



Reporting Period: 01 January to 31 July 2021

# Madagascar Country Office Humanitarian Situation Report No.2

## Highlights

- The south of Madagascar is facing a major nutrition and food security emergency which will continue to worsen if response interventions are not scaled up.
- More than 500,000 under-five years old children are at risk of acute malnutrition between May 2021 and April 2022 as projected by IPC Acute Malnutrition results (June 2021). There is risk of famine in at least one district if the on-going support is not scaled-up.
- Over 40,000 children with SAM have been treated between January and June 2021, more than three times the number admitted for the same period in 2020.
- Since the start of the year, UNICEF has promoted a multi-pronged approach, building on interventions that link nutrition to WASH, shock responsive social protection, education, health and protection interventions.
- From January to June 2021, UNICEF’s water and sanitation interventions have reached 161,000 people most-affected by the drought in Androy, Anosy and Atsimo Andrefana.
- From January to June 2021, more than 125,107 pregnant women and children under 5 years old were provided with access to essential and life-saving health care services.
- UNICEF covers about 7,000 families (35,000 people; 21,000 children), thanks to FCDO’s financial support, in the commune of Ifotaka.

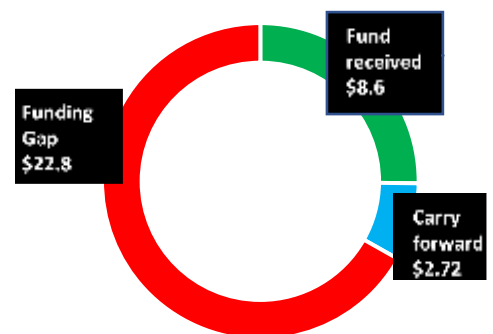
### Situation in Numbers

- 4.3 million**  
Children in need of humanitarian assistance
- 9 million**  
People in need
- 1.3 million**  
Children to be reached
- 2.6 million**  
People to be reached

## UNICEF’s Response and Funding Status

UNICEF is facing important funding constraints to ensure an efficient multisectoral response toward fulfilment of children’s rights. This situation is affecting UNICEF’s capacity to fulfil children’s rights, and this will become more challenging with the deterioration of the nutrition and food security in the second semester of 2021.

## Funding status 2021



Category	Indicator	Value	Funding status
Nutrition	SAM Admission	30%	83%
	Funding status		
Health	People accessing essential health care	35%	12%
	Funding status		
WASH	People with safe water	54%	27%
	Funding status		
Child Protection	children reached with psychosocial Support	39%	22%
	Funding status		
Education	Children receiving learning materials	3%	0%
	Funding status		
C4D	People reached with key messages	1%	1%
	Funding status		
Social protection	Households receiving cash transfers	64%	16%
	Funding status		

## Funding Overview and Partnerships

To cover potential emergencies in 2021, UNICEF Madagascar launched a US\$ 34.10 million appeal to meet the most urgent humanitarian needs of children and women. As of 13 July, 33 per cent had been received, with funding received from the European Commission/ECHO, USAID (United States Agency for International Development), FCDO and Japan. This appeal will be upgraded to take into consideration the deteriorating situation in the south as well as the continuation of the COVID-19 response.

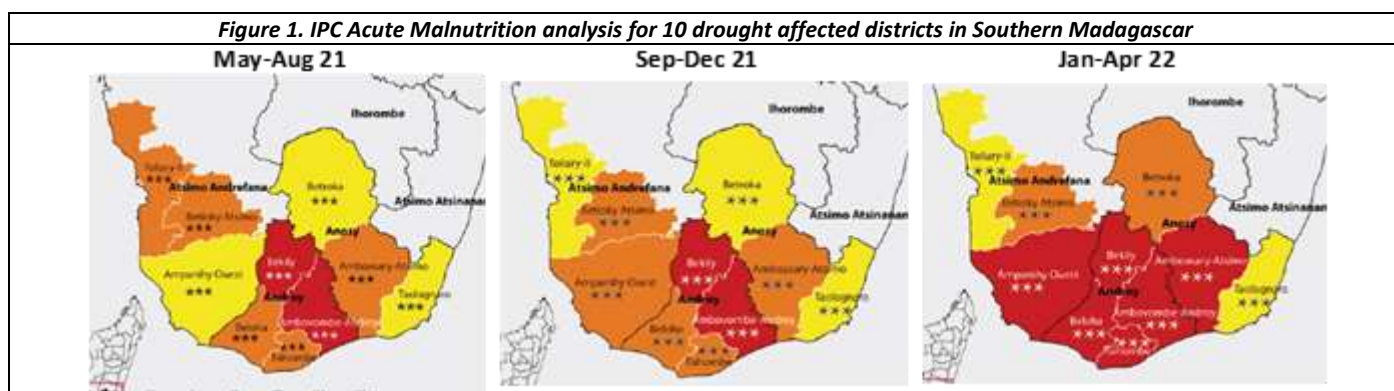
Unless funding is received by UNICEF to ensure continued humanitarian service delivery, consequences on children would be dire:

