Highlights

- Since the beginning of the epidemic in Madagascar in March 2020 and till April 28th, 2021, 36,696 people were officially diagnosed positive for COVID-19. The first state of health emergency was declared over in October 2020. The period October 2020 to March 2021 was relatively quiet. Since beginning of March, numbers kept on increasing with a peak towards the 3rd week of April. The national vigilance revealed in March presence of South African variant up to 30% of the specimen tested. This variant is much more aggressive and is infecting younger age groups, though mortality seems still in the older age group. The four most affected regions remain Analamanga, Diana (Nosy Be), Atsinanana, Boeny.

- Since April 7th, 2021, the Government of Madagascar officially joined the global COVID-19 vaccine COVAX programme to procure COVID-19 vaccines for Madagascar’s population and applied also to the African Union (AU) pledge to procure COVID-19 vaccines.

- Having played a crucial role in O2 therapy during the 2020 response, after the 1st wave had passed and since August 2020, UNICEF health section had launched discussions with the MOH and the World Bank (WB) to ensure high level of preparedness on this aspect to better respond to a possible 2nd wave and contribute to Health System Strengthening on medical oxygen for the whole country. The World bank had secured some funds for this through MOH during the last quarter 2020. Unfortunately, and despite numerous tentative from the health section to speed-up the preparation, MOH only opened up to UNICEF support in March 2021. Finally, an agreement between UNICEF and MOH for O2 management was signed in April to better respond to the O2 demand during the on-going 2nd wave. From April 23rd, UNICEF has taken over the O2 response country wide.

- Further to the emergency cash transfer programme, Tosika Fameno, which supported more than 368,000 families in 2020, social protection and economic recovery interventions in urban areas have initiated by the national agency FID to cover about 300,000 families in urban areas, with support of the World Bank. UNICEF’s action has so far focused on maintaining the regular social protection programme in rural areas, due to a lack of funds to finance additional emergency social protection interventions. UNICEF issued a briefing note been in April analyzing the impact of the pandemic on children in Madagascar. The note utilizes the result of a rapid survey on the socio-economic impact of COVID-19 on children (ERISC).
From August 2020 until April 2021, UNICEF provides WASH services to approximately 1,250,000 people (51% are women and girls). Thanks to these interventions, about 1,000,000 people have participated in the Hygiene promotion campaign and received hygiene kits and supplies (including buckets, jerricans, soap, handwashing devices, and water treatment products).

**Funding Overview**

UNICEF Madagascar has estimated its needs at USD 11 million.

**Situation Overview and Humanitarian Needs**

The Health state of emergency declared by presidential instructions remains active with extended working hours up to 17h for business and economic life. Lockdown of the city of Tamatave was lifted while it remains in place in the capital Antananarivo. However, lockdown measures were taken in additional clusters of COVID-19 infection in different areas of the country. Access to timely testing, results feedback and adequate treatment of medical complications remains a challenge for most regions in Madagascar. 6 regions (list them) are currently sealed, and schools have been closed since the Easter holidays, and are reopening in May for only examination years (final year of primary school, lower secondary school, and high school). A weekend lockdown has been imposed in the capital city Antananarivo and gatherings of more than 50 people are prohibited.

**Trends of the daily number of cases.**

Source: [https://www.covid19mg.org/](https://www.covid19mg.org/)

**Map: Confirmed cases in Madagascar of the epidemic at Week S17**
Humanitarian Leadership, Coordination and Strategy

Humanitarian Strategy
UNICEF Madagascar pursues its prevention and response strategy to the COVID-19 response, but complements it, especially through advocacy, with three key additional strategic elements: ensuring that access to regular services is maintained, building back better and keeping other humanitarian situations in Madagascar (drought, malnutrition, poverty) on the agenda.

