

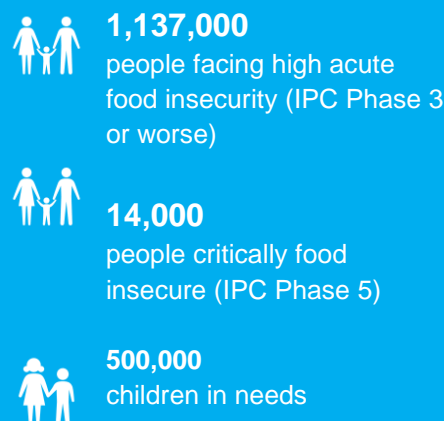


Madagascar Country Office Humanitarian Situation Report No. 3

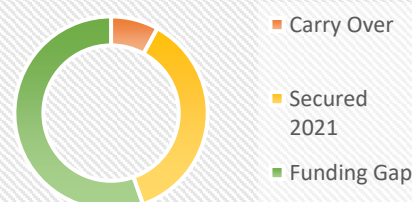
Highlights

- The multisectoral nutrition and food insecurity, as well as WASH emergency in southern Madagascar, remains of grave concern since structural aggravation will likely continue until March 2022 unless sufficient rain arrives.
- UNICEF has promoted a multi-pronged approach, building on interventions that link nutrition to WASH, health, education, shock responsive social protection, child protection and gender interventions.
- Since the beginning of the UNICEF's Corporate L2 emergency scale up in July, UNICEF and partners treated 5,287 severe acute malnutrition (SAM) cases in July (confirmed data), in addition to at least 4,000 SAM cases in August (to be confirmed). Between January and July 2021, 45,000 children with SAM have been admitted and treated, more than three times the number admitted and treated for the same period in 2020.
- UNICEF's water interventions have reached 52,000 people who are most affected by the drought in the regions of Androy, Anosy and Atsimo Andrefana out of 807,000 targeted by the WASH cluster.
- 36,928 children under 5 and 2,866 pregnant women have benefited from free health services, including the management of childhood illnesses, maternal and neonatal care, and vaccination in health centers and through mobile clinics.
- UNICEF continued to coordinate the cash response to the drought. The members of the Cash Working Group (CWG) are targeting 180,000 families with cash assistance to respond to food insecurity for the second phase. UNICEF covered about 35,000 people (covering 7,550 families, approximately 28,000 children) in the commune of Ifotaka.
- A recent rapid assessment conducted in 12 communes affected by the nutritional emergency unveiled a prevalent perception (more than 70 per cent of respondents) of increased exposure of children to child labour, sexual exploitation, and child marriage. A total of 72 per cent of the women and girls interviewed feel unsafe in their daily lives.

Situation in Numbers



Funding Status August 2021



UNICEF's Response and Funding Status

Appeal Sector	Requirements	Total Secured Fund	Funding gap
			\$
Nutrition	7,650,000	9,973,561	0
Health	7,000,000	877,214	6,122,786
WASH	9,900,000	2,714,150	7,185,850
Education	2,100,000	-	2,100,000
Child Protection ,GBViE and PSEA	1,500,000	442,873	1,057,127
Communication for Development	1,500,000	160,090	1,339,910

Cash-based transfert	4,500,000	744,034	3755966
Cross sectoral / Cluster coordination	-	335,435	-
Total	34,150,000	15,247,356	18,902,644

