Madagascar

**HIGHLIGHTS**

- Madagascar is facing multiple severe humanitarian crises affecting 9 million people. The consequences of climate change are acutely felt on the island, particularly through increasingly unmanageable natural disasters.

- Failed rains and prolonged drought in the south of Madagascar have left nearly 1.5 million people food insecure. In 2022, an estimated 500,000 children under 5 years will suffer from acute malnutrition, and 110,000 will be severely malnourished. Urgent action is needed to address the nutrition crisis.

- Beyond the drought, Madagascar remains vulnerable to other natural disasters, including cyclones, flooding, as well as disease outbreaks. The socioeconomic impacts of the COVID-19 pandemic will continue to be felt in 2022, affecting Madagascar's fragile economy and extreme poverty rates.

- In 2022, UNICEF’s response will be multi-pronged and incorporate nutrition, water, sanitation and hygiene (WASH), health, social protection, education, child protection, gender-based violence (GBV) and prevention of sexual exploitation and abuse (PSEA).

- UNICEF is requesting US$40 million in 2022 to reach 2.5 million people, including 1.2 million children, and deliver life-saving assistance.

**KEY PLANNED TARGETS**

- **110,000** children admitted for treatment for severe acute malnutrition
- **500,000** people accessing a sufficient quantity of safe water
- **13,000** children/caregivers accessing mental health and psychosocial support
- **29,000** household reached with cash transfers through government system with UNICEF support

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Figures are provisional and may change upon finalization of new inter-agency planning documents. Most data cannot be disaggregated unless by proxy.
In 2021, the chronic drought in the south of the island became an acute one, as rains failed, an entire growing season was decimated, and populations starved. This situation will continue into 2022. The diminishing possibility for human habitation in southern regions is a direct consequence of climate change. 1.3 million people were left food insecure. An estimated 500,000 children under 5 years of age will suffer from acute malnutrition between May 2021 and April 2022. Of these, 110,000 will be severely malnourished.\(^\text{12}\) Water scarcity and prices have increased in drought-affected regions and in Antananarivo. In the worst case, people from poorer rural areas can be charged 8 times more than those from urban areas for a 20-litre jerrycan. Deterioration of water quality is anticipated due to low aquifer reserves and recharges. Marginalized children and their families’ access to WASH services will be further limited. Urban populations are also at risk of potential shortages of potable water. Access to healthcare services remains limited due to an overstretched system and disrupted services during COVID-19. Less than 1 per cent of the population is fully vaccinated against COVID-19, so Madagascar will continue to feel the effects of the pandemic in 2022. Plague, malaria outbreaks, and dengue fever are also prevalent. The socioeconomic impact of COVID-19 means that the number of people living in poverty has increased by 2.3 million, including 1.3 million children. Access to education was once again interrupted in 2021 due to a second wave of COVID-19. An estimated 7.2 million children\(^\text{11}\) missed out on learning opportunities when schools closed between March and June. Numbers of children out of school are already high, with 24 per cent of primary-age children and 73 per cent of secondary-age children not in school. The pandemic and related socioeconomic challenges have likely worsened this situation. Increased economic pressures, domestic stress, poverty and food insecurity have contributed to decreasing households’ resilience and exposing children and women to violence, abuse and exploitation. UNICEF expects that incidences of child marriage, child labor and various forms of gender-based violence (GBV) have increased. The humanitarian crisis has at once reduced households’ resilience and potentially pushed them to resort to negative coping strategies mainly affecting women and children, while also exacerbating the chronic weaknesses of systems for monitoring, preventing and responding to violence, including GBV.

### SECTOR NEEDS

<table>
<thead>
<tr>
<th>Need</th>
<th>Number</th>
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<tbody>
<tr>
<td>Children in need of nutrition assistance</td>
<td>500,000</td>
</tr>
<tr>
<td>People in need of health assistance</td>
<td>700,000</td>
</tr>
<tr>
<td>People lacking access to safe water and dignified sanitation</td>
<td>6.4 million</td>
</tr>
<tr>
<td>Children in need of protection services</td>
<td>148,000</td>
</tr>
<tr>
<td>People in need of humanitarian cash transfers</td>
<td>1.7 million</td>
</tr>
</tbody>
</table>

### STORY FROM THE FIELD

Vaha, 26-year-old mother of six, lives in the Ambovombe district, one of the areas hardest hit by food insecurity. Two of her children suffer from severe acute malnutrition. Four years of drought have left more than 1 million people in southern Madagascar in urgent need of food and other humanitarian aid. Malnourished children in the region are cared for at the Ambohimalaza health centre. In this district, an alarming 27 per cent of the children are malnourished. Vaha receives packets of the therapeutic food provided by UNICEF. Families at the centre also receive two 20-litre containers of water per day.