Humanitarian leadership and coordination
UNICEF maintains regular coordination of its response with existing government coordination bodies especially CCO. While the early stages of the response in 2020 were focused on support to provision of basic equipment and consumables in a joint effort with other agencies, the evolution of the situation and its technical consequences led UNICEF to give priority to strategic positioning with the SWAT team at ministry of Health and as facilitator in other coordination platforms such as WASH, Education, Nutrition, Protection and Cash.

Summary Analysis of Programme Response

Strengthening Risk Communication and Community Engagement (RCCE)
UNICEF is supporting the Ministry of Public Health in coordinating communication interventions on COVID-19 ensuring civic re-engagement in the response to COVID-19 through an intensive and a preventive communication while maintaining a peaceful and trustful environment in the population. This includes the development of strategic documents including a contingency plan in response to COVID-19 and in preparation for the next winter period, updating the COVID-19 message database. This support to the Ministry of health has helped in developing communication materials (13 posters to date) on COVID-19 prevention intended to the public and users of public transport as well as universities and schools.

The partnership with the Mpanazava Eto Madagasikara female Scouts organisation has enabled the implementation of community awareness activities focusing on the adoption and the maintaining of social distancing and prevention practices against Covid-19 including handwashing and wearing of masks.

Mobile outreach activities (sound cars, mobile tom-toms) and community awareness-raising activities were carried out in the regions on barrier actions and means of prevention against Covid-19. The strengthening of the collaboration with the faith-based organizations allowed to engage 45 religious leaders in the development of thematic supports including COVID-19. These key messages will be used to raise awareness in churches. The production of an updated of materials on handwashing with soap is underway to educate the population of the capital on this key practice which helps to prevent the spread of Covid-19. These posters will be distributed to 12,500 public transport vehicles (7,000 taxibe and 5,500 taxis) in the city of Antananarivo and its suburban areas.

UNICEF is supporting the Ministry of National Education in the development and dissemination of an educational guide on hand washing with soap and water, by promoting the use of handwashing facilities in learning spaces. The goal is to reach at least 19,000 public schools (Primary and College). In the area of child protection, 109,500 posters aimed at preventing the increased child protection risks as a result of the COVID pandemic (child marriage, domestic violence and denouncing violence) with a reminder of prevention measures related to COVID-19 were disseminated in 10 regions (Analamanga, Analanjirofo, Androy, Anosy, Atsimo Andrefana, Atsinanana, Boeny, DIANA, SAVA and Vatovavy Fito Vinany).
Health:

In April 2021, UNICEF health, WASH, C4D and Protection sections have contributed to the revision and finalizing of the COVID-19 2021 national MOH response plan that was officially presented to donors and PTF on April 27th by the Minister.

In March 2021, after many different advocacy ways particularly supported by the whole of UNICEF-CO, the Government finally opened up to COVID vaccines. Subsequently, the Government applied to the COVAX initiative as well as to the AU one for accessing vaccines. UNICEF health section supported the development of the national plan for introduction of COVID vaccines (PNDV) that has been submitted to the COVAX initiative. The health section also supported the development of the UN staff vaccination plan.

As expressed in the Highlights, UNICEF health section submitted a proposal to the MOH to assume the O2 response to COVID. This led to a 2.1 million US$ grant, funded by the WB, for medical O2 as immediate (4 months) response to O2 needs. The components of this agreement include O2 supply and spare parts, generators repairs and purchase 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. Global Fund might be a source of funding in this regard.

WASH:

From August 2020 until April 2021, UNICEF provides WASH services to approximately 1,250,000 people (51% are women and girls). Thanks to these interventions, about 1,000,000 people have participated in the Hygiene promotion campaign and received hygiene kits and supplies (including buckets, jerricans, soap, handwashing devices, and water treatment products). Around 239,000 of them have received drinkable water (through water voucher and water trucking), and 278 others have had access to dignified sanitation infrastructures. 2,361 public institutions and places (COVID-19 treatment centre, administration office, marketplaces, schools, universities, churches) have been equipped with handwashing facilities and a hydroalcoholic gel, from which 1,500 have been disinfected, and 315 health care staffs have been trained in IPC and equipped with 8,128 protective personal equipment’s. All above activities. The activities mentioned above have taken place in Atsimo Andrefana, Analamanga Androy, Vatovavy Fitovinany, Boney, Atsimo Atsinanana, Atsinanana, Vakinankaratra and ANOSY, Analanjirofo.

