

**Madagascar  
Consolidated Emergency Report 2022**



In Manambovo, a little further south, the river remains dry and the population continues to dig in the ground to find water. Drinking dirty water is one of the factors causing diarrhea and acute malnutrition in children. (©UNICEF/Madagascar 2022/Andrianantenaina)

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March 2023

B. Expression of Thanks

UNICEF Madagascar's work for children is funded entirely through individual donations and the voluntary support of our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF Madagascar to deliver its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF Madagascar.

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#### D. Abbreviations and Acronyms

ACF	Action Contre la Faim
ASOS	Action Socio Sanitaire Organisation Secours
BFHI	Baby Friendly Hospital Initiative
BNGRC	Bureau National de Gestion des Risques et des Catastrophes
C4D	Communication for Development
CBCM	Community-Based Complaint Mechanism
CMAM	Community Management of Acute Malnutrition
DFM	Doctors For Madagascar
ECD	Early Childhood Development
FAO	Food and Agriculture Organisation of the United Nations
FEWSNET	Famine Early Warning Systems Network
GNC	Global Nutrition Cluster
HAC	Humanitarian Action for Children
HACT	Harmonised Approach to Cash Transfers
IEC	Information Education Communication
IP	Implementing Partner
IPC	Integrated Phase Classification
LNS	Lipid-based Nutrient Supplements
MDM	Médecins du Monde
MHNT	Mobile Health & Nutrition Team
MICS	Multi-Indicator Cluster Survey
MIYCF	Maternal, Infant & Young Child Feeding
MOH	Ministry of Health
MSF-F	Médecins Sans Frontière France
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organisation
NSS	Nutrition Surveillance System
ONN	Office National de Nutrition
PSEA	Protection from Sexual Exploitation and Abuse
RUTF	Ready-to-Use Therapeutic Food (for the management of severe wasting)
SBC	Social and Behavior Change
SMART	Standardised Monitoring and Assessment of Relief and Transitions
SMS	Short Message Service
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

## E. Executive Summary

In 2022, Madagascar saw multiple humanitarian crises with disproportionate impacts on children. An acute drought in the South of Madagascar was brought on by a rainy season which came late, finished early, and significantly disrupted harvests. Consecutive rounds of cyclones swept across south-eastern regions, destroying infrastructure, displacing children and their families, and killing some people. Children and their families suffered greatly, and the situation, aggravated by COVID 19, was not helped by infrastructural fragility, and poor logistics. Access to basic social services was greatly decreased and the vulnerability of children and their families was exacerbated. Already weak healthcare services became more overstretched whilst food security and nutrition crises overburdened families, and low water reserves got completely depleted.

To respond to these crises, UNICEF through Humanitarian Action for Children (HAC) appealed for USD 40 million. The funding needs for Nutrition increased by almost 206 per cent compared to 2021. Other sectors including Education and Child Protection also increased. UNICEF Planned to target a total of 2.5 million people including 1.2 million children with life-saving assistance. Of the total requested funding, UNICEF secured USD 14.2 million and carried over USD 4.18 million, thus leaving the funding gap at 54%. Of the total fund secured, UNICEF Madagascar was allocated USD 0.93 million for Humanitarian Thematic Fund, and mobilized USD 13.3 million for Non-Humanitarian Thematic Fund.

UNICEF Madagascar took a multipronged approach and reinforced the humanitarian-development nexus. Support was provided to children and their families before and during humanitarian crises across Nutrition, WASH, Health, Education, Social Policy, Child Protection, and Social Behaviour Change (SBC) sectors. Rapid response was provided to evolving humanitarian crises, in addition to building resilience of children and their families to natural hazards. The focus was also made on building disaster risk reduction capacity. Throughout the interventions, the accountabilities were ensured for the Convention on the Rights of the Children (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), as well as the Core Commitments for Children (CCCs) as UNICEF co-lead for some Clusters (Nutrition, WASH) and as active member of other Sectoral Groups (UNICEF co-leads the Child Protection Area of Responsibility under the Protection sectoral group, UNICEF leads the Cash Working Group. Expected and achieved outcomes and outputs of interventions were aligned with HAC.

Overall, during the reporting period, the **Nutrition** team was at the forefront of prevention of worsening nutrition crisis and management of severe wasting through its support in delivering quality nutrition services for infants, young children, adolescents and mothers. The team reached over 4,121,596 children (2,069,453 girls and 2,052,143 boys) with key nutrition interventions including 34,803 children (17,053 boys; 17,750 girls) with life-saving treatment for severe acute malnutrition (SAM). The **WASH** team reached over 1,029,763 people (227,898 women; 287,915 girls; 226,785 men; 287,165 boys) with life-saving water particularly for children of SAM cases, as well as WASH kits and hygiene messaging. The **Health** team provided emergency health support to 186,766 people and contributed to strengthening basic healthcare services to cover marginalized and malnourished children. The team was also involved in COVID-19 response. The continuity of education for 491,000 children in emergency context was ensured by the **Education** team. Provision of psychosocial support to 120,620 children and women impacted by emergencies, as well as prevention actions and care for victims of violence and exploitation including GBViE survivors provided by the **Child Protection** team saved children. The **Social Protection and Social Policy** team provided cash transfer to 380,000 drought affected households. Promoting social behavior change and use of essential services provided by UNICEF was ensured by the **SBC** team to maximize the impact and accountability of the beneficiaries.

## F. Humanitarian Context

In 2022, the Corporate Emergency L2 scale-up for Southern Madagascar continued to July. But even when the L2 was ended, thanks to scaled up and rapid response from UNICEF and other international humanitarian community members, still residual humanitarian needs remained. Therefore, UNICEF continued to provide measures and

systems to maintain its ability to deliver humanitarian assistance in remaining hotspots, put in place preparedness measures and sustainably transition into regular programmes.

The consequences of climate change were acutely felt on the island, particularly through increasingly intense natural disasters. Previous years failed rains in the south of Madagascar have left nearly 1.5 million people with food insecurity in 2022 and an estimated 500,000 children under 5 years have suffered from acute malnutrition including 110,000 SAM cases. Beyond the drought, Madagascar remained vulnerable to other natural disasters, including cyclones, flooding, as well as disease outbreaks. The humanitarian crisis has at once reduced households' resilience and 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.

**Drought Emergency:** A Multisectoral Assessment (EAM) with focus on food and nutrition security was conducted in March-April 2022, and a SMART nutrition survey in July 2022 in the south-east. Based on the results the prevalence of proxy-GAM (Global Acute Malnutrition) in the three-drought affected southern regions of Androy, Anosy and Atsimo Andrefana was approximately 9 % (serious nutrition situation). This prevalence was lower than the Proxy-GAM from the survey in 10 districts (12.4 % - CI [10.8-14.2]) conducted in March/April 2021 and consistent with the overall improvement of the humanitarian situation.