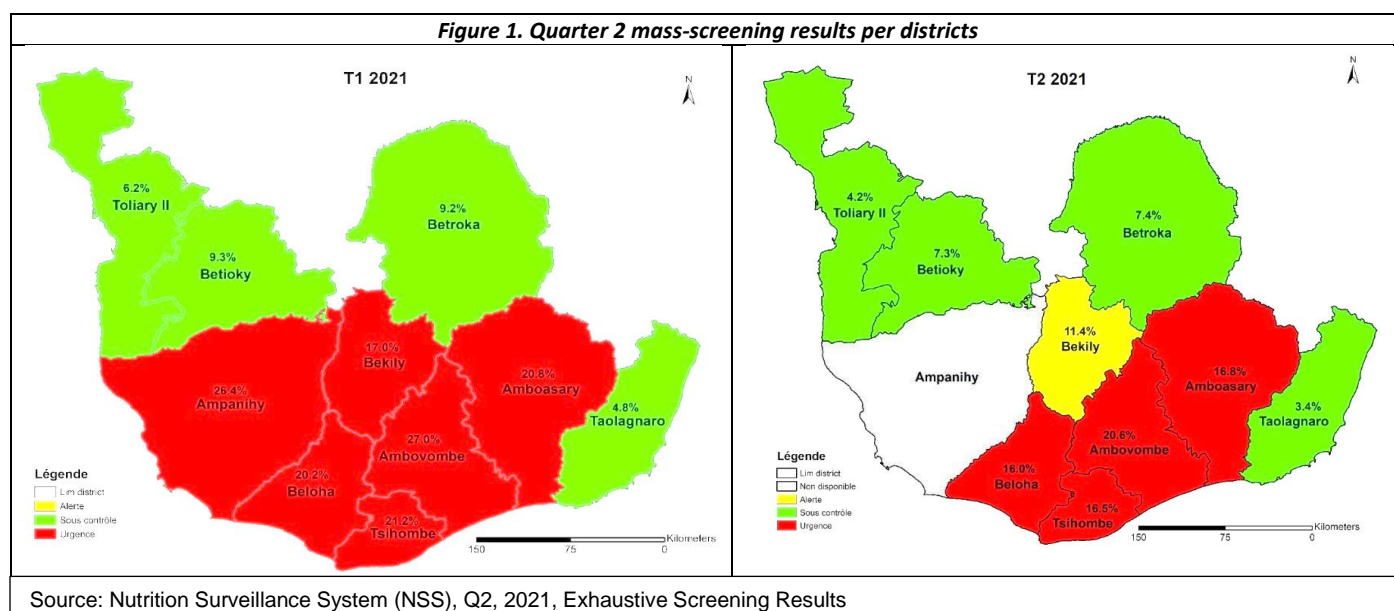
Funding Overview and Partnerships

To immediately respond to ongoing humanitarian crisis, and to prepare for potentially worsened emergencies particularly in southern Madagascar, UNICEF Madagascar launched a US\$ 34.2 million appeal to meet the most urgent humanitarian needs of children and women. As of 20 August 2021, 37 per cent had been received from the European Commission/ECHO, Central Emergency Response Fund (CERF), SDG Joint Fund, United States Agency for International Development (USAID), Foreign, Commonwealth, and Development Office (FCDO) and the Government of Japan. Other 8 per cent was carried over. The original 2021 appeal was revised due to exponential increase of humanitarian needs around COVID 19 and drought. Madagascar is experiencing the worst form of humanitarian consequences of drought in years driven by climate change and environmental degradation.

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

Situation Overview and Humanitarian Needs

Overall, the quarter two community-based mass screening result show a slight improvement of the acute malnutrition prevalence (10.6 per cent global acute malnutrition (GAM)); 1.3 per cent SAM) compared to quarter one (16.1 per cent GAM; 2.6 per cent SAM) following support from UNICEF and other humanitarian partners, but at least four out of nine districts remain in nutrition emergencies. A total of 57 out of 183 municipalities (30 per cent) are classified as emergency and 16 per cent are in alert while 54 per cent are “under control” but still fragile.



Enough life-saving supplies for moderately and severely acutely malnourished children will can be delivered through March 2022, including a potential increase of 50 per cent in SAM admissions in case the scenario worsens. The situation is being monitored to ensure constant availability in the field. As of August 2021, 1.5 million out of 3 million people in need (100 out of 201 municipalities) are being assisted with food or cash transfers, including 90 priority municipalities with only food assistance. However, this pipeline forecast will be challenged by major identified gaps (pipeline breakdown) in shock responsive cash transfers by October and in the general food assistance by the end of December. These gaps might happen at the beginning of the peak of acute malnutrition.