UNICEF continue to coordinate the WASH cluster and its related working groups (Information management, IPC and communication). During this reporting period, WASH evaluations were completed in 4 COVID19 Treatment centres (CTC Village Voara, CTC Ivato, CTCs Alarobia and CTC Ankorondrano) Antananarivo town. 19 biweekly coordination meetings have been held and minute/recommendation shared with all WASH partners.

Finally, it is essential to mention that since the beginning of the COVID-19 pandemic in March 2020, around 3,5 million people were reached by the WASH cluster through actions focusing on water supply (0,9m) and Hygiene kits and supplies (2,6m). Set to 19,7 million people in need (PIN), the sector targets 6,4 million people for a required budget of a USD 5million. UNICEF, through the cluster’s platforms, will continue advocating with other partners for resources mobilization.

Child Protection:

UNICEF participates actively in the Protection Cluster and leads the child protection area of responsibility. While recently the focus of the cluster shifted to the drought situation in the South, the cluster also serves as an information sharing and coordination platform regarding protection in the context of COVID-19.

In 10 regions, UNICEF is supporting its partners to provide care for children in street situations without parental care (shelter, social and family reintegration support), child victims of violence (medical, psycho-social and legal support), and to provide community psycho-social support for children and families affected by COVID-19 through home visits, or remote support. In 2020, in collaboration with the Ministry of Population, a technical guidance note in Malagasy on the role of para-social workers in the COVID-19 response was developed and shared in priority regions. It contains a basic information
on the virus and how it is spread and how it can be prevented, followed by detailed guidance on the provision of psycho-social support in health care, institutional and home settings as well as a guidance note on GBV and PSEA. An audio training based on this technical guide was recorded in the form of a radio drama and distributed by SD radio cards to para-social workers in UNICEF target regions, together with solar radios. 418 para social workers in 13 regions received the training package and in turn reached 13,440 (7683 girls) children affected by COVID-19 with home visits or telephonic outreach.

Through a collaboration between UNICEF, the municipality of Antananarivo and five NGOs, 151 children without parental care who had been placed in homeless shelters in Antananarivo during the COVID-related lockdown were placed with these NGOs in 2020 and are being supported either return to school or undergo vocational training, while family reintegration activities are underway.

In collaboration with the Ministry of Justice and regional penitentiary authorities, UNICEF continues to support the provision of hygiene supplies and protective and preventive materials to the children’s quarters in prisons in high-prevalence regions, in addition to advocacy and technical support aiming to reduce the detention of children in conflict with the law.

In collaboration with C4D, MRE and NGO partners, messages and communication materials (posters, video on child protection in the context of COVID-19, including online child protection, have been developed and disseminated through social media (https://web.facebook.com/UNICEFMada/; https://www.facebook.com/Safebookmg/). As mentioned earlier, 109,500 posters aimed at preventing the increased child protection risks as a result of the COVID pandemic (child marriage, domestic violence and denouncing violence) with a reminder of prevention measures related to COVID-19 have been disseminated in 10 regions. Messages on child protection in the context of COVID have been disseminated by government counterparts through radio, social networks and the toll-free child helpline, reaching around 1 million people including during the height of the epidemic in 2020.

Continuity of health, education, nutrition and protection services

**Health:**

As part of strengthening routine immunization but also to respond to two cases of vaccine derived polio virus (VDPV) also discovered in the environment in four regions, an integrated campaign including oral polio vaccine, all vaccines antigens and vitamin A supplementation, will be implemented in 85 districts in 15 regions in the third week of May 2021. UNICEF provided Personal Protective Equipment (PPE) as reusable mask, Hydro-alcoholic gel for a total value of more than USD 375,000. These were provided through the Ministry of Health to equip health workers in the implementation of this integrated campaign in these 15 regions considering the context of COVID-19.