- More than 30,000 severely acute malnourished children may die due to lack of adequate treatment
- 3,000,000 people will not receive critical WASH supplies such as soap and handwashing devices
- 650,000 people, 50% of them children, will not have access to safe water and adequate hygiene, leaving them exposed to water related diseases
- More than 130 health centres will not receive the necessary 160 additional health care staff to assist severely acute malnourished children
- 130,000 children under five will not get adequate care for diarrhea, pneumonia, and malaria
- 40,000 pregnant women will not receive quality and continuous antenatal care
- 7,000 families (including 21,000 children), will no longer receive much needed financial assistance to cover basic food needs through humanitarian cash transfers
- 75,000 children of primary school level and 21,000 adolescents of lower secondary level will not benefit from catch-up programmes
- 160,000 children will not be provided with learning materials
- 40,000 teachers will not receive basic training
- 30,000 women and children will be at greater risk due to a lack of access to resources on how to protect themselves from violence, including gender-based violence
- Psychosocial support will not be provided to at-risk individuals living in areas where mental health services are lacking

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

## Situation Overview & Humanitarian Needs

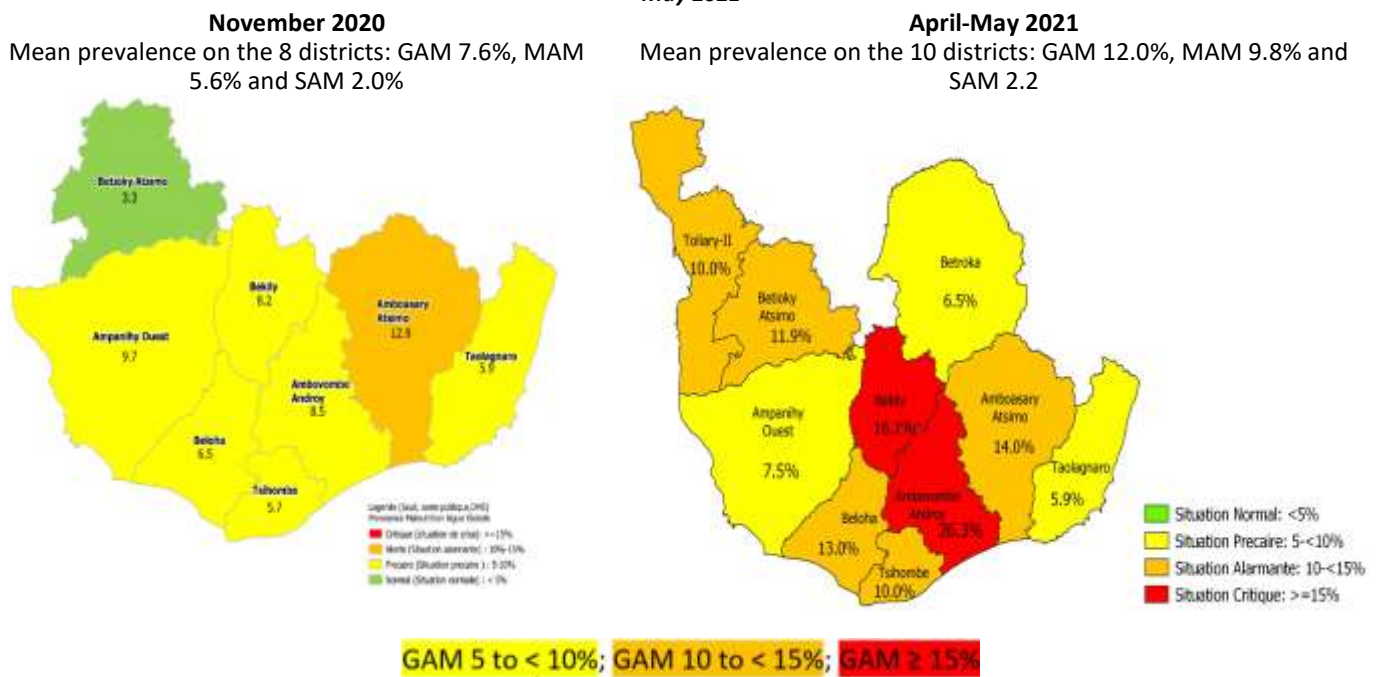
The IPC Acute Malnutrition analysis conducted in June 2021 projects that **500,000 children will be at risk of acute malnutrition** between May 2021 and April 2022, including 390,000 moderate cases and 110,000 severe cases. The risk of famine is present in at least one district if the ongoing humanitarian response is not scaled-up while the situation remains very fragile in the other districts. **The need to continue, intensify and scale-up the on-going multisectoral response** (nutrition, food assistance, shock responsive social protection, WASH, health, child protection, education, communication for development and community engagement) **is critical to prevent further deterioration toward a catastrophic situation.**<sup>1</sup>



The IPC Acute Malnutrition analysis was based on different sources of information including the joint UNICEF, WFP and Government SMART and food security survey completed in April-May 2021. Results from that survey showed a deterioration of the situation between November 2020 and April-May 2021 with more than 16% of children aged 6 to 59 months suffering from acute malnutrition, which is over the emergency levels.