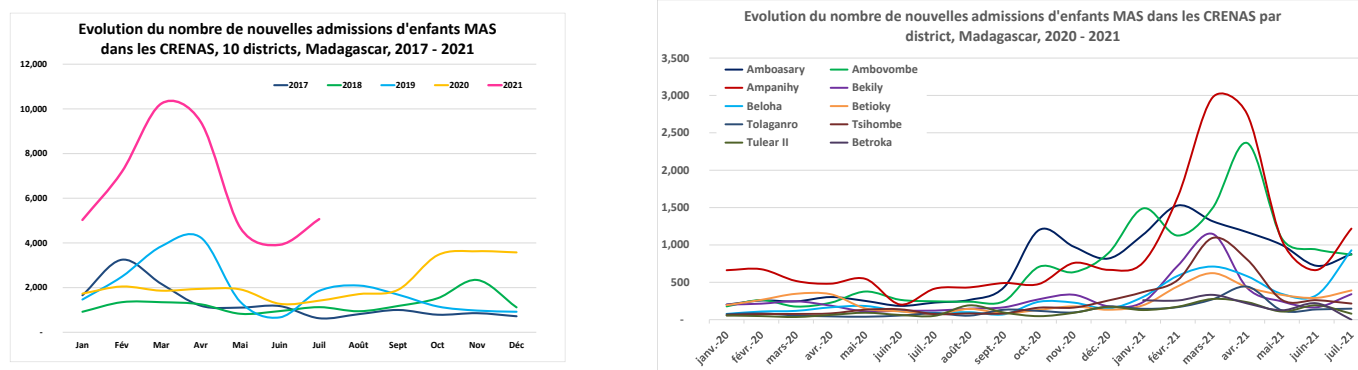
Agricultural recovery will also be difficult. Poor rainfall and drought forecasts as well as locusts, army worms and other harvest threats need to be monitored closely as this will determine the success of the next harvest which, although insufficient in number of households reached, will be essential to assist the population to step out of the current emergency.

Summary Analysis of Programme Response

Nutrition

Since the beginning of the L2 emergency activation, 5,287 SAM cases were admitted and treated in July (confirmed data), in addition to at least 4,000 SAM cases in August (data to be confirmed). Overall, 45,000 children with SAM have been admitted and treated between January and July 2021, more than three times the number admitted for the same period in 2020. This means UNICEF targeted 37.5% of the planned beneficiaries for 2021. Between April and July, decreasing number of admissions were seen. However, a slight increase in admissions was seen between June and July, maintaining admissions at a higher level compared to previous years, and trends continued to show accelerated cases in August. CMAM performances are within international SPHERE standards with a cure rate > 87%, a mortality rate < 1% and a defaulter rate < 5%. UNICEF maintains its system strengthening approach for improved SAM service quality with support to district health directorates and regional nutrition offices in coordination, planning, supervision, and data monitoring.

Figure 2. Trends in SAM admissions



Districts: Amboasary, Tolaganro, Betroka, Bekily, Tsihombe, Ambovombe, Beloha, Ampanihy, Betioky and Tuléar II

UNICEF continues the scale-up of infant and young child feeding (IYCF) preventive activities by the addition of a fourth district (Ambovombe) on the three (Ampanihy, Tsihombe and Amboasary) which are already implementing these activities. Additional family mid-upper arm circumference (MUAC) training is in preparation with the regional nutrition office of Androy region.

In agreement with partners, the nutrition cluster meets every month and meeting frequency will be increased based on the emergency needs or ad hoc meetings will be held as necessary. Thanks to a field-visit, technical support was provided by the national nutrition cluster coordinator to the regional and district sub-clusters government leads to access the nutrition cluster dashboard, to plan sub-cluster meetings and to assist about 22 NGO partners in completing their 5W matrix. Results are being integrated in the nutrition cluster dashboard.