To support the drought crisis in the South and shoulder other sections’ response (WASH, NUT, Social Policy, the latter with Cash Transfer), UNICEF Health Section has deployed mobile brigades in all three seriously affected regions (Atsimo Andrefana, Androy and Anosy – see map below), districts and villages to ensure a comprehensive approach to health care for children and their families: CPN, CPP, vaccination, IMCI, malnutrition screening/treatment and referrals. As such 12 (and soon 13) mobile brigades in 8 most affected districts offering some 25,000 consultations (1st quarter 2021) supporting 40 health facilities and complementing their services took care of severely malnourished children at community, health facility and district capital levels (CRENAS, CRENI)
**Education:**

In 2020 UNICEF supported the continuation of learning and a safe return to schools. In 2021 UNICEF has continued its support to these efforts, particularly in preparing schools to receive children and teachers in a safe environment. Since January 2021 the Ministry of Education and CISCOs have continued the disinfection of classrooms. Part of the disinfectant being used was provided to the Ministry by UNICEF in 2020. This year 5,935 classrooms in 1,595 schools of 41 CISCO in 14 DREN have been disinfected according to data collected by CISCOs and aggregated by the Ministry of Education and the Ministry of Health.

UNICEF has supported the delivery to CISCOs of a donation from Japan of disinfectant gel. The gel has been dispatched to 3,874 schools in 29 CISCO of 9 DREN. To accompany the gel, UNICEF procured and distributed 3 masks per teacher for 3,874 schools, benefitting 25,388 teachers.

UNICEF is currently finalizing the development of a school health protocol and a pedagogical protocol, both intended to support education continuation and safe return to school. Once the documents are officially approved by the government, UNICEF plans to print 70,000 copies of each in Malagasy and an additional 25,000 copies of the health protocol in French.

**Nutrition:**

Aiming at preventing increases in all forms of malnutrition among vulnerable groups, the Nutrition section continue to work closely with the Health, WASH and C4D sections to ensure the continuity of the essential nutrition services and to accelerate and strengthen the promotion of optimum maternal, infant and young child feeding practices.

**Child Protection, Gender:**

UNICEF is supporting counterpart ministries and partner organizations with PPE and telecommunications facilities to support them in continuing vital child protection services in the context of the pandemic. For example, one stop “Vonjy” centers for child victims of sexual violence remain open but have seen a reduced number of victims seeking care and support during the month of April, as victims and their families are reticent to go to the centers which are located within...
hospitals also treating COVID. To counteract this and ensure continuity of services, awareness raising activities on the services offered have been stepped up, PPE is being provided, and where the service providers have been affected by illness, other actors have stepped in, facilitated by child protection networks. UNICEF also supports the toll-free child helpline (“Ligne Verte 147) to continue to take calls, through strengthened prevention measures and the availability of mobile phones to take calls if the service providers are unable to be physically present in the call center.

**Social Policy and Social Protection:**

The national agency FID, with support of the World Bank, is currently initiating a social protection and economic recovery response for about 300,000 families in urban areas mostly affected by the 2020 lockdown and economic slowdown. In addition, in April 2021 the Cash Working Group, co-led by UNICEF, organized a review of the 2020 emergency social protection response to identify good practices and lessons learned in order to inform future cash in emergency interventions in the country. The implementation of the regular national social protection programme continues in various rural regions of the country and covers more than 150,000 families, including about 15,000 supported by UNICEF.