Although rainfall has generally improved, underground water levels were still below seasonal norms in certain areas. This has made water extraction more difficult. The latest data<sup>1</sup> released in September 2022 indicated that around 1.26% of the territory presents favourably with 74.61 per cent of the surveyed areas in normal-vigilance situations, 23% in alarm alert, and 0.56% affected by extreme or emergency category drought. The underground water level fluctuation in September 2022 shows normal levels/recharging (32%) and 28% showing vigilance (moderately low) water level, with 40% low to very low water level or not recharging.

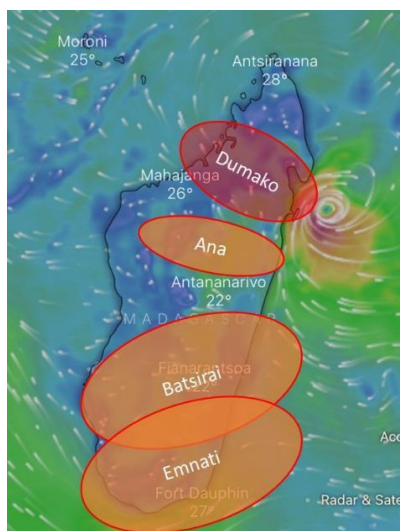


Figure 1: Impact of the 2022 cyclones in Madagascar

**Cyclones:** In less than five weeks in Madagascar in early 2022, several rounds of cyclones have turned upside down the lives of children and their families. The impact of cyclones on a population already fragilized by structural poverty and COVID 19 was considerable.<sup>2</sup>

Following the passage of Tropical Storm Ana in mid-January 2022, intense Tropical Cyclone Batsirai (the equivalent of a major Category 4 hurricane) made landfall in southeastern Madagascar on Saturday 5 February 2022 and swept across east to west with heavy rain and strong winds before exiting into the Mozambique channel on 6 February. Dumako hit the North of the island on 16<sup>th</sup> of February. Soon after, on 22 February, Tropical Cyclone Emnati followed a similar path as Batsirai, before eventually exiting the country on the 23<sup>rd</sup> February, heightening humanitarian needs. Assessments of the impact of these cyclones indicated that 423,800 people were affected, of which 43,000 were displaced and 136 died. In addition, 9,650 classrooms and 99 health facilities (CSB, CHRD, CHRR) were damaged or destroyed. 17 roads were cut, and 21 bridges destroyed including those to the south, thus making it difficult to access to deliver humanitarian support. As always, children were the most affected.

**COVID 19 and other Health Emergency:** As of end of 2022, only about 8% of the population were fully vaccinated against COVID-19 thus making among the lowest rate in the world. According to official numbers, death rates from COVID-19 remained relatively low, in part due to the large-scale 104,000 hospital days' worth of oxygen that was

<sup>1</sup> [Bulletin d'alerte sécheresse du Grand Sud de Madagascar - 2022 | UNICEF](#)

provided by UNICEF. Restrictions which had been in place by the Government of Madagascar to limit international and sub-national movement were all lifted by the second half of 2022, and while this allowed some economic activities to restart, little progress was made in parallel on vaccination rates. The World Bank estimates that the COVID-19 pandemic wiped out 10 years of economic gains in a year.

The socioeconomic impact of COVID-19 meant 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 2022 due to COVID 19. Number of children out of school was already high, with 24% 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.

## G. Humanitarian Results

### Nutrition

#### Strategic result:

Indicators	Cluster/sector 2022 Target	Cluster/sector total results	UNICEF 2022 Target	UNICEF Total results
# of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	<b>110,000</b>	34,803 (including 17,750 girls)	<b>110,000</b>	34,803 (including 17,750 girls)
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

During the period of reporting, UNICEF was at forefront in providing timely and coordinated response to prevent deaths from malnutrition and starvation.

#### **Commitment 1. Drought Response:**

During the reporting period, UNICEF focused on providing emergency support to children and their families experiencing drought. The treatment of SAM children covered all health centres (277), hospitals (9) as well as 28 mobile nutrition and health teams in the 10 districts in the drought affected southern region of Madagascar. In addition, 491,818 (90 %) children were reached by malnutrition screening. 34,803 children with SAM (17,053 boys and 17,750 girls) were admitted in the SAM treatment programme, including 1,867 children with complications admitted into in-patient treatment. This is 31% of the targeted (110,000) SAM children aged 6-59 months with admission for treatment due to challenges related to accessibility and knowledge about the treatment services. Also, to provide comprehensive response, UNICEF conducted other activities too. UNICEF supported quality treatment through training of 142 health workers and 1,742 community workers who were trained to detect and manage acute malnutrition. At least one trained health worker per facility was secured. As a result, the program performance met the sphere standards with 93% recovery, 6% default, and 0.5% mortality rates. The number of mobile clinics deployed to support treating acutely malnourished children living 10 kilometres or more from a health centre decreased from 62 in 2021 to 28 in 2022 in line with the improvement of the emergency situation.

UNICEF continued to support 100% of the supply needs for the emergency response by procuring 69,700 Ready-to-Use Therapeutic Food (RUTF) cartons, 16,343 therapeutic milk F75, and 5,883 therapeutic milk F100 - enough to treat 75,000 children with severe wasting - and continues to support the last miles distribution of those life-saving commodities. As a result, over 86% of health centres did not experience RUTF stocks out while for the other the issues were resolved in less than 2 weeks.

As the situation gradually improved in part of the drought affected regions, UNICEF started supporting the early recovery phase through developing together with the Ministry of health and partners a 2-year post crisis nutrition response plan which aligned with the broader global and national plan of Global Action Plan for Wasting {Prevention and Treatment. Through that initiative, UNICEF has partnered with the Paediatric Association of Madagascar to train over 200 clinician and health workers in quality treatment of children with complicated wasting.

Through the activated cluster coordination, UNICEF supported the information management, nutrition data analysis, communication on nutrition needs and field coordination focusing on South and south-east Madagascar.

**Commitment 2. Cyclone Response:**

UNICEF Nutrition team mainly focused on responding to drought and nutrition crises.

**Commitment 3. COVID 19 and Other Epidemics Response:**

UNICEF Nutrition team mainly focused on responding to drought and nutrition crisis.

**WASH**

**Strategic result:**

Indicators	Cluster/sector 2022 Target	Cluster/sector total results	UNICEF 2022 Target	UNICEF Total results
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	1000.000	866 266	<b>500,000</b>	795 824
# of people reached with critical WASH supplies	1000.000	1.240.000	<b>2,000,000</b>	1,029,763 people (227,898 women; 287,915 girls; 226,785 men; 287,165 boys)
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

Through drought and cyclone response, UNICEF provided life saving critical water and hygiene supplies to total of 51% of the target. This result is due to focus on the two crises than also including COVID 19 response. Also provision of water and hygiene was mainly covered and intervention in the area of sanitation was limited.