<sup>1</sup> Full report available at: <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152969/?iso3=MDG>

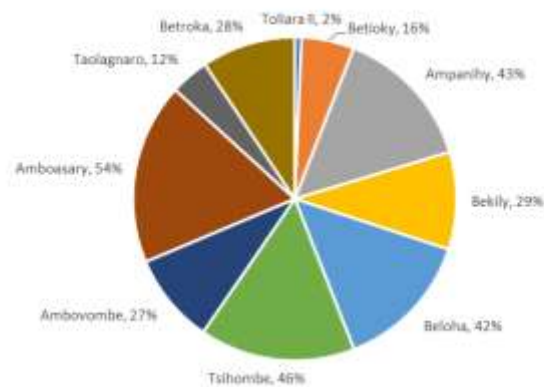
**Figure 2. Trends of Global acute malnutrition prevalence per district between November 2020 and April-May 2021, SMART survey April-May 2021**



The degradation of the nutrition situation could be associated with the delayed initiation of food assistance and cash transfer support caused by initial lack of funding for scaling up the response, including its insufficient coverage in many districts (Figure 4) as half-food ration and insufficient cash amount may not cover households' basic needs. This leaves the population in a very dire and critical food insecurity situation (Figures 5 and 6). In addition, between 49% (Ambovombe) and 69% (Betroka) of the population is drinking water from unimproved sources and between 28% (Bekily) and 93% (Betioky) of households are practicing open defecation.

**Figure 3: District coverage of food assistance and cash transfer support, SMART survey April-May 2021**

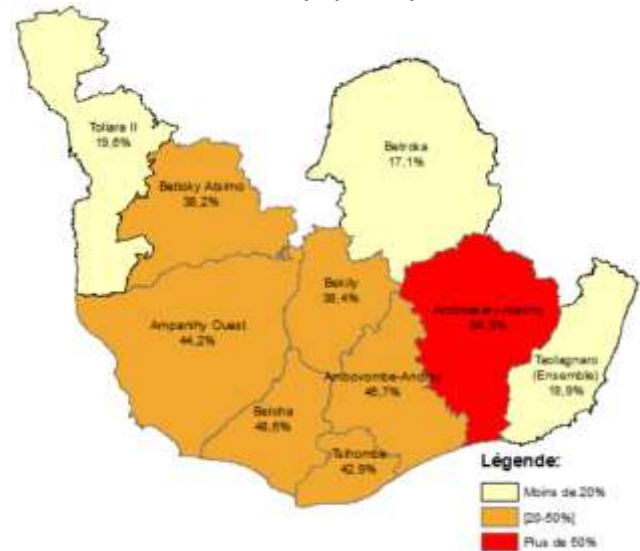
Proportion (%) of household who benefitted from food assistance and/or cash transfer



**Figure 4: Proportion of household in food insecurity (Moderate and Severe), SMART survey April-May 2021**



**Figure 5: Proportion of household in severe food insecurity, SMART survey April-May 2021**



The Quarter 2 2021 exhaustive mass screening exercise of the **Nutrition Surveillance System (NSS)** was completed and preliminary results are available except for one district (Ampanihy). Four districts are classified in Emergency (Amboasary, Tsihombe, Ambovombe and Beloha), one in Alert (Bekily) and four are “normal”. Results show a slight improvement in acute malnutrition prevalence since mass screening completed in Quarter 1. This could be due to multiple factors including the intensification of the food assistance and shock responsive cash transfer, continued nutrition response, and improved access to water. In addition, although it is estimated that up to 60% of harvest was lost, many household could harvest some food. However, this small food reserve will be insufficient to support families until the end of the coming lean season which will start sooner than previous years due to the loss of resilience mechanisms of families to cover their basic needs.

According to WFP, there is an important funding gaps to cover needs of food assistance and shock responsive cash transfer which are both essential to mitigate the impact of the nutrition and food security crisis. Therefore, the nutrition situation, in combination with critical food insecurity and the precarious WASH situation, is expected to deteriorate further in the coming months with the early onset of the 2021 hunger gap.

UNICEF continues to support the country in emergency health response for the most vulnerable population in the South. The impact of the food and nutrition crises on the health status of children and pregnant women has been evident. In addition to data from the national health information system, which shows an increase in the main diseases such as malaria and diarrhea, a quantitative and qualitative study is underway, particularly in the Amboasary district, to analyse this impact.

Regarding the water and sanitation, the protracted drought crisis in the South has reduced the population's adaptive capacity, especially in the affected areas. Generally, the lack of availability of clean water, poor quality of groundwater and poor maintenance of existing water infrastructures have significantly increased the impact of water deficits. Groundwater in coastal areas of southern Madagascar has too high salinity to be drinkable. In dry periods, families have to walk many kilometers per day to fetch water at prices reaching US\$ 0.5 per 20 liter jerrican. Currently, the WASH cluster estimates that 800,000 people need emergency WASH response the in nine districts (IPC3 and 4) of the regions of Androy, Anosy and Atsimo Andrefana.

In addition, a recent rapid assessment conducted in 12 communes affected by the nutritional emergency in the affected regions unveiled a prevalent perception (more than 70% of respondents) of increased exposure of children to child labor, sexual exploitation and child marriage. A total of 72% of the women and girls interviewed feel unsafe in their daily lives.

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. No internal airline serves the south of Madagascar, except a biweekly flight to the two cities bordering the region (Fort Dauphin and Tulear). Electricity and internet coverage are excessively limited making gathering and compiling information complex.