In addition, a briefing note has been published to synthetize all available data related to the impact of COVID-19 on children in Madagascar to inform the national COVID-19 response. The note utilizes the simulations of the impact of COVID-19 on child poverty and the results of a rapid phone-survey on socio-economic impact of COVID-19 on children (ERISC) conducted by UNICEF in partnership with the Ministry of Economy and Finance through the National Statistics Institute (INSTAT). By comparing its results to those of the Multi-Indicator Cluster Survey (MICS) 2018, the survey report estimates the negative impacts of COVID-19 on education, health and water, sanitation and hygiene (WASH). In particular, the survey shows that in education, only about half (43%) of schools were reopened between the end of March 2020 and the survey period.

However, almost all the children attending these schools were able to resume classes. In terms of reproductive health, the percentage of children for whom the mother’s delivery was assisted by a qualified health worker would have decreased by five points compared to the 2018 MICS survey (from 64% in 2018 to 59% in 2020). Regarding hygiene, only 14% of the population use hydroalcoholic gel to wash their hands. This is essentially an urban practice (24% against 11% in rural areas). According to the survey, 17% of the population has benefited from at least one social protection programme in response to the COVID-19 pandemic. The programmes with the highest coverage were mask distribution 11% overall, 21% in urban areas), the Tosika Fameno – unconditional cash transfer (5% overall, 12% in urban areas) and the Vatsy Tsinjo – distribution of basic products (4% overall, 13% in urban areas). This specific coverage of social protection programmes is much higher than the general coverage of all social protection programmes observed previously (only 5% according to MICS 2018).

Lastly, the UNICEF country office has participated in Real Time Assessment of UNICEF’s COVID-19 response in Eastern and Eastern Africa that provided recommendations to inform the ongoing COVID-19 interventions.

**Communications**

**Press:**

UNICEF produced 7 press releases outlining the office’s COVID-19 response in WASH, education, health and social policy. It also amended three global COVID-19 press releases for the Malagasy media market. Each of these received widespread national media coverage. UNICEF also organized media events highlighting donor support in the areas of WASH and health. The events were attended by government representatives and received broad media coverage.


**Digital content**

UNICEF is supporting headquarters in the production of season 2 of the series Coping with COVID-19. One of the Malagasy participants who appeared in season 1 has been chosen to feature in the next season. UNICEF produced videos on the benefits of oxygen therapy in the treatment of COVID-19 and the importance of the continuity of vaccinations during the pandemic. UNICEF is preparing the production of the video "One minutes with Lova Renee" which will talk about different
COVID-19 Situation Report, Madagascar | April 30th, 2021

themes on the fight against COVID-19. The first set of videos in the series continue to be broadcast in prime time on the national TV channel.

Social Media

- With funds provided by KOICA and Norway, UNICEF was able to hand over to the Ministry of Water 5 trucks to provide drinking water to underserved areas in the cities of Antananarivo and Toamasina. Trucks were delivered in January and March 2021.
- Meeting between the Representative of UNICEF in Madagascar, Mr. Michel Saint-Lot, H.E. Mr. Yongho, Ambassador of the Republic of Korea to Madagascar to discuss topics around Korea’s support to UNICEF programs including responses to COVID-19.
- Delivery of 18 oxygen machines to the Ministry of Health for use in health centers and hospitals treating severe cases of COVID-19, thanks to support from Denmark, Takeda, ECHO and GAVI.
- UNICEF, supported by Japan, in particular the Japanese company SARAYA, donated hand gels to the Ministry of Water, Sanitation and Hygiene, which will go in priority to schools and health facilities in remote areas affected by COVID-19 and having difficulty to access to safe water.
- Results of a rapid survey (ERISC), conducted by the Ministry of Economy and Finance, through the National Institute of Statistics (INSTAT), with support from UNICEF in Madagascar, show negative impacts of COVID-19 on children in the areas of education, health and WASH.
- Delivery of WASH supply to health centers treating COVID-19 cases and disinfection materials for public areas and transportation in Antananarivo

Contact for further information

Michel Saint-lot, Representative of UNICEF Madagascar, +261 32 23 432 84, msaintlot@unicef.org
Jean Benoit Manhes, Deputy Representative UNICEF, +261 32 05 411 37, jmanhes@unicef.org
### Annex A