**Commitment 1. Drought Response:**

UNICEF together with the Ministry of WASH continued undertaking its co-leadership role of WASH Cluster across national and regional levels which was activated since October 2021. UNICEF led 14 coordination meetings at national level and updated overall achieved results through the [humanitarian response info page](#). In addition, at least one coordination meeting per month was led by UNICEF in the regions of Anosy, Androy, and Atsimo-Andrefana. UNICEF contributed to the elaboration of assessment and analysis of the sectoral situation producing bulletin which is used for such as Groundwater Early Warning System (GEWS). UNICEF had produced and shared 9 bulletins with partners. These are produced using satellite image analysis (NDVI) which show drought status and level of groundwater at boreholes. Apart from regular production of bulletins, support was provided to the cluster in generating evidence including multiple field assessment for emergency response planning.

Through provision of emergency water trucking, water voucher, WASH kits, water delivery, reconversion, and Avotr’Aina campaign, UNICEF saved lives of 776,695 people including mothers, SAM children at health and nutrition centers, and community members. The result exceeded by 59% of the targeted 500,000 people, which was possible due to the additional water trucking activity in the community and in the health centers between November and December 2022.

Efforts were made to mitigate spread of disease through reaching 136,400 people with hygiene promotion activities. The targeted beneficiaries included those living in areas classified as nutrition emergency and nutritional alert including those households with malnourished children under 5 years of age.

**Commitment 2. Cyclone Response:**

The focus was made on enabling the communities affected by cyclone Batsirai and Emnati with access to safe water and basic sanitation services through schools, health centers, and public spaces. For sanitation services specifically,



a total of 12,300 people in districts of Mananjary, Nosy Varika, and Ikongo benefited. Also, according to Sphere Standards, hygiene promotion activities were carried out to ensure prevention of widespread disease. In total, 174,867 people were reached through these interventions.

### **Commitment 3: Epidemic Response**

UNICEF WASH responses were focused mainly on drought and cyclone crises.

### **Commitment 4: GBVE Response**

UNICEF WASH responses were focused mainly on drought and cyclone crises.

## **Health**

### **Strategic result:**

Indicators	Cluster/sector 2022 Target	Cluster/sector total results	UNICEF 2022 Target	UNICEF Total results
# of children and women accessing primary health care in UNICEF-supported facilities	310,000	NA	<b>200,000</b>	186,766 (including 89,638 girls and 11,205 pregnant women) 93% of the target

To prevent cut-off of the marginalized population from life-saving care in emergency in 2022, UNICEF provided primary healthcare to 93% (186,766) of the targeted (200,000) children and women. The sector/cluster's result is unavailable due to lack of information system.

### **Commitment 1: Drought Response**

In the 10 districts affected by the drought and nutritional crisis in southern regions, 30 mobile clinics were deployed to provide essential care to 160,107 children (81,734 girls and 78,373 boys) and 9,687 pregnant women in hard-to-reach areas, including those living more than 10 km from an operational health facility and those with specific geographic access problems (very poor roads, insecurity, etc.). Medicines, Interagency Emergency Health Kits (IEHKs), midwifery kits, and Integrated Management of Childhood Illness (IMCI) medicines, as well as HIV and syphilis testing kits, have been procured to support these activities and ensure free quality services.

In order to ensure infection prevention and significantly reduce nosocomial risks in the interventions carried out, personal protective equipment (PPE) for community health agents and health workers was also provided.

As part of humanitarian-development nexus approach, and to relay outreach care and increase the availability of services at the community level, the community health platform has been strengthened in these emergency zones. Continuous training on the integrated management of childhood illnesses (IMCI) and the provision of associated drugs to 1,223 community health workers out of the 2,500 planned have been carried out.

The health information system at health facilities and community agents has also been strengthened to support decision making, planning and adjustment of the response according to the needs. To ensure the availability of this data, the provision of management tools has been supported financially, and the operation of the real-time reporting system has been maintained. Computers were also provided to the Health Information System (HIS) department and the Emergency Response department to help health districts manage, compile, process, and share data.

Finally, to support the demand for health in emergencies and the acceptance and use of the interventions put in place, communication activities were conducted by these mobile clinics. A community health worker was part of the mobile clinic to raise awareness of the target communities on maternal, newborn, child and adolescent health (MNCAH). For example, during their visit to the target communities, health workers organized a communication session using visual aids such as picture boxes to increase awareness.

### **Commitment 2: Cyclone Response**

To reduce the risk of malaria, particularly after cyclones and floods, 31,000 long-lasting insecticide-treated nets were procured to respond to routine needs in these emergency areas. Through these stocks, in areas affected by the cyclones and tropical storms, the Department of Emergency and Disaster Response of the Ministry of Health, with the support of community workers, distributed 18,700 long-lasting insecticide-treated nets to 9,350 households to prevent the worsening of the malaria epidemic.

Based on the results of the assessments done by the Infrastructure Department of the Regional Health Directorates on the damage caused to health center buildings in 11 affected districts, 9 tents of 24 M2 and IEHK to care for 50,000 people were donated to quickly restore health services. Financial support was also provided for the transportation of medicines to hard-to-reach districts and health centers. The buildings of 5 priority basic health centers were completely rehabilitated and furniture were provided.

25 mobile clinics and 72 advanced integrated strategies (outreach activities) were deployed in the 18 affected districts for 2 months to provide essential care to the affected population, reaching 15,454 children (7,904 girls and 7,550 boys) and 1,518 pregnant women living in hard-to-reach areas, including areas covered by damaged health centers or those with specific geographic access problems. Medicines for children and pregnant women (IEHK, midwifery kit - medicines, medicines for ARI, malaria, diarrhea) were provided to support these activities and ensure free d quality services. PPE was also provided to community health workers and health care workers to ensure infection prevention and to protect service users and providers.

Technical assistance was also provided through periodic field missions to support the coordination, planning, and implementation of the response, especially as local capacity was slightly overwhelmed to manage this emergency.

### **Commitment 3: COVID 19 and other Epidemics**

UNICEF continued to strengthen COVID 19 case management capacity in the country. Oxygen was provided to cover more than 104,000 hospital days and 4 oxygen generators were installed in priority hospital centers. PPPE was donated to the Ministry of Health to protect health workers who manage COVID cases in the hospitals, as well as to protect users and routine service providers in basic health facilities. Partnerships with local NGOs and community leader associations have also been established to promote COVID vaccination and health care demand. In 2022 alone, 1.5 million people were vaccinated against COVID-19.