## Summary Analysis of Programme Response

### Nutrition

#### Management of acute malnutrition

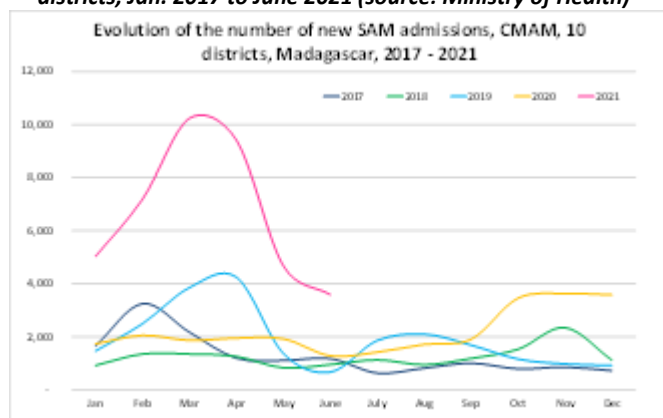
Scale up of the response is ongoing. The number of mobile health and nutrition teams supported by different partners, including Action Contre la Faim (ACF), has increased from 19 mobile teams to 34. UNICEF is working with the Ministry of Health to position



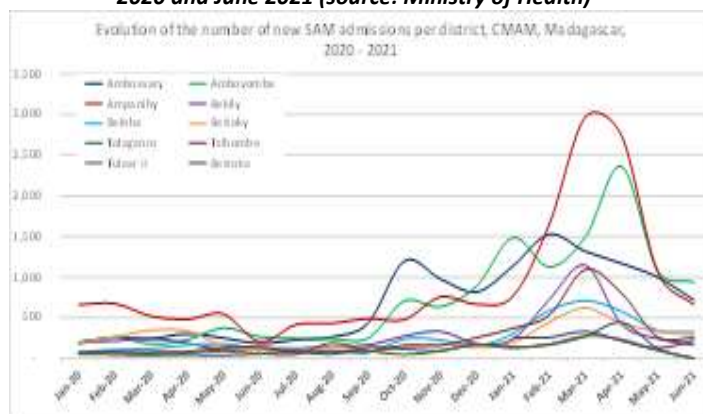
additional staff in the health centers for the six nutrition emergency districts in preparation for the coming lean season to ease management of the expected increase in SAM admissions. On average, this will include two staff per health center. The Government of Madagascar is finalizing recruitment and contracting, with UNICEF supporting financially; staff will be paid directly using a mobile cash option.

Over 40,000 children with SAM have been admitted in the south between January and June 2021, more than three times the number admitted for the same period in 2020 (*Report completion rates for May and June are below 80% for Ambovombe, Tolagnaro, Tsihombe, and Tuléar II*). This situation is reflected in SAM admission trends in 2021 compared to the previous years (Figure 2) with sharp increases between January and April 2021; a decline was noted between April and June 2021 in most districts (Figure 3) but figures remain over those of previous years. Overall CMAM performances are within international SPHERE standards with a cure rate > 84%, a mortality rate < 1% and a defaulter rate < 6%.

**Figure 2: Trends of the number of SAM admissions in ten districts, Jan. 2017 to June 2021 (source: Ministry of Health)**



**Figure 3: Trends of SAM admissions in ten districts between January 2020 and June 2021 (source: Ministry of Health)**



Some double admissions have been noted at facility level (with the same patient double registering). Actions are being undertaken with on-going procurement of indelible ink to identify children the day of the distribution and with standardisation of the SAM consultation days.

To improve weekly Government reporting on the SAM pipeline and SAM admissions, UNICEF is assisting through technical support for timely reporting and data quality control and is also organizing a mobile telephone service fleet between health centres and districts and regional health directorates for easier communication flow.

On the RUTF pipeline, the local producer is facing a major strain in their pipeline due to international and local orders. To ensure the availability and prevent pipeline gaps, UNICEF also made off-shore supply orders. If there is no delay in the RUTF delivery (local and international) and the number of SAM to be treated does not exceed 10,000 cases per month, then the current RUTF pipeline will suffice to cover the needs up to December 2021 but an additional 35,000 cartons is needed to cover the needs related to SAM admissions in the first and second quarters of 2022. Considering the lead time essential for the local producer to make and deliver the RUTF by mid-December 2021, the supply order need to be put in the next month. Fund mobilization is on-going but more is needed to ensure continued timely and quality service delivery to children affected by SAM.

### Promotion of adequate infant and young child nutrition

In support to the Regional Health Directorate and the Regional Nutrition Offices, UNICEF and ASOS are training health centre staff, which will be followed with training of community workers before initiation of activities at community-level. So far in 2021, a total of 94,500 parents have been trained on the use of MUAC to improve chances of early screening and timely referral in case of acute malnutrition. This is in addition to the 116,900 who were already trained in previous years, bringing the coverage to about 45% of all parents in the 10 districts (total of 211,400 out of about 460,000 families). Efforts to scale up MUAC by parents are still on-going with additional trainings.

### Nutrition surveillance and coordination

Mass screening as part of the Nutrition Surveillance System is completed every quarter. Screening for the second quarter was completed and results will be available by end of July. UNICEF, in collaboration with WFP, has completed 10 Nutrition and Food Security surveys, using the SMART methodology, and preliminary results have been released. The survey results were used to carry out the Integrated Phase Classification on Acute Malnutrition (IPC-AMN) (see Situation Overview and Humanitarian Needs).

UNICEF continues to lead the nutrition cluster with meeting now held every two weeks. Technical support from the Global Nutrition Cluster was key to enhance the documentation of on-going nutrition response and to visualize it through the nutrition cluster dashboard available at <https://www.humanitarianresponse.info/en/operations/madagascar/nutrition>. The nutrition

cluster coordinator is currently assisting partners to improve their 5W documentation so that all partners' contributions can be integrated into this dashboard.

## Health

Aligned with the SMART survey, data from the national health information system shows an increased access to health services mainly for childhood diseases. The health sector is completing a quantitative and qualitative assessment, particularly in Amboasary district, to understand the decrease in morbidity and the increase in health centre consultations.

