



A girl washes her hands with a device provided by UNICEF and partners at the entrance of an administrative office.

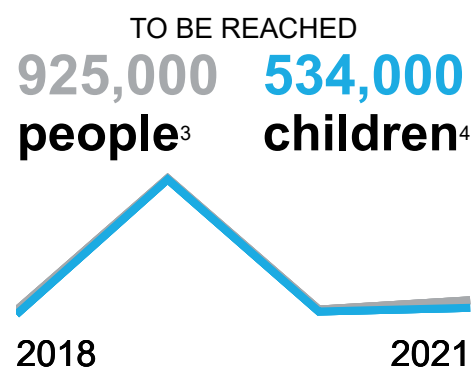
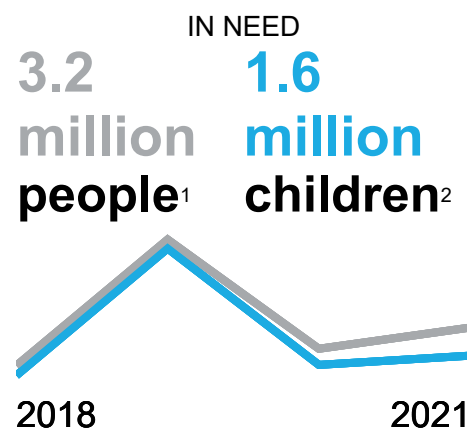
unicef 
for every child

Humanitarian Action for Children

Madagascar

HIGHLIGHTS

- The socio-economic situation in Madagascar deteriorated in 2020 following several natural disasters, including flooding in the north, prolonged drought in the south and disease outbreaks, such as dengue fever, malaria, measles and coronavirus disease 2019 (COVID-19), which has spread across the country.
- Decreased access to and demand for social services due to COVID-19 has significantly affected households, communities and systems, and exacerbated the vulnerability of children.
- In 2021, UNICEF will reach children in need through a holistic, multi-pronged approach incorporating water, sanitation and hygiene (WASH), health and child protection to protect children's rights and well-being. The response will focus on continuing the provision of social services and mitigating the impacts of COVID-19.
- UNICEF is requesting US\$15.4 million to reach 925,000 people, including 534,000 children, affected by epidemics, cyclones, floods and drought, with life-saving assistance in 2021.



KEY PLANNED TARGETS



200,000

children and women
accessing health care



400,000

people accessing a
sufficient quantity of safe
water



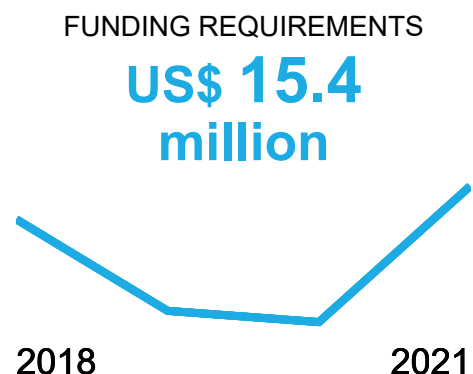
137,000

women and children
accessing gender-based
violence risk
mitigation/prevention/response



100,000

children accessing
educational services



HUMANITARIAN SITUATION AND NEEDS

In 2020, three emergencies hit Madagascar: flooding in the north, prolonged drought in the south and disease outbreaks, including COVID-19, in all 22 regions. As of September, Madagascar had over 16,000 confirmed cases of COVID-19.⁸

The large rainfall deficit in southern Madagascar has left over 580,000 food insecure people in need of social protection.⁹ An estimated 120,000 children under 5 years will suffer from acute malnutrition by the end of 2020, and among these, 19,500 will be severely malnourished.¹⁰

Water prices have increased in Madagascar, and a deterioration in the quality of water is anticipated due to low aquifer reserves, which will challenge access to safe drinking water and sanitation and hygiene services for some 400,000 people.⁵ Urban populations are also at risk due to potential shortages of potable water.