To prevent the measles epidemic, the country conducted a catch-up measles vaccination campaign, including in emergency areas. With the technical and financial support of UNICEF, in these drought and cyclone affected districts, 1,019,955 children under the age of 5 were vaccinated against measles.

Finally, as the country has experienced frequent malaria outbreaks, at the request of the National Malaria Control Program, financial support was provided for the transportation of LLINs and antimalarial drugs to districts and health centers experiencing epidemics.

### **Commitment 4: GBVE Response**

30 health care providers from health centers in the emergency zones were trained in the medical management of GBV and cervical cancer cases. In addition, during the second phase of this year's mobile clinics, teams covering drought-affected areas included the detection and referral of GBV cases in their package of activities, and 22 cases were identified and referred to the nearest health centers.

## **Education**

### **Strategic result:**

Indicators	Cluster/sector 2022 Target	Cluster/sector total results	UNICEF 2022 Target	UNICEF Total results
# of children receiving individual learning materials	<b>760,000</b>	N/A	<b>440,000</b>	<b>336,542</b>

# of members of Education in Emergencies/Disaster risk reduction committees at decentralized level are trained.	800	NA	800	348
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UNICEF focused on providing quality education in emergency context, as education is more than about right to learn. UNICEF provided a total of 336,542 children with individual learning materials and trained 348 members of Education in Emergency/Disaster Risk Reduction Committees at decentralized level. These are achievement of 84% and 43% of the target respectively. The funding gap was at 49% for Education team as it was challenging to mobilize funding in timely manner to fully achieve the target. The lack of information system for the cluster also made it challenging to collect the overall results.

### **Commitment 1. Drought Response:**

UNICEF reduced parental burdens for education of their children through distribution of learning materials to a total of 272,000 students (including 144,000 girls) in 1,250 schools across pre-primary to lower-secondary schools.

In 14 DREN, UNICEF strengthened DRR and EiE coordination mechanism, including through building capacity of 348 members of DRR/EiE committees in DRR and emergency preparedness, how to resume schools, how to collect data, manage stock and continue provision of learning opportunities. All DRR/EiE committees at regional level were reactivated.

For school year 2022-2023, all 25162 out of school children and adolescents reintegrated formal education among whom 20,013 children (10,287 girls) for primary school while 5,149 adolescents (2,572 girls) were supported to return and to be retained in schools. They were also supported through provision of the Back to School and Learning (BLTS) initiative. A total of 857 primary schools and 283 lower secondary schools in 23 CISCOS in 8 DRENS benefited from implementation of the first BTSL in 2022. In addition, 5,532 teachers were trained, amongst whom, 3,939 primary school teachers were trained in EiE, DRR, and psychosocial support to students. The targeted districts were selected based on the vulnerability criteria. In total, through BTSL, 216, 800 from 1140 schools benefited.

### **Commitment 2. Cyclone Response:**

To support the rapid reopening of schools and return of students after consecutive rounds of cyclone swept across the country, UNICEF initiated first emergency response that reached 63,942 most affected children (including 31,748 girls) in 630 schools. These responses consisted of the installation of temporary learning spaces with prepositioned material (tarpaulins, tents) and distribution of school kits (school in box kits, recreation kits, early child development kits). UNICEF's first responses were followed by roof rehabilitation work for 150 classrooms to benefit 17,855 children (8,035 girls) in 60 schools.

UNICEF prepared for cyclone 2022-2023 through positioning of contingency stocks for 920 temporary classrooms, which subsequently benefited 46,000 students, and 2,320 emergency school kits benefited 93,000 students. Taking into consideration the conditions to preposition the emergency stocks, UNICEF installed 10 extra containers to be used as warehouses in the 5 east-coastal regions to secure the Education contingency stock at DREN level.

### **Commitment 3: COVID 19 and other Health Emergency Response**

In response to request from the Ministry of Education, a total of 170,000 posters on sanitation and COVID 19 were distributed to all schools in 22 DRENS. Also, 1,950 packs of 50 masks were donated to the Ministry of Education.

## **Child Protection**

### **Strategic result:**

Indicators	Cluster/sector 2022 Target	Cluster/sector total results	UNICEF 2022 Target	UNICEF Total results
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# of children and parents/caregivers accessing mental health and psychosocial support	13,000	5,063	<b>13,000</b>	14,620
# of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	137 000	83,574	<b>106,000</b>	125,249
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	NA	NA	<b>261,000</b>	12,000

Child Protection team reinforced child protection system and services to protect rights of children in emergency situation.

### **Commitment 1: Drought Response**

UNICEF joined as member of and worked with the Cluster leads (the Ministry of Population, Catholic Relief Services) in enabling functionality of the Protection Cluster. UNICEF supported child protection network and monitoring units to prevent violence against children and promote reporting of cases in Anosy, Androy, and Atsimo-Andrefana regions. The number of people who have access to safe and accessible channel to report sexual exploitation as per cluster is not available because it is collected by UNICEF PSEA focal points only for UNICEF.

UNICEF strengthened and improved child protection system through i) developing tools for data collection, and reporting on humanitarian response; ii) regularly collecting data on situation of violence against children; iii) building capacity of local actors (para-social workers, law-enforcement, young peer educators) on child protection, psychological support and life-skills to prevent, identify and care children victims of violence, abuse and exploitation; iv) integrated care for child victims in One Stop Centers; v) in collaboration with judicial system and education sector actors, facilitating access of vulnerable women and children to social services and school/professional reintegration.

Child friendly spaces and psychosocial care services were provided to children affected by drought including victims of violence. Local actors were used to raise awareness on GBV (definition, types, and existing support services) and positive masculinity of girls, boys, women, and men. In the regions of Androy and Anosy, UNICEF trained local actors on minimum standards for child protection and GBV in emergency situations.

In the meantime, UNICEF trained implementing partners and humanitarian actors on the prevention of sexual abuse and exploitation (definition, based principles, reporting and referral). After their training, the participants signed the PSEA code of conduct. Moreover, support was provided to the community and beneficiaries on increasing their awareness on prevention of sexual abuse and exploitation and the existing reporting mechanisms.

Combatting child marriage was another major intervention made. The training was provided to regional actors including authorities, leaders, women and youth associations on how to conduct community dialogues. This led to adopting a Community Conventions to Combat Violence and Exploitation Against Children.

### **Commitment 2: Cyclone Response:**

UNICEF contributed strengthening child protection mechanism in emergency through support to establishment of child protection networks at district and municipal levels in the regions of Vatovavy and Fiovivany. Training was provided to para-social workers in psychosocial first aid, group psychosocial support, and to local actors on creation of child friendly space.

In addition, UNICEF provided mental health and psychosocial support for people affected by cyclones and floods in the regions of Analamanga, Vatovavy and Fitovinany, including children and their caregivers by mobilizing prosocial

workers and social workers to provide psychological first aid, group psychosocial support and through the establishment of child-friendly spaces in the accommodation sites and affected communities.