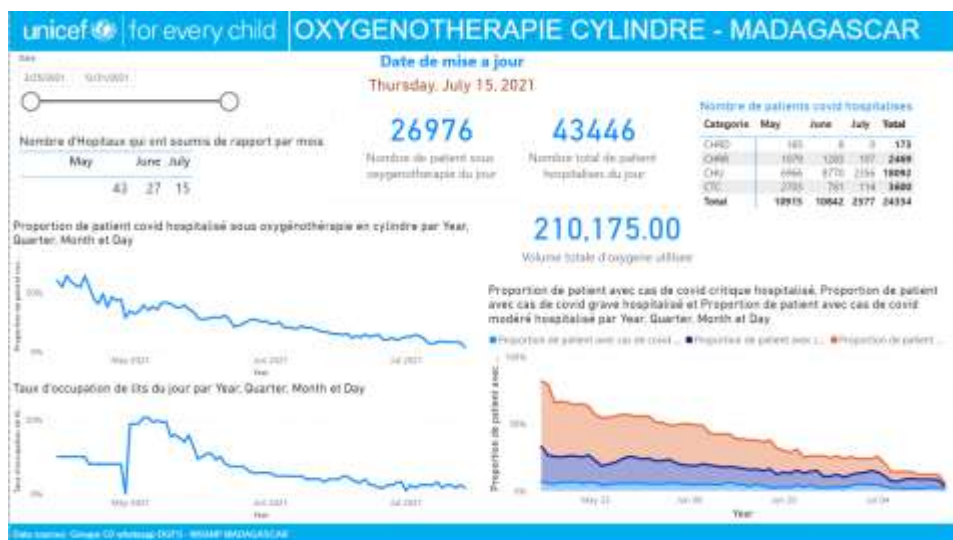
From January to June 2021, in the nine districts in the Great South, 124,500 peoples have received essential health services including 24,000 under five children treated for the main child-killing diseases (diarrhea, pneumonia and malaria), 15,500 pregnant women benefiting from a fourth antenatal care visit and 85,000 children aged 0 to 11 months immunized against the main vaccine-preventable diseases.

The health sector continues its support through 13 health mobile teams which are complementary to the nutrition mobile teams for increased outreach health services delivery in the 8 districts most affected by the food and nutrition crisis. Delivery kits for 30,000 new-borns have been supplied for those 8 districts to facilitate access to assisted delivery in the health facilities for pregnant women.

UNICEF provided considerable support to the implementation of the COVID-19 vaccination campaign with the first 250,000 doses received from the COVAX initiative. UNICEF distributed the vaccines to 114 districts, provided Personal Protective Equipment (PPE) (reusable masks and hydro-alcoholic gel) to vaccination sites, and advocated for the involvement of the mayor of Tananarive city. Thanks to this support, 196,634 people were vaccinated in 5 weeks before the expiration date of the received batch (June 17<sup>th</sup>).

UNICEF Madagascar's health section submitted a proposal to the MOH to assume the oxygen (O2) response to COVID-19. This led to a US\$ 2.1 million grant, funded by the World Bank, for medical O2 as immediate (4 months) response to O2 needs. The components of this agreement include O2 supply (231.000m3 of oxygen to care for moderate, severe and very serious COVID-19 cases in hospitals nationwide, supply of 700 cylinders, 2,000 valves and 300 flowmeters and humidifiers) and spare parts, generators repairs (3 done and 2 in progress) and generator purchases as well as innovation such as through Liquid O2. This should open to new potential funding for establishing a national medical O2 system that would guarantee O2 not only in major cities but also throughout the health system network down to district level.

Figure 6: Oxygenotherapy available in Madagascar (15 July 2021)



## WASH

Between January and June 2021, UNICEF, in collaboration with other cluster members, assisted around 260,000 people affected by the drought (this represents 62% of the initial target of 420,500). UNICEF reached almost 61% the total of the initial target, nearly 161,000 people. This result was achieved thanks to the effective implementation of water trucking, construction and rehabilitation of water points, water vouchers to households, and an extension of water supply networks. Additionally, hygienists/hygiene promoters have been trained and equipped with personal equipment, chlorine generator devices have been installed in the health centers, and hydroalcoholic solution and water treatment products (SurEau) have been provided to institutions (schools, health center) and communities. UNICEF interventions have also focused on ensuring the minimum WASH package in health centers, providing drinking water and hygiene messaging and kits (handwashing devices, disinfectants and soaps) to households with severely malnourished children. With the support from the community health workers, the hygiene

promotion activities have also been extended to the community level, focusing on handwashing practices and household water treatment.

Figure 7: Southern Madagascar drought related WASH response situation at the end of June 2021



Source: <https://www.humanitarianresponse.info/en/operations/madagascar/water-sanitation-hygiene>

Regarding the COVID-19 response, the overall humanitarian response supported by WASH cluster was provided to over 1,000,000 people, including 367,000 women and girls (for the period January to June 2021), including in Southern Madagascar. The distribution of hygiene kits represents by far the largest activity, covering just over 1,000,000 people. Water and sanitation activities represent less than 1% respectively.