While Madagascar is prone to epidemics such as COVID-19, plague and malaria, the health system struggles to ensure continuity of services during crises. In addition, the socio-economic impacts of COVID-19 have increased the number of people living in poverty by 2.3 million – including 1.3 million children⁶ – and significantly increased social protection needs.

COVID-19-related school closures between April and August disrupted the learning of 7 million Malagasy children.⁷ Disrupted learning is expected to increase the share of children who are out of school. Prior to COVID-19, 24 per cent of primary-school-aged children and 73 per cent of lower secondary school-aged children were out of school.¹¹ Students and teachers will require psychosocial support to cope with the impacts of COVID-19.

Deprived of protective school environments, and given the increased stress and economic pressure in families, children are at heightened risk of experiencing violence and exploitation, including child marriage and child labour. COVID-19 has exacerbated the chronic weaknesses of systems for monitoring, preventing and responding to violence against children and gender-based violence; and data on gender-based violence and sexual exploitation and abuse on vulnerable groups and in remote areas are limited. In the first semester of 2020, the number of children referred to protection services decreased by 50 per cent or more compared with 2019, highlighting the need for responsive child protection services and stronger monitoring.¹²

SECTOR NEEDS



Nutrition

120,000 children under 5 years are acutely malnourished¹³



Health

200,000 people need health services¹⁴



Water, sanitation and hygiene

650,000 people lack access to safe water and sanitation¹⁵



Child protection, GBVIE and PSEA

4,000 children need protection services^{16,17}

STORY FROM THE FIELD



A mother with her severely malnourished child before entering a UNICEF-supported treatment programme in southern Madagascar.

Southern Madagascar is the poorest region in one of the world's poorest countries. It also has the country's highest rates of severe acute malnutrition (SAM). Between January and September 2020, over 9,000 children received SAM treatment in the south.

Among them was 27-month-old Valerako, who was admitted to a UNICEF-supported hospital suffering from complications associated with SAM. Days after beginning treatment with therapeutic milk rich in vitamins and minerals, his condition had begun to improve.

UNICEF and partners support the nutrition response in Madagascar by providing therapeutic foods, essential medicines and health worker training in vulnerable regions.

[Read more about this story here](#)

HUMANITARIAN STRATEGY

In Madagascar, UNICEF, in collaboration with the Government and partners, will provide an equity-focused and child-based multi-sectoral emergency response. The strategy will link humanitarian action and development programmes to increase the resilience of populations and systems, including through behaviour change communication, gender mainstreaming and climate-sensitive actions.

UNICEF's nutrition strategy will focus on preventing and responding to acute malnutrition, continuing access to treatment, strengthening systems and supporting nutrition surveillance at the facility and community levels. This will be complemented by an integrated package of life-saving health interventions targeting pregnant women, children and newborns. The package will be adapted according to the emergency and combined with an integrated WASH-health approach that incorporates infection, prevention and control interventions in health and treatment centres. UNICEF's WASH response will include contingency planning, capacity building for emergency and hazard management, hygiene promotion and access to water via government subsidies. In line with the Grand Bargain commitments,¹⁸ UNICEF will provide social protection support to affected households via the national cash transfer programme or through humanitarian partners to strengthen household resilience.

As part of its education response, UNICEF will invest in catch-up programmes; support school management by communities and local governments, including budgeting and tracking learning outcomes; facilitate the inclusion of students with disabilities; and promote evidence-based structured pedagogy strategies. Capacity development activities for risk reduction and resilient school management will integrate WASH and health components. UNICEF will also provide post-emergency psychosocial support for children and teachers returning to school.

Child protection services for vulnerable children will include psychosocial support provided during home visits, telephone counselling, child-friendly spaces and potential programme linkages with social protection interventions. UNICEF will continue to prioritize alternative care for children without parental support during crises. In addition, UNICEF will support vulnerable children in detention by facilitating online hearings, promoting alternatives to detention and connecting these children with health and WASH services.