### **Commitment 3: COVID 19 and other Health Emergency**

UNICEF Child Protection responses were focused mainly on drought and cyclone crises.

#### **Social Policy:**

##### **Strategic result:**

Indicators	Cluster/sector 2022 Target	Cluster/sector total results	UNICEF 2022 Target	UNICEF Total results
# households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding	1,700,000	496,000	29,000 (15,000 for drought and 14,000 for cyclone )	7,500

UNICEF provided opportunities for families and communities of children to decide on how, when, and what needs to prioritize in emergency situation through cash transfer. This allowed them to build resilience after the crises and improved their dignity.

#### **Commitment 1: Drought Response:**

From January to April 2022, UNICEF was able to provide cash transfers to half of the targeted households. Due to resources constraints, Tanandava and Behara communes could not benefit from UNICEF assistance, and they were covered by another cash working group partner. Still, four distributions were made to 7,500 households in Ifotaka (Amboasary district). The amount of transfer was 100,000MGA in line with the guidelines of the Cash Working Group. In May 2023, at the end of the humanitarian crisis, UNICEF resumed a regular social protection programme in Ifotaka covering about 16,000 children aged 0 to 15 and pregnant women with monthly transfers of 10,000MGA/month/child.

For the 2022 lean season, there was no HCT payment made. The humanitarian need was triggered in Ifotaka in December 2022 and the first payment was made in January 2023.

#### **Commitment 2. Cyclone Response:**

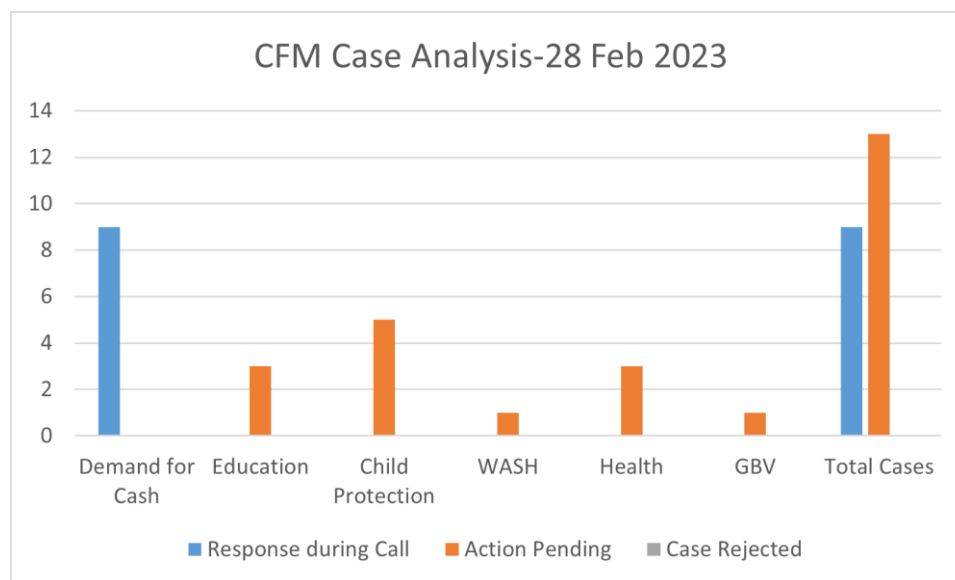
UNICEF ensured the coordination of the Cash Working Group for the cyclone response but did not implement HCT since areas affected by the cyclones were regularly covered by other cash actors and they shifted to HCT to respond the cyclone consequences. The area where UNICEF's social protection regular programme exists were not among the most seriously affected by the cyclone and the 14,000 households targeted did not eventually need UNICEF humanitarian assistance.

### **Cross-sectoral (SBC, HCT, RCCE, and AAP)**

##### **Strategic result:**

Indicators	Cluster/sector 2022 Target	Cluster/sector total results	UNICEF 2022 Target	UNICEF Total results
# of people reached through messaging on prevention and access to services	NA	NA	1,455,000	2,275,758

# of people engaged in risk communication and community engagement actions <sup>30</sup>	NA	NA	397,000	480,000
--	----	----	---------	---------



UNICEF was worked on empowering the target communities and lowering structural barriers that hinder people from adopting positive practice. The intervention was coordinated with Health, WASH, Nutrition, and Child Protection teams to create synergy and complement response for children and their families.

***Commitment 1: Messaging for prevention and access to services:***

During the year, SBC intervened to prevent and control COVID-19, Polio, Plague and Monkey Pox as well to prepare and respond to cyclones/floods and drought. A total of 2,275,758 people (673,330 women, 685,574 men, 375,129 girls and 473,771 boys) were estimated to have been directly reached through community meetings, SMS messages, church sermons, interpersonal communication and folk media which included puppetry and community drama performances. SBC interventions on COVID-19 contributed to a 90% reach to the population nationwide and increased people’s willingness to be vaccinated from 34% in October 2021 to 48% in February 2022. In addition, 70% of the population was estimated to have been reached with SBC interventions in districts affected by cyclones and floods.

***Commitment 2: Risk communication and community engagement actions:***

Over 480,000 people were engaged in online and offline feedback mechanisms to ask questions, raise concerns and suggest ways to improve interventions in their area. The channels included SMS and U-report surveys, rapid assessment using traditional/conventional methodologies, suggestion boxes, radio feedback, and group discussions. Issues raised included inaccessibility of safe potable water, inadequate interpersonal communication in COVID-19 interventions, and the need for more information on polio, monkey pox, nutrition, plague and HIV/AIDS. UNICEF partners created spaces for duty bearers to respond to community feedback in face-to-face sessions.

In addition, UNICEF technically and financially supported the Ministry of Health to operate a Toll-Free Number for social listening on COVID and other health issues. The results were discussed in weekly meetings of the Communication Task Force and were used to readjust the interventions e.g., reinforcing messages on importance of vaccination amidst high hesitancy caused by doubts around vaccine efficacy.

Furthermore, UNICEF worked in collaboration with the World Food Program to put in place a Common Feedback Mechanism (CFM) that is receiving cases on all programmatic areas and providing feedback to the community

through Focal Points from each section. The mechanism was initiated in December 2022 and is still being promoted for awareness. So far 22 cases have been received, with 9 of them resolved and 13 under investigation. Types of cases reported include requests for aid during floods, demand for orientation on farming methods during drought, need for protection against violent relatives, requests for educational bursaries, need for medical interventions in an advent of strange diseases identified by community members, and a call for rehabilitation of bad roads.

#### H. Results Achieved from Humanitarian Thematic Funding

The Humanitarian Thematic Fund supported deployment of full-time dedicated Cluster Coordinator leading to active coordination taking place at national and decentralised level.