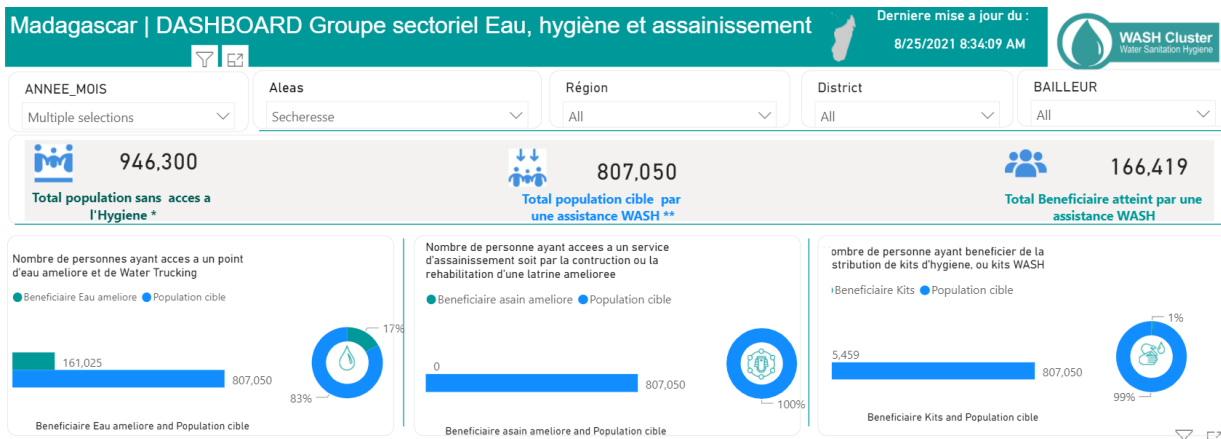
WASH

138,000 people received hygiene kits (soap, buckets, and chlorine) and **52,000** people improved their access to water through **water trucking** operations with more than 261 m³ of drinking water distributed for pregnant mothers, mother-child SAM and for communities in the Anosy, Androy and Atsimo Andrefana regions. In total, five **boreholes** with handpumps were rehabilitated in the district of Amboasary in Anosy region to cover water needs for **1,200 people**. In addition, **180 multiple use service (MUS)** are under construction in the nine affected districts and will be able to cover water needs for more than **90,000 people** within the next six months. Additionally, water treatment products (SurEau) have been provided to institutions (schools, health centers) and communities. UNICEF interventions have also focused on ensuring the minimum WASH package in health centers by providing with 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.

Since the beginning of July, in collaboration with other cluster members, around 156,000 people affected by the drought received WASH kits and 160,000 were assisted with water distribution. This represents 20% of 807,000 targeted by WASH cluster.

Figure 7: Southern Madagascar drought related WASH response situation at the end of August¹

¹ <https://www.humanitarianresponse.info/en/operations/madagascar/water-sanitation-hygiene>



Health

UNICEF ensured availability of medicines and free healthcare services in mobile clinics and community sites through provision of 78 Interagency Emergency Health Kits (IEHK), 25 medicine kits for pregnant women and anti-malarial drugs for 50,000 cases with the corresponding rapid diagnostic tests were sent to the 10 districts of the southern Madagascar. Consequently, 15,904 people received essential healthcare services, including 2,409 pregnant women, 1,989 new-borns, and 11,506 children under 5 years. These pregnant women benefited from maternal care with at least four antenatal care (ANC) visits. The new-borns received neonatal care with initial vaccinations, protection against umbilical infections and delivery kits. For children under 5, a total of 1,607 were treated for diarrhoea and pneumonia, whilst 9,899 were vaccinated against vaccine-preventable diseases, including 5,806 for measles.

13 mobile clinics continued to provide with services for communes in nine affected districts. A total of 15,809 outpatients including 10,907 children under the age of 5 received services. Here, 4,794 children were treated for childhood illnesses, 7,497 were vaccinated against measles and other vaccine-preventable diseases, and 457 pregnant women received maternal care at their fourth ANC. Apart from outpatients, 7,018 children were screened for malnutrition, of which 2,829 malnourished children were identified, and subsequently 700 were treated and the rest referred to the nearest health centers.

Education

18,706 students received education in emergencies including the CRAN (catch-up classes) programme and preparations for the 2021 school year. UNICEF reached 14,971 pupils in 1,086 public primary schools and 3,735 students in 139 lower secondary schools in all three regions. The programme is aimed at reintegrating 30,000 out of school children and adolescents into schools.

The interagency (OCHA, WFP, UNICEF) emergency coordination in Ambovombe for both Androy and Anosy regions focused on education and back-to-school activities including school feeding activities and distribution of school materials while in Atsimo Andrefana, the focus is on an evaluation to be conducted in emergency affected districts.

Shock Responsive Social Protection and Social Policy

Support to the coordination of the cash response (known as "Toseke Vonje Aigne" or Aid to Save Lives) continued. 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.² **A joint plan prepared by the CWG and the Food Security Cluster (SAMS) for the response to the crisis in the south is now available.** The plan includes distribution of humanitarian cash transfers, food or both (hybrid approach).³

UNICEF has provided humanitarian cash transfers to about **35,000 people (covering 7,550 families, approximately 28,000 children)**. This corresponds to a total coverage (100%) of the population of the commune of Ifofoka, in Amboasary in Anosy region. All the recipients of humanitarian cash transfers as well as their families have benefited from additional measures to strengthen resilience to shocks, to improve financial education and literacy, and to promote the adoption of positive behaviours to promote children's well-being.