UNICEF is working to improve the identification of, reporting on and referrals for gender-based violence, and raise community awareness of safe and confidential channels for reporting and assistance. Given the fact that women, girls and boys are at heightened risk for gender-based violence and sexual exploitation and abuse during emergencies, including COVID-19, UNICEF will use a cross-sectoral approach in all gender-based violence activities to ensure that: (1) emergency implementing partners can effectively orient survivors; and (2) community awareness is raised on safe and accessible reporting and referral systems.

Progress against the 2020 programme targets is available in the humanitarian situation reports:

<https://www.unicef.org/appeals/madagascar/situation-reports>

2021 PROGRAMME TARGETS



Nutrition

- **19,500** children aged 6 to 59 months with severe acute malnutrition admitted for treatment



Health

- **200,000** children and women accessing primary health care in UNICEF-supported facilities



Water, sanitation and hygiene

- **400,000** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- **400,000** people reached with handwashing behaviour change programmes



Child protection, GBViE and PSEA

- **4,000** children and caregivers accessing mental health and psychosocial support
- **137,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions¹⁹



Education

- **100,000** children accessing formal or non-formal education, including early learning²⁰



Social protection and cash transfers

- **30,000** households reached with humanitarian cash transfers across sectors

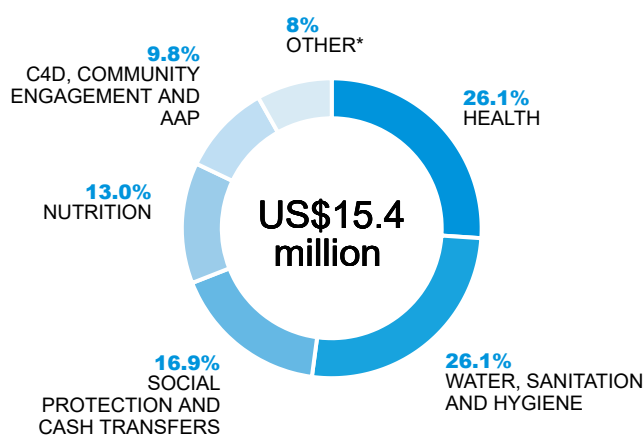


C4D, community engagement and AAP

- **6,000,000** people reached with messages on access to services²¹

FUNDING REQUIREMENTS IN 2021

UNICEF is requesting US\$15.4 million to reach 925,000 people, including 534,000 children, affected by epidemics, cyclones or floods and drought, with life-saving assistance in 2021. Due to the heightened risks associated with acute emergencies, the fragility of social systems in Madagascar and the continued impacts of COVID-19, the funding needs for WASH, health and social protection have increased compared with previous years. In addition, lack of funding for social protection, child protection and communication for development in 2020 has generated additional funding needs for 2021 to enable a continuous response to emergency needs. Without sufficient and timely funding, UNICEF will be unable to support the national response to the ongoing crisis in Madagascar. Funding support will help to ensure continued access to key social services, including education and child protection. These funds will also be critical to strengthening essential aspects of emergency preparedness and response, including risk communication and community engagement, accountability to affected population and services to prevent and respond to gender-based violence and sexual exploitation and abuse.



Sector	2021 requirements (US\$)
Nutrition	2,000,000
Health	4,000,000
Water, sanitation and hygiene	4,000,000
Child protection, GBViE and PSEA	650,000 ²²
Education	600,000
Social protection and cash transfers	2,600,000
C4D, community engagement and AAP	1,500,000
Total	15,350,000

*This includes costs from other sectors/interventions : Child protection, GBViE and PSEA (4.2%), Education (3.9%).