**SUMMARY OF PROGRAMME RESULTS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th><strong>Risk Communication and Community Engagement (RCCE)</strong></th>
<th><strong>WASH</strong>: Number of people reached with critical wash supplies (including hygiene items) and services</th>
<th><strong>HEALTH</strong>: Number of healthcare workers within health facilities and communities provided with personal protective equipment (PPE). Number of healthcare facility staff and community health workers trained in infection prevention and control (IPC). Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases.</th>
<th><strong>Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management</strong></th>
<th><strong>Access to continuous education, child protection and GBV services</strong></th>
<th><strong>Support access to continuous education, social protection, child protection and gender-based violence (GBV) services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash : Number of people engaged on COVID-19 through RCCE actions (Hand Washing)</td>
<td>5,000,000</td>
<td>2,750,000</td>
<td>6,400,000</td>
<td>Number of children and women receiving essential healthcare services in UNICEF supported facilities</td>
<td>2,173,034</td>
<td>462,100</td>
</tr>
<tr>
<td>C4D : Number of people reached on COVID-19 through messaging on prevention and access to services. Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanism.</td>
<td>8,636,309</td>
<td>10,375,000</td>
<td></td>
<td>Number of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19</td>
<td>3,500,000</td>
<td>More than 1,590,000</td>
</tr>
<tr>
<td></td>
<td>250,000</td>
<td>More than 361,000</td>
<td></td>
<td>Number of children 6-59 months admitted for treatment of Severe Acute Malnutrition (SAM)</td>
<td>10,175</td>
<td>(Jan to June 2020)</td>
</tr>
<tr>
<td><strong>Improve infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies</strong></td>
<td><strong>WASH</strong></td>
<td><strong>HEALTH</strong></td>
<td><strong>Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management</strong></td>
<td><strong>Access to continuous education, child protection and GBV services</strong></td>
<td><strong>Support access to continuous education, social protection, child protection and gender-based violence (GBV) services</strong></td>
<td><strong>Number of households benefitting from new or additional SOCIAL ASSISTANCE MEASURES provided by governments to respond to COVID-19 with UNICEF support</strong></td>
</tr>
<tr>
<td></td>
<td>100,000</td>
<td>851,985</td>
<td>4,177,000</td>
<td>2,486,369</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Appeal Sector</td>
<td>Requirements</td>
<td>Funds available</td>
<td>Funding gap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Funds Received</td>
<td>Carry-Over</td>
<td>Total</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current Year</td>
<td>(re-programmation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>700,000</td>
<td>-</td>
<td>-</td>
<td>700,000</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>1,300,000</td>
<td>1,963,000</td>
<td>341,684</td>
<td>2,304,684</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>5,000,000</td>
<td>569,350</td>
<td>880,657</td>
<td>1,450,007</td>
<td>3,549,993</td>
<td>71%</td>
</tr>
<tr>
<td>Education</td>
<td>1,200,000</td>
<td>-</td>
<td>22,492</td>
<td>22,492</td>
<td>1,177,508</td>
<td>98%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>300,000</td>
<td>-</td>
<td>-</td>
<td>300,000</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Communication for Development</td>
<td>1,500,000</td>
<td>-</td>
<td>153,129</td>
<td>153,129</td>
<td>1,346,871</td>
<td>90%</td>
</tr>
<tr>
<td>Cash-based transfer</td>
<td>1,000,000</td>
<td>-</td>
<td>-</td>
<td>1,000,000</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Cross sectoral / Cluster coordination</td>
<td>-</td>
<td>-</td>
<td>217,986</td>
<td>217,986</td>
<td>(217,986)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>11,000,000</td>
<td>2,532,350</td>
<td>1,615,948</td>
<td>4,148,298</td>
<td>7,856,386</td>
<td>71%</td>
</tr>
</tbody>
</table>