² According to the new strategy, 53 communes (about 900,000 people; 540,000 children) will be covered by cash assistance implemented by: UNICEF, the World Bank through the Fond d'Intervention pour le Developement (FID), WFP, UNDP, SAFJKM, CRM, WHH and Save the Children.

³ The plan has identified food ration gaps in nine communes classified as "Priority 1" covered by humanitarian cash transfers, but which require a hybrid approach (cash plus food) to reach 100% of the ration. The amount of transfer of the "Toseke Vonje Aigne" has increased from 80,000 (US\$20) to 100,000 MGA (US\$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. Most households (between 40 per cent and 60 per cent depending on the surveyed area) have made recourse to debt before receiving humanitarian cash transfers.

Child Protection

During August, a total of 486 children and adolescents and 2,187 adults were reached by Child Protection Area of Responsibility activities integrating gender-based violence (GBV) prevention and response aspects as follows.

Child protection services were reinforced (including “cellules d’Ecoute et de veille”) to identify situations and provide psychosocial, medical and legal support to children who have experienced or are at risk of violence, exploitation and neglect (14 girls and five boys) in Anosy and Androy regions, while 13 adolescents (seven boys and six girls) at risk of or who experienced exploitation benefited from vocational training conducted together with NGO SOS Children’s Villages (SOS) in Taolagnaro.

2,140 adults (1,003 men and 1,137 women) and 454 adolescents (211 boys and 243 girls) including four children with disabilities 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 in humanitarian settings. UNICEF has continued to play an active role in sector coordination, contributing to the activities of the Protection cluster and co-leading the Child Protection Area of responsibility with the Ministry of Population. Reporting of cases of violence, including violence against children and GBV remained low. This is being addressed through awareness raising and community mobilization and coordination activities at the local level.

Communications for Development (C4D), Community Engagement & Accountability

In order to reduce the impact of the current emergency in the south, C4D together with ASOS supported the promotion of key family practices related to Nutrition, WASH, and Health in eight affected districts using community dialogue sessions, media communication, listening group activities and other locally adapted interpersonal communication held in Fokontany, reaching 502,000 people by behavior change and use of services messages.

Since June 2021, 45,000 people from 746 fokontany in Amboasary, Tsihombe and Ampanihy benefited from awareness raising on maternal and young child nutrition (MIYCN), early childhood development (ECD), vitamin A supplementation, and hygiene through community dialogues, listening groups and Folkloric activities. ASOS’s partnership is being revised to scale up MIYCN, ECD and vitamin A supplementation promotion over Ambovombe District.

In addition, a joint mission with the Emergency Communication Network was conducted in the regions of Anosy and Androy under the leadership of the National Office for Risk and Disaster Management. The joint mission aimed to reinforce the capacity of the emergency communication group at the regional level, to participate in the community consultation (collect community feedback, behavioral and communicational analysis), and to follow up the implementation of communication response in the field, including the conception and dissemination of locally and culturally adapted communication materials.

Humanitarian Leadership, Coordination and Strategy

UNICEF ensures that its interventions are in line with humanitarian leadership, whether from the Humanitarian Country Team and from government authorities including the Nutrition National Office and National Office for Disaster Management (BNGRC).

This coordination is relayed to the “clusters” UNICEF is responsible for (Nutrition, WASH, Education, CWG) and to the field. UNICEF’s strategy aims at ensuring a nexus between its humanitarian and development interventions, at reinforcing partners’ capacity in all elements of social systems (data, HR, planning, supply, advocacy) and in giving priority to “scale up” potentially innovative interventions. Partnership and coordination with key UN Agencies (WFP, FAO, OCHA), international NGOs (MSF, ACF, Medair, CRS, SOS Children’s Villages) and local NGOs (FJKM and ASOS) is indispensable to ensure proper response and coordination of information.

