechanisms, as well as improving access and demand in the 49 worst-performing districts, in coordination with UNICEF’s health section, through the delivery of an integrated health and nutrition package. The communication campaign initiated in 2020 will be reinforced in 2021 to continuously boost demand and improve the quality of routine services. Results from operational research in two districts showed that community-based distribution could effectively and equitably reach more children but requires awareness-raising, leaders’ involvement and strong supply follow-up.

UNICEF’s Child Protection programme, like others, was severely impacted by the COVID-19 pandemic. A health state of emergency was declared with restrictions on movement and gatherings, leading to cancellation or suspension of many activities for most of the year, including: the life skills programme, children’s clubs in schools, meetings of the child rights reform committee (which was supposed to adopt a decree on foster care), as well as planned trainings of para-social workers and justice officials. Reduced services and working hours by government entities, including the police and courts, had a negative impact on child protection, as seen in the nearly 50 per cent reduction in reporting of cases of violence and the increased number of children in conflict with the law who remained in pre-trial detention.

Despite these constraints progress was made in some key areas. A mapping of the social service workforce for child protection was initiated and will inform workforce strengthening efforts in 2021. Two additional one-stop centres for child victims of violence were opened, bringing the number of centres to six. During 2020 some 1,071 children who experienced sexual violence (1,057 girls, 14 boys) received care and support from these centres. In total 5,695 children (4,179 girls, 1,516 boys) who experienced violence and 876 child victims of exploitation (487 girls) received medical, psychosocial and/or legal support through UNICEF-supported services in 2020.

In response to the pandemic UNICEF contributed actively to Madagascar’s COVID-19 Social
Protection emergency response and recovery programme. With leadership and technical support from UNICEF, the Cash Working Group developed and implemented a harmonized, unconditional cash transfer programme (TOSIKA FAMENO or ‘Filling the Gap’) that reached more than 345,000 vulnerable households (8,500 directly supported by UNICEF) in 14 urban and peri-urban districts affected by lockdown measures. UNICEF contributed to leveraging over US$15 million for the social protection response to COVID-19. Moreover, in response to the lean season in the south of the country, preparations for the implementation of unconditional cash transfers were underway at end-2020 to support 4,000 vulnerable households in rural communes. UNICEF also continued to finance Madagascar’s two social protection programmes and to advocate for a more child-sensitive, gender-responsive and disability-inclusive social protection system.

Budget briefs for key social sectors were produced and used for advocacy efforts to increase the fiscal space for children. UNICEF supported the dissemination of a citizen’s budget and provided training on budget processes and analyses so that citizens can engage in the budget process for the social sectors. UNICEF played a key role in drafting a national evaluation policy and in initiating the process of voluntary national review of progress toward the SDGs, jointly with the United Nations Development Programme (UNDP), the Resident Coordinator’s Office and the national evaluation association.

An assessment of how agro-business impacts the rights of children was concluded in 2020, generating evidence that could reinforce the commitments of public and private sector actors in key producing regions. In collaboration with the East and Southern Africa Regional Office (ESARO), training on ‘business for results’ was carried out to reinforce staff capacity to work with the private sector and produce shared-value partnerships.

Given the widespread prevalence of gender-based violence (GBV) and other harmful practices in Madagascar, exacerbated during the pandemic, UNICEF significantly strengthened its efforts to prevent, mitigate the risk of, and respond to GBV and sexual exploitation and abuse (SEA). This entailed raising awareness and building capacity in communities and across services and partners: training and information sessions on GBV, GBV in emergencies and SEA were held for more than 200 UNICEF staff, and 35 focal points were established for SEA prevention. Other participants included: almost all non-governmental implementing partners in all sectors of intervention, the national entity in charge of disaster management, members of the humanitarian country team PSEA task force, 40 national and regional journalists and a pool of life-skills facilitators and social workers who ensured continuity of service during the pandemic. UNICEF also supported the elaboration of an enforcement decree for the law on GBV, which will represent a significant advance by establishing and institutionalizing the national system for GBV prevention and response. As part of its engagement for behaviour change and gender equality, UNICEF trained 21 fathers on positive masculinity, gender equality and GBV.