The fund also enabled UNICEF to quickly response to the South-Eastern emergency following the devastating impact of the 5 cyclones and tropical storm. The **nutrition** section was able to screen over 491,817 children (About 50.5% boys and 49.5% girls) and carried out nutrition surveys in South-East Madagascar. In addition, UNICEF was able to support activities to ensure children's and women's access to essential **health** care, including the management of childhood illnesses, new-born care, immunization, maternal care, and the management of acute malnutrition. Through these funds, from January to December 2022, 56,030 people, including 26,891 girls, 25,777 boys, and 3,362 pregnant women, have benefited from direct access to essential health services through these interventions, covering nearly 30% of those reached by the emergency health response. **WASH** team saved lives of 776,695 people including mothers, SAM children at health and nutrition centers, and community members by providing drinking. Additionally, the technical working groups: Water Trucking (WT) operations, Multiple Use Water Systems (MUS), PCI-WASH, Information management (IM), helped harmonize activities, approaches, methodologies, norms/standards, converging intervention, support material, coordination structure, exit strategy for Water Trucking, and tools for coordination and monitoring. The **Child Protection** team in the region of Androy reached 1,250 (826 girls and 424 boys) adolescents between 10-18 years old and at risk or victims of violence with Life Skills Programme. In addition, 1,054 parents (538 mothers and 516 fathers) of these adolescents benefited from positive parenting and masculinity sessions in positive masculinity, parenting, and existing support services to mentor and to protect their children from violence, to report cases. Another 1,000 children (510 girls and 490 boys) benefited from revitalization of children clubs at 20 public colleges. They were informed about different type of violence, their rights, and how to protect themselves in case of violence. 12 communities adopted conventions as commitment to community conventions were adopted by community members to commit to respect children's rights, protection of children from violence and exploitation, (child marriage and albinism) GBV, and to report cases and refer to relevant services. About 720 people were mobilized to implement the awareness raising sessions and community dialogues. A total of 63 national law enforcement officers were trained on violence against children and PSEA, who after the training signed code of conduct and some of whom were selected as focal points for GBV/PSEA. Lastly, 25 child protection actors on child protection and GBV were trained in key commitment and minimum standard for child protection in humanitarian response. They also were trained in necessary actions to improve child protection and to fight against GBV. Meanwhile, the **Social Policy** team coordinated Cash Working Group to respond to drought and cyclone. As a working group, for drought, about 140,000 households benefited, and for cyclone, 241,000 households benefited. As part of the working group, UNICEF supported 7,500 households with humanitarian cash transfer of amount of USD 20 (100,000 Arirary) per month for 4 months of drought period. Of the beneficiaries, 80% was women. After the 4 months of intervention, the emergency program was switched to the universal child allowance program, which is a regular social protection program. UNICEF did not implement the humanitarian cash transfer as part of the cyclone response. The **SBC** section used cross sectorial communication and community engagement tools and approaches and implemented integrated multi-level and multi-media interventions that directly reached over 2,275,758 people (673,330 women, 685,574 men, 375,129 girls and 473,771 boys) to respond to COVID-19, Polio, plague, cyclones and drought. SBC contributed to increase the number of people ready to be vaccinated i.e., from 34% in October 2021 to 48% in February 2022 and 67% in October 2022. In addition, 70% of the population was estimated to have been reached with integrated SBC interventions after the passage of cyclones and floods. To enhance accountability to affected populations, over 480,000 people were engaged in online and offline feedback mechanisms to ask questions, raise concerns and suggest ways of improving interventions in their area.

#### I. Thematic Funding Case Studies

See Annex C.

## J. Assessment, Monitoring and Evaluation

Overall, given the L2 situation in the south continued until July and with support from a variety of donors, a comprehensive monitoring architecture was set up in order to ensure the availability of reliable information for decision making. Funding commitments and expenses were also closely monitored as risk is higher in emergency situation. UNICEF continued the use of number of new, innovative, and participatory techniques to ensure effective and efficient implementation of the activities, as well as achievement of commitment level results. Regular monitoring offered the opportunity of tighter feedback loops, which were used to ensure that the interventions being implemented are the right ones to achieve outcomes and adapt accordingly. An example of this would be the SMS nutrition monitoring, which allowed real time information on mortality and stock outs, allowing decision makers to react more quickly to shocks. Consequently, local capacities and accountability mechanisms were strengthened.

**Protection from sexual exploitation and abuse (PSEA)** is a priority area of work for UNICEF at global, regional and country level. UNICEF Madagascar is committed to strengthening SEA prevention, risk mitigation and response across its interventions. All UNICEF staff are trained on PSEA, and reporting mechanisms are being strengthened to enable safe and confidential reports of suspected SEA. The office counts on a network of more than 30 trained PSEA focal points which ensures that all sections can identify situations of risk and assist in raising awareness of partners and populations on the subject. In line with global procedures, UNICEF Madagascar has assessed all of its non-governmental implementing partners (IPs) on their PSEA capacities and is assisting IPs at high and moderate risk on reducing their risk level and improving their policies and procedures. The process leads to a standardised compliance of all partners with requirements on six core standards and contributes to creating an accessible community-based complaint mechanism (CBCM), raising awareness of populations on standards of behaviour for humanitarian actors and their partners, on their rights and on the available services for referral. UNICEF is also involving Government's partners through PSEA dedicated trainings and briefings, especially those based in the field, including security and armed forces, health professionals, regional directorates of key ministries working with affected populations.

**UNICEF ensured the progress of the project and transparency through** (1) continued presence of highly capable staff in field office, particularly in Anosy, Androy, and Atsimo Andrefana, as well as strengthening the harmonized approach to cash transfer (HACT) modality, and continued advocacy and capacity strengthening of government partners. In addition, UNICEF (2) integrated resilience building and has a lead role in various clusters. Then UNICEF (3) raised awareness of COVID-19 and related measures whilst adopting innovative approaches. The End-User Monitoring system was deployed in the field to ensure supplies had arrived as planned and were being used correctly. UNICEF staff based in the field conduct regular programme monitoring visits; usually, these are done jointly with partners. UNICEF relies on an extensive network of local partners (International NGOs, local NGOs, private sector) who report on results achieved and the situation on the ground. All partners conduct regular programme monitoring visits to assess the implementation of their programmes. Partners submit regular progress reports according to UNICEF corporate reporting standards and requirements. All local partners also offer monthly reports on the 5Ws (Who does What, Where When and With What resources), detailing how many beneficiaries are reached in different areas through various interventions. All information is rigorously verified and subsequently consolidated. Reports from partners are validated by triangulating evidence from multiple sources.