UNICEF’s direct contribution reached around 495,000 in the three regions (200,000 in Atsimo Andrefana, 105,000 in Androy and 190,000 in Anosy). More specifically, around 20,000 people have received water, and 217,000 others have received hygiene kits and supplies, including buckets, jerry cans, hydroalcoholic gel and soap in the Atsimo Andrefana, Anosy and Androy regions. A total of 150 households and 87 public establishments (schools, health centers, administrative offices, COVID-19 treatment centers, churches, markets, universities) received handwashing devices in the regions of Atsimo Andrefana, Anosy. In total, 37,000 bottles (each bottle is 100ml) of hydroalcoholic gel were distributed to schoolchildren, teachers, patients, and health center staff, as well as community members in Atsimo Andrefana, Androy, and Anosy. A total of 797 public places (COVID-19 treatment centers, administrative offices, markets) and households have been disinfected in the 3 regions. 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.

The cluster has also formed a WASH-PCI working group whose task it is to elaborate an operational strategy for communities, public places, health facilities and schools.

Figure 8: COVID-19 related WASH response situation at the end of June 2021



Source: <https://www.humanitarianresponse.info/en/operations/madagascar/water-sanitation-hygiene>

## Education

The South of Madagascar is – even under normal circumstances – characterized by massive dropout rates, overcrowded classrooms, and generalized poverty that prevent children to get access to education. Between January and April 2021, UNICEF has collaborated with the Ministry of Education in supporting approximately 120,000 students in Androy, Anosy and Atsimo Andrefana by delivering 1,500 school kits assembled locally for 1,500 schools located in 16 districts. These kits provide valuable resources to support classroom work, reduce the likelihood of negative coping mechanisms and reduce the financial burden on parents. Approximately 100,000 of these students are enrolled in elementary school in the 10 districts most affected by the drought and are at significant risk of frequent absenteeism and dropout.

## Shock Responsive Social Protection and Social Policy

As a lead for the Cash Working Group (CWG), UNICEF continues to support the coordination of the cash response (known as “Toseke Vonje Aigne” or Aid to Save Lives) to the drought in the South. Based on the results of the latest IPC survey the CWG has modified its response strategy to better respond to the needs of the population. According to the new strategy, 53 communes (about 900,000 people; 540,000 children) will be covered by cash assistance implemented by: UNICEF and the World Bank (through the Fond d’Intervention pour le Developement, FID), WFP, UNDP, SAFJKM, CRM, WHH and Save the Children. The amount of transfer of the “Toseke Vonje Aigne” has been increased from 80,000 to 100,000 MGA (USD 26) in July (corresponding to 50% of the food ratio) and in most in need communes a hybrid approach (cash and food) has been put forward to ensure 100% food ratio in collaboration with the members of the cluster SAMS. UNICEF covers about 7,000 families (35,000 people; 21,000 children), thanks to FCDO’s financial support, in the commune of Ifotaka in collaboration with FID. Those families have received 65 regular monthly payments since December 2020. UNICEF has secured funds only until the August monthly payment. To cover the needs in Ifotaka until March 2022 there is a financial gap of USD 1.4 million. The overall gap of the CWG members is around US\$ 35 million until March 2022.

## Child Protection

In partnership with the Ministry of Population, Social Protection and Women Empowerment, UNFPA and Catholic Relief Service, UNICEF launched in November-December 2020 a rapid assessment to evaluate the risk of violence against children (VAC), gender-based violence (GBV), and sexual abuse and exploitation (SEA) in 12 communes within 6 districts most affected by the drought and the consequent nutritional emergency. The assessment revealed a widespread perception of increased risk of multiple forms of violence and exploitation against children and women (including child labor, child marriage, sexual exploitation, neglect) resulting from existing conditions and practices (economic distress, social norms and cultural practices, non-access to social services, drop-out school, ...) exacerbated by negative coping strategies. Both boys and girls are concerned by those issues even if some affect girls more such as child marriage and sexual exploitation). Recommendations from this assessment were shared with all protection cluster members in January 2021 and informed the response plan including commitment of UNICEF Madagascar Country Office in HAC.

To mitigate negative impact of structural weaknesses and the current drought (including episodes of insecurity and socio-economic distress in the Southern regions) on child protection risks, UNICEF with partners are intensifying the effort on prevention of VAC at community level through information sharing and awareness raising of populations (including children and adolescents girls and boys, local authorities and traditional leaders), as well as strengthening referral pathways and services to better support and care at-risk children and victims of violence.

Since May 2021, a total of 6,700 displaced children (3,300 boys and 3,400 girls) benefited from psychosocial activities provided by trained para-social workers. In parallel, 1,300 parents were reached with psychosocial support activities and awareness raising sessions with the Ministry of Population, CSO entities at decentralized level and UNICEF support following a significant displacement of people since March (most of them children) to the towns of Fort Dauphin (Anosy region) and Ambovombe (Androy region), as a result of the drought.

Other 55 unaccompanied children were reached with family and school reintegration in three regions (Anosy, Androy and Atsimo Andrefana). After their identification, children were supported by para social workers to benefit from nutrition center activities as priority. Para social workers negotiate with schools for children’s registration, if needed, integration in literacy classes or refresher courses before joining regular classes.

A total of 297 children (273 girls and 24 boys) who experienced violence and exploitation received care and support from 33 para-social workers (20 women and 13 men) trained to assist child victim. Additionally, 75 municipal officials (11 women and 64 men), including mayors, presidents of municipal councils and administrative district heads, benefitted from capacity strengthening on child rights and child protection. A total of 74 staff of public services (security forces, social and para social workers, actors of the judiciary system and administrative staff of regional directorates) have been trained on GBV and protection against sexual exploitation and abuse (PSEA), including legal provisions, survivor-centred approach for assistance post VAC/GBV, standards for safe and confidential reporting and referral.