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

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

Human Interest Stories and External Media

During the reporting period, the communication section supported both national and international coverage of the emergency in the south. A media mission was organized to show UNICEF’s responses. Among those that participated was a reporter for The

Economist magazine. The reporter also conducted an interview with the UNICEF's Representative. A factsheet in French and English was produced for media distribution. Interviews with the Deputy Representative were organized for the Financial Times and Sky News UK. The BBC's Panorama program was supported with video content. The section also published a photo essay on malnutrition that was widely used by UNICEF global channels and national committees and which drove a 300% increase in traffic to the office's English language website. Selfie videos were produced on malnutrition, WASH and cash transfers.

SOCIAL MEDIA:

[Photo report on the situation of families in the South of Madagascar](#)

[The number of malnourished children is likely to increase](#)

[The availability of funds for child benefits helps families cope with drought-related shocks in southern Madagascar.](#)

[Child rights supporter is on the field in the south of Madagascar with UNICEF](#)

[The commitment of the child rights supporter to children in southern Madagascar](#)

[The food crisis caused by the drought in southern Madagascar has exacerbated child labor in the region.](#)

[The traditional Antandroy dance, a unique cultural legacy of southern Madagascar](#)

[1.1 million people are in need of assistance due to the drought and food crisis in southern Madagascar.](#)

[The climate crisis is a child rights crisis](#)

[UNICEF and its partners are working in southern Madagascar to help children by providing food, health care and clean water.](#)

[UNICEF steps up response to food crisis in southern Madagascar with UNHAS flights](#)

Contact for further information

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Annex A: Summary of Programme Results

Sector		UNICEF and IPs Response				Cluster/Sector Response			
		Total needs	2021 target	Total results	Change* ▲▼	2021 target	Total results	Change* ▲▼	
Indicator	Disaggregation								
Health									
# people provided with access to essential and life-saving health care services*	female	180,000 people (90,000 childrens)	180,000 (90,000 childrens)	69,800	▲	210,000	N/A		
	male			67,000	▲				
	women pregnant	30,000	30,000	18,350	▲				
Nutrition									
# of children under 5 with SAM admitted to therapeutic treatment sites	girls	120,000	120,000	23,023	▲	120,000	23,023	▲	
	boys			22,120	▲			22,120	▲
	women								
Child Protection									
# of children reached with psychosocial support	girls	8,000	8,000	3750	▲	8,000	N/A		
	boys			3350	▲			N/A	
# women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions**	girls	30,000	2500	1550		137,000	TBD		
	boys			1450					
	women	4700	5900		TBD				
Education									
# Children Receiving learning materials	girls	155,000	155,000	71,100	▲	160,000	71,100	▲	
	boys			67,600	▲			67,600	▲
WASH									
# of people who accessed the agreed quantity of water for drinking, cooking and personal hygiene	girls	300,000	300,000	53,000	▲	807,000	92,900	▲	
	boys			50,000	▲			87,000	▲
	women			57,000	▲			99,500	▲
	men			54,000	▲			94,600	▲
C4D									
# of people reached with access to services and behavioral change messages	girls	800,000	800,000	69,000	▲	1,000,000			
	boys			56,400	▲				
	women			226,000	▲				
	men			150,600	▲				
People participating in engagement action	girls	64,000	64,000			80,000			
	boys								
	women			97,500	no change				
	men			52,500	no change				
Social Protection									
# households receiving cash transfers		30000 people (6500 households)	30000 people (6500 households)	7,550	▲	180,000	81,500*	▲	

** 4,100 men also have access to the PSEA action

* inputs without recent data from WFP and FID, soon to be updated

Annex B

Funding Status*

Funding Requirements (as defined in Humanitarian Appeal 16 September 2021)						
Appeal Sector	Requirements	Funds available			Funding gap	
		Funds Received Current Year	Carry-Over	Total	\$	%
Nutrition	7,650,000	8,287,475	1,686,085	9,973,561	-	0%
Health	7,000,000	471,145	406,069	877,214	6,122,786	87%
WASH	9,900,000	2,496,686	217,465	2,714,150	7,185,850	73%
Education	2,100,000	-	-	-	2,100,000	100%
Child Protection ,GBViE and PSEA	1,500,000	345,000	97,873	442,873	1,057,127	70%
Communication for Development	1,500,000	76,403	83,686	160,090	1,339,910	89%
Cash-based transfert	4,500,000	607,250	136,784	744,034	3,755,966	83%
Cross sectoral / Cluster coordination	-	241,802	93,633	335,435	-	0%
Total	34,150,000	12,525,761	2,721,595	15,247,356	18,902,644	55%