As for **Nutrition** response, UNICEF provided the Government with financial and technical support in implementing NSS (quarterly exhaustive mass screening and monthly/ weekly follow-up of the CMAM programme admission trends), SMART nutrition surveys (that includes nutrition, health and food security data) and biannual IPC Food Security and Acute Malnutrition analysis to ensure a close, frequent and reliable monitoring of the evolution of the nutrition situation in the southern districts.

National Contingency and Response Plans developed by the BNGRC and UNOCHA (Flash Appeals), for drought and cyclones and floods emergencies, are used to coordinate and monitor the progress of the interventions carried out by UNICEF supported Nutrition cluster. Realisations against the national drought response plan are monitored and publicly available in the web-based the Nutrition cluster dashboard.

As the co-lead of **WASH** Cluster, UNICEF contributed to elaborate the assessment and sectoral situation analysis such as the Groundwater Early Warning System (GEWS) that helped producing 9 bulletins for UNICEF and 3 quarterly bulletins produced with ACF. These bulletins show the situation of drought in the South using satellite image analysis (NDVI) and the fluctuation of groundwater levels at the boreholes. These are shared with all partners. UNICEF



supported evidence generation for the sector including multiple field assessment for emergency response and planning.

**Health** team mainly targeted children and women and indicators were designed to measure progress of immunization, neonatal, infant, and maternal care activities. To ensure that data related to these indicators are available and consistent with the national health information system, the DHIS2 platform and its tools, including the integrated monthly activity reports of the basic health centres and community agents, were used as the basis for the data collection mechanism. However, to have real-time data, an online data collection platform has been developed using the monthly reporting matrix of the basic health structure. This allowed UNICEF to collect relevant and critical indicators to monitor the health status of the population and the evolution of activities. Periodic meetings were organized to analyse the data with the Emergency and Response to Epidemics and Disasters Department (SURECa), the regions and health districts concerned by the activities to orient the interventions and evaluate the coverage of the interventions. This platform is accessible by all actors to consult, collect and analyse data. Based on this data collection, UNICEF shares the data internally and with the health clusters to produce periodic situation reports.

To **promote social accountability**, community feedback mechanisms and data collection were put in place with support of ASOS. This allowed to mitigate the risk of erroneous or fraudulent use of plumpy nut and other key supplies. UNICEF collaborated with the Ministry of Health and the ONN in collecting information on changed community awareness as well as changes of behaviour following the communication interventions carried out by ASOS. ASOS teams in the intervention areas are responsible for mobilizing local communities in collecting data and systematically reporting information and achievements at the central level. These data are being analyzed together with the Ministry of Health and ONN to adjust communication strategies in support of the Nutrition response.

The team also conducted a monthly survey with Chiefs of CSBs. UNICEF used this opportunity to share essential information, exchange opinion on good practices, and identify solutions to various obstacles to the interventions.

#### K. Financial Analysis

Please see the tables in Annex A.

#### L. Future Work Plan

In 2023 UNICEF will provide a multisectoral, integrated, humanitarian-development nexus response to address the humanitarian needs of children and their families. Reinforcing the resilience of local communities and systems and aligning with the CCC in Humanitarian Action will be the backbone of the response.

Building on its experience in recent crises in Madagascar, UNICEF will continue to co-lead coordination of the **Nutrition**. UNICEF will prevent the deterioration of the nutrition situation by using high-impact prevention and response measures for wasting, reinforcing access to treatment and strengthening systems. This will be complemented by an integrated package of life-saving health interventions targeting newborns, children and pregnant women. UNICEF aims at reaching 92,000 children 6-59 months with severe wasting and 759,000 children 6-59 months with wasting prevention services.

UNICEF will continue to work with the Ministry of WASH and other implementing partners to provide life-saving **WASH** services to children and their communes. Support will be provided to rehabilitation of damaged water and sanitation facilities and construction of new WASH facilities. As part of hygiene promotion intervention, UNICEF will raise awareness on benefit of safe water and hygienic sanitation practices. Efforts will be made to respond to cyclone affected regions including 27,859 people in districts of Nosy Varikia and Manajary.




As for provision of essential and free health services for newborn, children, adolescent and women, technical and financial support will be provided. The **health** team aims at targeting 200,00 people (150,000 boys and girls under-age of 5, 35,000 adolescents, and 15,000 pregnant women). The services will be tailored for local context, health workers will be trained, and mobile strategy will be adopted to reach hard-to-reach areas. The community health workers will also have their capacity built, in alignment with new operational model, to have ownership in preparing and responding to emergency situation. To strengthen the health system, the quality of human resources will be strengthened through ongoing training and mentoring of providers in priority areas related to the prevention of maternal, neonatal, and infant deaths. The health information system at all levels will also be strengthened through training and equipment upgrades, with accelerated digitization of reports for emergency areas to improve the timeliness and completeness of data.

To continue with providing learning opportunities to 300,000 children, **Education** team will strengthen the coordination mechanism including education sector emergency group. Technical assistance will be provided to the Ministry of Education in developing a National Strategy for Education in Emergencies as part of the Climate Change Adaptation Strategy. School materials will be provided to 270,000 students for return to and retention in schools. The 250 DRR committee in 8 DREN and 39 CISCO will be trained to prepare and respond to the cyclone in 2023/2024. The team will also procure and pre-position contingency stock to support 40,000 students. To ensure healthy lives, teachers will be trained in how to provide psychological support and inclusive education in 100 schools. To prevent drop out, the number of absent students will be closely monitored, and data will be collected in a monthly basis.

With the objective reducing consequences of lifelong exclusion, UNICEF **Social Policy** team will continue to implement and expand the coverage of the regular social protection programme. The social protection programme has a shock responsive component and will adapt to maximize benefit level and coverage in the case of humanitarian crisis. In particular, for the lean season, when a commune is considered vulnerable at food insecurity in IPC3 or IPC4, households will receive 120,000MGA/month for 4 to 6 distributions, depending on the severity of the crisis. Similarly, if a commune is affected by a cyclone, households will receive 120,000MGA for one to three distributions, depending on damages. In 2023, it is expected to cover about 15,000 households for drought and 14,000 for a cyclone response.

The **Child Protection** team will coordinate of protection sector in the context of emergencies. The preparedness capacity will be reinforced through pre-positioning of stocks for creation of child-friendly spaces in emergency. Actors will be trained to provide timely and adequate response and to mitigate risk of violence against girls and women. Support will be provided to 7,800 children, adolescents, and parents to access mental and psychosocial health services, 230,000 children and women to access measures to prevent and mitigate GBV risks, and 10,000 people will have access to safe and accessible channels to report sexual exploitation and abuse by humanitarian assistance professionals.