In relation to management, UNICEF Madagascar reached a country programme peak for fundraising and programming for children (almost US$60 million in 2020 compared to the initial annual target of US$40 million). Donor reporting and relationship management continued to be strong despite the lockdown, and virtual visits were proposed to showcase UNICEF’s country programme results and humanitarian response. Strong focus was placed on staff wellbeing during the pandemic as on career growth; several national staff were selected for international postings. Cross-cutting approaches, especially to address environmental impacts on children (pollution, environmental education) but also on adolescence, disability and early child development, were promoted as a pivot toward the next cycle.
UN Collaboration and Other Partnerships

UNICEF is the largest UN agency in Madagascar by both staff cohort and annual budget, and played a key role in supporting the One UN approach, via the following key contributions.

- **Social sector coordination.** UNICEF leads both the UNDAF results group on social services and joint UN/donor/NGO coordination groups in nutrition, WASH and education cash transfers in both development and humanitarian contexts. UNICEF co-leads the health and social protection sectors, and actively participates in gender, communication, logistics, environment and human rights groups. It is also a key actor in several UN management groups, such as the country team, programme management team and operations management team. UNICEF cohabits One UN House in Antananarivo with all other resident agencies, except WFP and the Food and Agriculture Organization (FAO).

- **UNICEF leads or participates in joint programmes such as:**
  - Environment (GEF) with UNDP,
  - Education (Government of Norway) with WFP and the International Labour Organization,
  - Nutrition (Government of Japan) with the FAO and WFP, and **UN-specific funds** such as the SDG Fund, Peace Building Fund and Central Emergency Response Fund.

- **During 2020 UNICEF played an active role in the preparation of a new United Nations Sustainable Cooperation for Development Framework (UNSCDF).** UNICEF, as an ExCom agency with in-house strategic planning expertise, contributed strategically by chairing consultations that gathered more than 700 participants via Zoom; led prioritization exercises for social services outcomes; and significantly contributed to the analysis of crosscutting issues, development of the UNSDCF results matrix and finalization of the new framework.

- **UNICEF ordered personal protection equipment, COVID-19 tests, masks, sanitizer and essential drugs for the entire UN family — on a cost-sharing basis — based on the duty of care and no regrets approach.** Considering Madagascar’s limited health system, a clinic was mobilized and equipped to ensure that affected staff and their dependents were treated in accordance with international standards. Nevertheless, three staff members, including UNICEF’s operations manager, sadly passed away during the epidemic. UNICEF led on the back-to-office plan that was put in place in October. UNICEF was a key member of the COVID-19 core ‘SWAT’ team at the ministry level, supporting four out of six sectors in the COVID-19 coordination group. UNICEF was also present in the drought-affected south, where joint offices are being created with sister UN agencies.

UNICEF was active in the operation management team (OMT), implementing the business operation strategy (BOS) and common shared services activities within the UN. UNICEF participated in BOS training (March 2020) and the BOS retreat (November 2020) to finalize the stocktaking activity and cost/benefit analysis for common shared services activities (including finance, administration, HR, ICT and supply). In addition, UNICEF explored with the WFP establishment of common field office locations in Ambovombe, Androy Region (installation of prefabricated offices, solar power, ICT and office equipment) and Tulear, Atsimo Andrefana Region.

### Lessons Learned and Innovations

**Lessons learned**

The **challenges and costs of operating** in Madagascar are frequently underestimated and need to be more clearly documented and explained in our new country programme. Multiple and evolving government priorities, the absence of official development plans, frequent turnover in ministries, statutory changes, low technical capacity (especially budgeting and financial management) and the temptation towards short-term political action rather than long-term solutions hamper delivery of programmes already limited by poor infrastructure and insecurity. To continue working with Government and decentralized authorities and avoid alternatives (such as substituting government with NGOs or the private sector), UNICEF needs to be more transparent with its donors about the financial and human cost of doing so effectively.