During the reporting period, 10,408 people (4,748 women and 3,102 men, 2,558 adolescents) were reached through the 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.

UNICEF and partners participate in monthly meetings of the BNGRC (National Office in charge of Disaster Risk Reduction). In general, those meetings were opportunity for cluster to share information on challenges are held for information sharing between clusters information on general trend prevision of drouth and nutrition analysis, for advocacy and recommendations on challenges faced for implementing sectoral responses.

UNICEF also made efforts to maintain its child protection regular program despite the impact of the drought and COVID-19.

### **Communications for Development (C4D), Community Engagement & Accountability**

In order to minimize the impact of the current emergency in the south, C4D is supporting the promotion of key family practices related to Health, Nutrition and WASH in 8 affected districts through a partnership with a national NGO named ASOS. In this line, 396,000 people are currently reached by access to service and behavior change messages; 150,000 people, mainly community leaders, are engaged; 3,364 community workers are mobilized (2,210 women and 998 men); 1,724 Fokontany are covered by community dialogues, door-to-door activities, listening group activities, and group sensitization/awareness sessions; and 67,000 families have participated in listening group and door-to-door activities.

Additionally, with the same NGO, and in close collaboration with the regional department of Health and the regional Office of Nutrition, specific initiatives have been held in 3 affected districts (Amboasary, Tsihombe, Ampanihy) to strengthen the communication related to infant and young child nutrition, including Vitamin A supplementation and hygiene promotion. Community activities under this initiative (community listening groups, folklore song shows, community dialogues, mobilization of community agents, puppet shows, media communication) were launched on the beginning of June 2021, and supported by 43 health and nutrition officers at regional and local level, 104 health agents, 34 animators from ASOS NGO, 24 radio stations, and 96 local folklore groups members. An additional district (Ambovombe) will be included in this initiative. Otherwise, a specific communication plan related to therapeutic foods for SAM children was developed and will be implemented in 10 districts (including the 4 districts already covered by C4D Nutrition activities in the South). In this context, advocacy activities with community leaders and key influencers will be held in order to fully involve them in the communication with the affected population. Information watch at community level will be also set up in 10 affected districts which consists in the regular collection and reporting of rumors, in the collection of community feedback, and in the reporting of facts or situations at local level which are likely to have an impact on the health / nutritional situation of the population).

In addition, based on the cluster needs and on the evolution of the context, the update of the Communication response plan for the second semester 2021 is ongoing with the Emergency Communication Platform and the National Office for Risk and Disaster Management.

As part of UNICEF's COVID-19 response in Madagascar, 2,886,000 people from 22 regions were reached with access to services and behavioral change messages. A total of 165,300 people have participated in engagement action. Specific communication interventions on COVAX have allowed UNICEF to reach 8,700,000 people at the national level.

### **Humanitarian Leadership, Coordination and Strategy**

UNICEF ensures that its interventions are in line with humanitarian leadership, whether from the Humanitarian Country Team, government authorities such as the Nutrition National Office, CCOK (Coordination Committee on Drought), or BNGRC (National Office for Disaster Management).

This coordination is relayed to the "clusters" UNICEF is responsible for (Education, Nutrition, WASH, Cash Working Group) and to the field. UNICEF's strategy aims at ensuring a nexus between its development and humanitarian interventions, at reinforcing partners' capacity in all elements of social systems (data, HR, planning, supply, advocacy) and in giving priority to "scale" 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) is indispensable to ensure proper response and coordination of information.

UNICEF plays a leadership role in coordinating partners and co-chairs sector meetings the National Nutrition Office (ONN) for Nutrition, Ministry of Water for WASH, Ministry of Population for Social Policy and for Child Protection Area of Responsibility/sub-cluster. A nutrition cluster coordinator was recently recruited to strengthen the coordination and information management at central and peripheral levels with technical support, and capacity building on coordination is ongoing with support from the Global Nutrition Cluster (GNC). Thanks to this support, improvement in the information management was accomplished with a new 5W matrix available online at: <https://www.humanitarianresponse.info/en/operations/madagascar/nutrition>. Partners are now completing the information related to their interventions for a dynamic mapping.

## Human Interest Stories and External Media

- Photos sets looking at the impact of the drought on malnutrition in the south. [In Madagascar, families struggle to survive in drought-hit south](#); [Between Hope and Doubt in Madagascar – Recovering from Severe Malnutrition](#)
- Le Royaume-Uni fournit 2,5 million de dollars pour lutter contre l'insécurité alimentaire dans le Grand Sud de Madagascar: <https://www.unicef.org/madagascar/communiqu%C3%A9s-de-presse/le-royaume-uni-fournit-25-million-de-dollars-pour-lutter-contre-lins%C3%A9curit%C3%A9>
- [USAID](#) and [ECHO](#) are supporting UNICEF to help families trying to survive the food crisis and drought in the South and especially to treat children suffering from severe acute malnutrition.
- The Government of Japan is strengthening its support to UNICEF's emergency response to the drought in southern Madagascar by [providing safe water supply and hygiene materials](#).
- Shock-responsive social protection response to the drought:
  - [Southern families become more resilient | UNICEF Madagascar](#)
  - [The Tosika Kere programme in Southern Madagascar | UNICEF Madagascar](#)
  - [The United Nations Fund's integrated social protection programme for sustainable development | UNICEF Madagascar](#)

And shock-responsive social protection response video: <https://www.youtube.com/watch?v=uAx2s51xhUM>

### MEDIA

In January, the section produced a press release on the [joint Country Team](#) Flash appeal.