Read more about this story here

UNICEF/2021/Andrianantenaina
HUMANITARIAN STRATEGY

UNICEF will scale up its response to reflect the anticipated humanitarian needs of children and their families, using newly established regional offices in drought-affected regions to accelerate coordination and management of the humanitarian response. UNICEF will reinforce its immediate response (in both intensity and geographic scope) while also ensuring increased resilience of affected communities through early warning approaches and risk reduction, building resilience of populations and systems, including through behavior change communication, gender mainstreaming and climate-sensitive actions. UNICEF co-leads the nutrition, WASH, education and social protection clusters.

UNICEF and partners, including from food and health sectors, will reinforce prevention of and response to acute malnutrition, access to treatment (including via mobile clinics), systems and supporting nutrition surveillance in facilities and at community level. This will be complemented by an integrated package of life-saving health interventions targeting pregnant women, newborns and children. The package will be adapted to the evolving humanitarian situation and combined with health-WASH approaches that incorporate infection, prevention and control interventions in health and treatment centres.

The WASH response will include cluster coordination, contingency planning, capacity building for emergency and hazard management, provision of water and hygiene promotion and supplies through government subsidies and NGOs. UNICEF will provide social protection support to affected households. Shock-responsive social protection response will be put in place through the national social protection programme and in coordination with the Cash Working Group.

Education will focus on safe back-to-school and catch-up programmes, inclusion focusing on disabilities and community involvement. UNICEF will advocate for school reopening and strengthen education in emergency (EiE) coordination mechanisms, and capacity building in addition to tracking learning outcomes, distribution of learning and recreation material and support to prevention of GBV in and around schools.

Protection services for children and women will include community dialogues and other awareness raising initiatives to prevent violence, and integrated care and support for children and women who have experienced violence, including psychosocial support. This will require strengthened coordination among sectors and capacity building of services providers.

UNICEF is working to improve the identification of, reporting on, and referrals for violence, including GBV. Given the fact that women, girls and boys are at heightened risk for GBV including sexual exploitation and abuse (SEA) during emergencies, UNICEF will use a cross-sectoral approach in all GBV and PSEA activities to ensure that the risks of GBV and SEA are reduced, emergency responders can effectively assist and refer survivors to appropriate services, and community awareness on safe and accessible reporting and referral systems is raised.

Progress against the latest programme targets is available in the humanitarian situation reports: [https://www.unicef.org/appeals/madagascar/situation-reports](https://www.unicef.org/appeals/madagascar/situation-reports)

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

2022 PROGRAMME TARGETS

**Nutrition**
- 110,000 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**
- 500,000 people accessing a sufficient quantity of safe water for drinking and domestic needs
- 2,000,000 people reached with critical WASH supplies

**Child protection, GBVIE and PSEA**
- 13,000 children and parents/caregivers accessing mental health and psychosocial support
- 106,000 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 261,000 people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers

**Education**
- 440,000 children receiving individual learning materials
- 800 members of Education in Emergencies/Disaster risk reduction committees at decentralized level are trained.

**Social protection**
- 29,000 households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding

**Cross-sectoral (HCT, C4D, RCCE and AAP)**
- 1,455,000 people reached through messaging on prevention and access to services
- 397,000 people engaged in risk communication and community engagement actions

Figures are provisional and may change upon finalization of new inter-agency planning documents. Most data cannot be disaggregated unless by proxy.
UNICEF is requesting US$40 million to reach 2.5 million people, including 1.2 million children, affected by epidemics and natural disasters driven by climate shocks, with life-saving assistance in 2022. Due to the heightened risks associated with acute emergencies, the fragility of social systems in Madagascar and the continued impacts of COVID-19, UNICEF is requesting additional funding in 2022 to address the nutrition crisis affecting Madagascar. Particularly, the funding gap for social protection, child protection and communication for development in 2021 has generated additional funding needs for 2022 for continuous response to emergency needs. Without sufficient and timely funding, UNICEF will not be able, in collaboration with the Government of Madagascar, to provide immediate response and build the resilience of children who will have to pay the highest price for their childhood and future. Funding support will help 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 populations, and services to prevent and respond to gender-based violence and sexual exploitation and abuse.

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*This includes costs from other sectors/interventions: Child protection, GBVIE and PSEA (4.3%), Cross-sectoral (HCT, C4D, RCCE and AAP) (4.1%).