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ENDNOTES

1. This figure was calculated using the Government of Madagascar Inter-agency Contingency Plan; Office for the Coordination of Humanitarian Affairs, 'Madagascar Emergency Appeal for COVID-19 (June - August 2020)', OCHA, 9 June 2020; UNICEF estimates for the number of people in need of psychosocial support; and Integrated Food Security Phase Classification reports of the past three years.
2. Ibid. The number of children in need was calculated based on children making up 48.1 per cent of the total population according to United Nations Children's Fund, 'The State of the World's Children 2019: Children, food and nutrition - Growing well in a changing world', UNICEF, 2019.
3. This figure is based on the highest coverage programme targets for WASH (400,000), health (200,000), nutrition (120,000), education (50,000), child protection (5,000) and social protection (150,000). This includes 471,750 women/girls (51 per cent) and 453,250 men/boys (49 per cent). UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
4. This includes the highest coverage target of children to be reached with WASH services (192,400); children to be reached with primary health care (96,200); children under 5 years to be reached with nutrition (120,000 including 19,500 with SAM treatment); children to be reached with formal or non-formal education, including early learning (50,000 to avoid double counting); children to be reached with child protection (3,800); and children to be reached with humanitarian cash transfers (72,000). This includes 51 per cent girls and 49 per cent boys. The remaining children in need will be covered by other partners and members of the nutrition, health, protection and education clusters in collaboration with UNICEF under the coordination of the National Office for Prevention and Response to Risks and Catastrophes.
5. This was estimated based on Integrated Acute Malnutrition Phase Classification, May 2020; National Office for Disaster Management, rapid assessment of the January-February 2020 flood response; and the WASH Cluster dashboard for the COVID-19 response.
6. This was estimated by UNICEF Madagascar, 2020.
7. Madagascar Ministry of Education, 'Covid-19 Réponse sur le secteur éducation: Note stratégique réponse pays Madagascar', April 2020. This figure refers to a very specific situation/exception where the entire child cohort had to stop school due to COVID-19. This situation will not necessarily arise again in 2021. When COVID-19 hit, 7 million children stopped attending school. However, most children were able to pursue their educations when schools progressively re-opened. The 2021 target covers children who might entirely abandon school or whose classrooms have been entirely destroyed. Nationwide, the number of children who might entirely abandon education is 990,678 children (pre-primary to lower secondary level). In regions where UNICEF is providing an education response, 407,452 children (pre-primary to lower secondary level) are at risk of losing their education.
8. 'COVID-19: Madagascar', <www.covid19mg.org/dashboard_EN.html>, accessed 2 October 2020.
9. Integrated Food Security Phase Classification, April 2020.
10. Integrated Acute Malnutrition Phase Classification, May 2020.
11. Madagascar Multiple Indicator Cluster Survey 2018.
12. Figure calculated based on quarterly government data, 2019 and 2020.
13. Integrated Acute Malnutrition Phase Classification, May 2020.
14. Office of the Coordination of Humanitarian Affairs (OCHA), 2020.
15. This was estimated based on Integrated Acute Malnutrition Phase Classification, May 2020; National Office for Disaster Management, rapid assessment of the January-February 2020 flood response; and the WASH Cluster dashboard for the COVID-19 response.
16. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
17. UNICEF calculation based on the experiences of recent years and the capacities of partners.
18. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action.
19. This intervention will target women, girls and boys with enhanced information, awareness and access to gender-based violence prevention, reporting and referral services.
20. The UNICEF intervention will complement ministerial efforts that – with support from other donors such as the World Bank – will reach the remaining affected children, especially those who are less severely impacted.
21. The population targeted is higher than the total number of people/children to be reached because the target includes COVID-19 messages, including those provided through mass media channels, that aim to reach almost all regions in the country.
22. This includes US\$330,000 for drought response; US\$95,000 for cyclone/flood response; US\$200,000 for pandemic response; US\$20,000 for gender-based violence response; and US\$5,000 for prevention of sexual exploitation and abuse response.