In early February, UNICEF organized along with USAID, WFP and CRS a joint media trip to the south to highlight the impacts of the drought and UNICEF's response to the malnutrition crisis. Six national news organizations participated in the four-day trip during which USAID support to UNICEF interventions were the focus. The trip resulted in extensive news coverage in print and broadcast.

In March, the communication section [issued a press release on the support of the Japanese Government](#) in providing access to water, hygiene and sanitation for the vulnerable people in southern Madagascar. In May, a press release announces [Ambatovy's support](#) for UNICEF to purchase RUTF to treat malnourished children in the South. And in June, a press release is issued regarding the [UK's support](#) to UNICEF in providing social protection and clean water to drought-affected families in southern Madagascar.

Two human interest stories on drought impact and response were published during the reporting period. One focused on [families forced to leave their homes](#) due to the drought and the other looked at families [struggling to feed themselves](#).

### DIGITAL CONTENT

The communication section produced two photos looking at the impact of the drought on malnutrition in the south. [In Madagascar, families struggle to survive in drought-hit south](#); [Between Hope and Doubt in Madagascar – Recovering from Severe Malnutrition](#)

Additional photographs were made available on [WeShare](#). The section contributed photographs to the [joint Flash Appeal on the drought](#) which were posted on social media.

Social media posts:

- In Madagascar, [3 out of 4 children living in the drought-affected south of Madagascar have dropped out of school](#) to help their parents search for food.
- In February 2021, more than 2,000 people are living temporarily in a Catholic shelter in Fort-Dauphin, [fleeing famine in their home villages](#).
- [USAID](#) and [ECHO](#) are supporting UNICEF to help families trying to survive the food crisis and drought in the South and especially to treat children suffering from severe acute malnutrition.
- The Government of Japan is strengthening its support to UNICEF's emergency response to the drought in southern Madagascar by [providing safe water supply and hygiene materials](#).
- [Ambatovy](#) responds to UNICEF's call to help acutely malnourished children in southern Madagascar
- Several [shock-responsive social protection programmes](#) are in place to [support families](#) in coping with the intense drought and famine in southern Madagascar
- [The UK is investing in cash benefits](#) for drought-affected families in the south in support of UNICEF's social protection programme. The UK also supports access to safe drinking water for these families.

## 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								
<b>Health</b>								
# people provided with access to essential and life-saving health care services*	girls	180,000	180,000	55,600	▲	200,000	N/A	
	boys			53,400	▲			
	women			15,500	▲			
<b>Nutrition</b>								
# of children under 5 with SAM admitted to therapeutic treatment sites	girls	120,000	120,000	20,460	▲	120,000	20,460	▲
	boys			19,658	▲		19,658	▲
	women							
<b>Child Protection</b>								
# of children reached with psychosocial support	girls	8,000	8,000	3400	▲	8,000	N/A	
	boys			3300	▲		N/A	
# women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	girls	30,000	2500 (disaggregated data N/A)	10,408 people (4,748 women and 3,102 men, 2,558 adolescents)		137,000	TBD**	
	boys							
	women		4700					TBD**
<b>Education</b>								
# Children Receiving learning materials	girls	155,000	155,000	102,000	▲	160,000	61,000	▲
	boys			98,000	▲		59,000	▲
<b>WASH</b>								
# of people who accessed the agreed quantity of water for drinking, cooking and	girls	500,000	500,000	37,000	▲	650,000	40,000	▲
	boys			35,000	▲		38,000	▲
	women			40,000	▲		42,000	▲
	men			38,000	▲		41,000	▲



personal hygiene*								
<b>C4D</b>					▲			▲
# of people reached with access to services and behavioral change messages	girls	800,000 (South)	800,000 (South)	57,300		1,000,000		
	boys			54,700				
	women			184,600				
	men			99,400				
People participating in engagement action	girls	64,000 (South)	64,000 (South)			80,000		
	boys							
	women			97,500				
	men			52,500				
<b>Social Protection</b>								
# households receiving cash transfers		30,000	30,000	6,987	▲	199,000	181,000	▲

\* Change since last report.

\*\* Data being compiled by protection sectoral group.

## Annex B

### Funding Status\*

Funding Requirements (as defined in Humanitarian Appeal 13 July 2021)						
Appeal Sector	Requirements	Funds available			Funding gap	
		Funds Received Current Year	Carry-Over	Total	\$	%
Nutrition	7,650,000	4,626,609	1,686,085	6,312,694	1,337,306	17%
Health	7,000,000	450,000	406,069	856,069	6,143,931	88%
WASH	9,900,000	2,470,841	217,465	2,688,305	7,211,695	73%
Education	2,100,000	-	-	-	2,100,000	100%
Child Protection, GBVIE and PSEA	1,500,000	234,000	97,873	331,873	1,168,127	78%
Communication for Development	1,500,000	76,403	83,686	160,090	1,339,910	89%
Cash-based transfer	4,500,000	580,000	136,784	716,784	3,783,216	84%
Cross sectoral / Cluster coordination	-	171,149	93,633	264,782		0%
<b>Total</b>	<b>34,150,000</b>	<b>8,609,002</b>	<b>2,721,595</b>	<b>11,330,597</b>	<b>22,819,403</b>	<b>67%</b>