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FUNDING REQUIREMENTS IN 2022

<table>
<thead>
<tr>
<th>Sector</th>
<th>2022 requirements (US$)</th>
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<tbody>
<tr>
<td>Nutrition</td>
<td>15,794,500</td>
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<tr>
<td>Health</td>
<td>6,840,000</td>
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<tr>
<td>Water, sanitation and hygiene</td>
<td>9,895,000</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>1,702,000²⁸</td>
</tr>
<tr>
<td>Education</td>
<td>2,284,000</td>
</tr>
<tr>
<td>Social protection</td>
<td>1,850,000</td>
</tr>
<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>1,642,500²⁹</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40,008,000</strong></td>
</tr>
</tbody>
</table>
ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.

2. The World Bank estimates that the crisis could wipe out the progress made over the past decade in the fight against extreme poverty in Madagascar, with the extreme poverty rate reaching 78 per cent in 2021 (i.e. the same rate as in 2009).

3. This figure was calculated using the Government of Madagascar Inter-agency Contingency Plan; Office for the Coordination of Humanitarian Affairs, 'Madagascar Response Plan WASH Cluster for COVID-19 Wave 2 (April 2021)'; UNICEF estimates for the number of people in need of psychosocial support; and Integrated Food Security Phase Classification April 2021.

4. Based on the RGPH 2018, this figure includes 51 per cent women/girls (4,575,000), 49 per cent men/boys (4,395,000). The disability breakdown is not available.

5. 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.

6. Under 5 years (MICS 2018): 15 per cent: 647,000 including 317,000 boys and 330,000 girls. Children aged 5 to 17: 3,667,000 including 1,797,000 boys and 1,870,000 girls. Children aged 2 to 17 (MICS 2018): 13 per cent have functional difficulties in at least one area.

7. After a decision at the level of each cluster according to the implementation capacity, the number of cases in charge of UNICEF corresponds to this figure, based on the highest coverage programme targets for WASH (2,500,000), health (200,000), nutrition (110,000), education (440,000), child protection (13,000), and social protection (145,000). This includes 637,500 women/girls (51 per cent) and 612,500 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.

8. Under 5 years: 15 per cent (MICS 2018): 375,000 including 191,000 girls and 184,000 boys. Disability: limited data available from national data systems.

9. This includes the highest coverage target of children to be reached with WASH services (1,200,000); children to be reached with primary health care (96,200); children under 5 years to be reached with nutrition (110,000 SAM treatment); children to be reached receiving individual learning materials with education (440,000); children to be reached with child protection (13,000); 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.

10. 1,200,000 children including 588,000 boys and 612,000 girls Under 5 years (MICS 2018): 15 per cent:180,000 including 92,000 girls and 88,000 boys. Disability: limited data available from national data systems.


15. This was estimated based on Integrated Acute Malnutrition Phase Classification, May 2021; National Office for Disaster Management; WASH Cluster Response Plan for COVID-19 wave 2, April 2021.

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).

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19. 147,000 children under 18 including 75,000 girls and 72,000 boys and 53,000 women.

20. 260,000 adults, including 132,000 female and 128,000 male; 240,000 children under 18 including 122,000 girls and 118,000 boys.

21. 1,040,000 adults including 530,000 females and 510,000 males; 960,000 children under 18 including 490,000 girls and 470,000 boys.

22. Children under 18 including 6,600 girls and 6,400 boys.

23. 440,000 children including 224,000 girls and 216,000 boys.

24. The target for this indicator increased for improved preparation and response of Education in Emergencies (EiE) delivery for 2022.

25. Members of Education in Emergency (EiE) and Disaster Risk Reduction (DRR), Disaster Risk Management Committees (DRMC). Ministry of Education (MEN), Regional Directorate of National Education and School District (CISCO).

26. This target includes 436,500 children under 18 (218,250 boys and 218,250 girls), and 1,018,500 adults (407,400 men and 611,100 women).

27. This target includes 119,100 children under 18 (59,550 girls and 59,550 boys) and 277,900 adults (111,160 men and 166,740 women).

28. This includes US$401,500 for PSEA activities.

29. Even with a slight increase in the funding requirement, the programme target has overall dropped compared to 2021, due to a change in the methodology calculating the target. In 2021, the target of 6 million included the number of people covered by mass communication and media communication actions, which was challenging for the country office to measure the achievement. Reflecting this lesson learned, in 2022, UNICEF changed the indicator to be more specific as "the number of people reached by behaviour change and use of services messages through interpersonal communication activities". This indicator covers a smaller number of people who accessed IPC activities only compared to the number of people who were able to listen to the radio or covered by other mass communication activities. In addition, IPC activities are more costly than mass communication activities, which contributed to the increase in funding requirement for 2022.