UNICEF has played a growing role in Madagascar in the area of **public financial management**, but
its comparative advantage needs to be further refined and defined. UNICEF cannot do everything in this vast and technical sector, but it can take on certain responsibilities and improve the results. Advocacy on and analysis of the Finance Law needs to start earlier and include greater involvement by programme sectors. UNICEF needs to bring to bear the comparative advantage of its field presence and proximity to decentralized entities, such as regional social services directorates, to understand and highlight the challenges that on-the-ground service providers face with regard to the allocation and spending of domestic funds. In the challenging and sensitive technical area of fiscal and political decentralization, UNICEF could potentially play a far stronger role (as described in the strategy notes for the new country programme 2021-2023).

UNICEF was certainly not the only organization to learn lessons about organizational efficiency and effectiveness during the pandemic. **Connectivity and digitalization** offer both opportunities and constraints in Madagascar. With technical support from UNICEF most coordination groups, including at Prime Minister level, were able to set up regular virtual exchanges, enabling greater participation by partners and field colleagues. Programme monitoring went virtual, with some success. The UNSCDF consultations, facilitated by UNICEF’s IT capacity, brought together 700 participants over Zoom. UNICEF organized online training when face-to-face was impossible and was able to increase the number of participants in such activities. Mobilization and monitoring of social media, including via support of youth activists, was vital during the COVID-19 response. A virtual donor visit was prepared by UNICEF and shared with all donors, allowing them to see the projects they support. Although working virtually was beneficial for some, it remains problematic for most: only 11 per cent of the population has internet access. As a result, upstream efforts to promote distance learning, medical teleconsultations, tablet-based monitoring systems and even interactive knowledge management tools do not offer sustainable solutions for most Malagasy at the current time.

A major lesson learned was the necessity of improving the quality, frequency and reciprocity of UNICEF’s **community-level** interventions. Getting feedback on progress and suggestions for improvement from communities remained a challenge, despite isolated initiatives (community health policy, hotlines for child protection and C4D, committees for some cash transfer approaches and stronger involvement of local leaders in social mobilization). The centralization of resources in the capital and a lack of financial incentives at decentralized levels have discouraged communities. UNICEF’s new country programme calls for reinforced community components and introduces innovations such as positive masculinity workshops to fight child marriage. Experimenting with approaches along various community typologies (extremely vulnerable rural, better-off peri-urban etc.) will help UNICEF understand communities better and achieve better results.

**Innovations**

UNICEF’s health team innovated by making oxygenotherapy available at scale for COVID-19 patients (becoming Madagascar’s main supplier) and encouraging low-tech innovations, such as kangaroo approaches, for premature babies. The cold chain, at local level and through central refurbishment, will progressively become more solar-reliant.

To promote WASH, UNICEF engaged in partnerships with the private sector, developing locally made and low-cost contactless handwashing stations that were distributed to institutions. Ten solar-powered electro-chlorinators were installed in the south, generating more than 3,000 litres of chlorine. The groundwater early warning system established two years ago in eight vulnerable districts in the south of Madagascar remains a flagship for UNICEF’s leadership in the sector. During COVID-19, UNICEF launched the ‘Save a Life’ campaign, subsidizing the price of water and thus rapidly increasing access in the most affected cities, paving the way for at-scale urban solutions. UNICEF’s focus on menstrual health and hygiene brought to scale a more comprehensive approach targeting girls, boys, women, and men to reinforce messages and reduce stigma. Local production of 12,000 low-cost sanitation product solutions will be used as seed capital to engage sanitation entrepreneurs.

Environment is another sector where UNICEF has shown leadership and innovation. UNICEF installed seven pollution captors in Antananarivo that collect daily data published in a weekly bulletin, to raise awareness and foster partnerships such as the one between the ministries of education and
environment, facilitated by UNICEF. A seven-week online training on ‘business for results’ was co-created and co-led with ESARO, allowing UNICEF Madagascar staff to enrich their knowledge about working with the private sector. The training included contributions by UNICEF’s Regional Office and Headquarters and other country offices. Special guests from Madagascar’s private sector also participated. One concrete result of the training was the development of a plan for engaging with the private sector in the new country programme.