- i. Two-pagers – non-thematic funding contributions: See Annex B.
- ii. Donor Statement as of 31 December 2022

<u>Grant Number</u>	<u>DSA</u>
<u>SM220296</u>	 SM220296 DSA.pdf
<u>SM210280</u>	 DSA SM210280.pdf
<u>SM220252</u>	 DSA SM220252.pdf

- iii. Human Interest Stories and Communications Materials

#### **National Committee visits**

The communication section supported the visits of six national committees as well as several media organizations such as The New York Times and Al Jazeera. In April, we had the visit of the Regional Director in the capital and the South to see the impact of UNICEF’s interventions in the country. The Swiss, Danish, Dutch, and French national committees also visited Madagascar between August and October. The Swiss Natcom visit supported the work of a writer and photographer to report on the malnutrition situation in the south. The French Natcom included the water company Volvic and looked at projects supported by their

funding in the Atsimo Andrefana region. The visit of Danish Natcom was accompanied by the international photographer Jan Grarup. A national photographer joined the mission, and his pictures are available [here](#). The focus of the visit was the situation in the southern of Madagascar.

### **Press Releases**

UNICEF issued 15 press releases in 2022 highlighting our work and the support of donors. The situation in the south and southeast after the impact of cyclones generated a great deal of international media interest, with more than 30 remote interviews having been conducted.

UNICEF also marked the international albinism awareness day and celebrated the World Children's Day on fighting for inclusion for every child.

### **Visit of UNICEF Goodwill Ambassador Mirado**

In August, the singer Mirado, who is a Goodwill Ambassador for UNICEF Madagascar, accompanied a mission with journalists to the south of Madagascar to promote UNICEF interventions online. [Three videos were produced for WASH and Nutrition programmes](#) as part of a campaign with PFP.

### **External Media**

UNICEF focused on four international medias visits to highlight the situation in the south and participated in many interviews and media reports after the cyclones. The communication section also organised five domestic press tours to highlight the reality in the south, allowing local media to learn about the interventions of UNICEF and its partners as well as the impacts of the emergency response. All UNICEF programmes were covered.

### **Videos and photos**

Video produced: 16

Photo essay produced: 2

**Human interest story and photo essay:** produced nine Human Interest Stories covering all the UNICEF Interventions.

### **Social media:**

Communication on the situation in the drought-affected areas in the deep south and UNICEF's interventions:

106 cebook posts; 1,280,584 people reached

10791 Tweets; 106,022 impressions

### **Private Sector Partnership**

A regional partnership with Airtel Africa was established to connect 15 schools in the regions of Boeny, Atsimo Andrefana and Anosy. Another partnership with Airtel Madagascar was leveraged to grant free access to Internet of Good Things (IoGT), an educative website for youth, and to provide free SMS to support UNICEF advocacy. This partnership aims to reach about 2 million users of Airtel.

Both public and private sector partners value receiving human interest stories with photos and captions to illustrate the impact of flexible thematic funding. Country and Regional Offices are encouraged to include additional human-interest materials or case studies that may be relevant to the report as annexes. In addition to human interest stories, for communication and donor visibility purposes, offices may wish to include links to high-resolution photos or videos showcasing the results achieved with the resource partner contributions. This allows partners to create a hook or handle to the report, which can be shared via social media. Low resolution photos should be included in the report. Please ensure that all photos are related to the reporting year and credited properly in accordance with [UNICEF guidelines](#).

[UNICEF Donor Feedback Form](#).

## Annex A: Financial Analysis

**Table 1: 2022 Funding Status against the Appeal by Sector (USD)**

Funding Requirements (as defined in Humanitarian Appeal 31 December 2022)						
Appeal Sector	Requirements	Funds available			Funding gap	
		Funds Received Current Year	Carry-Over	Total	\$	%
<b>Nutrition</b>	15,794,500	7,248,496	1,751,121	8,999,617	6,794,883	43%
<b>Health</b>	6,840,000	1,421,143	39,698	1,460,841	5,379,159	79%
<b>WASH</b>	9,895,000	2,531,249	1,381,921	3,913,170	5,981,830	60%
<b>Education</b>	2,284,000	869,389	303,007	1,172,396	1,111,604	49%
<b>Child Protection, GBViE and PSEA</b>	1,702,000	1,077,365	180,938	1,258,303	443,697	26%
<b>Cross sectoral (C4D, RCCE and AAP)</b>	1,642,500	91,927	16,683	108,610	1,533,890	93%
<b>Cash-based transfers</b>	1,850,000	200,526	267,066	467,592	1,382,408	75%
<b>Cross sectoral / Cluster coordination</b>	-	797,252	241,713	1,038,965	-	0%
<b>Total</b>	<b>40,008,000</b>	<b>14,237,347</b>	<b>4,182,147</b>	<b>18,419,494</b>	<b>22,627,472</b>	<b>54%</b>

\* Funds available includes funds received against current appeal and carry-forward from previous year.

**Table 2: Funding received and available by donor and funding type**

Humanitarian Thematic Fund	
Donor Name/Grant Number	Funds Received Excluding Refund
French Committee for UNICEF	
SM2299300042	449,438
Japan Committee for UNICEF	
SM2299300059	191,011
SM2299300108	50,168
United States Fund for UNICEF	
SM2299300060	162,921
Swedish Committee for UNICEF	
SM2299300161	152,968
<b>Grand Total</b>	<b>1,006,506</b>

Non-Humanitarian Thematic Fund	Donor Name/Grant Number	Funds Received
HAC-ESARO	European Commission / ECHO	
HAC-ESARO	SM220812	1,680,171
<b>HAC-ESARO Total</b>		<b>1,680,171</b>
HAC-MADAGASCAR	UNOCHA	
HAC-MADAGASCAR	SM200639	
HAC-MADAGASCAR	SM220190	1,098,298

HAC-MADAGASCAR	SM220227	1,303,437
HAC-MADAGASCAR	European Commission / ECHO	
HAC-MADAGASCAR	SM200558	407,215
HAC-MADAGASCAR	SM210203	1,785,714
HAC-MADAGASCAR	Japan	
HAC-MADAGASCAR	SM220085	2,115,648
HAC-MADAGASCAR	USAID/Food for Peace	
HAC-MADAGASCAR	SM190423	3,417
HAC-MADAGASCAR	SM200624	36,369
HAC-MADAGASCAR	SM210491	1,709,665
HAC-MADAGASCAR	Bureau for Humanitarian Assistance	
HAC-MADAGASCAR	SM210331	745,935
HAC-MADAGASCAR	SM220277	398,445
HAC-MADAGASCAR	The United Kingdom	
HAC-MADAGASCAR	SM210407	669,344
HAC-MADAGASCAR	Madagascar	
HAC-MADAGASCAR	SM210209	400,000
HAC-MADAGASCAR	German Committee for UNICEF	
HAC-MADAGASCAR	SM220296	307,433
HAC-MADAGASCAR	Monaco	
HAC-MADAGASCAR	SM180542	-596
HAC-MADAGASCAR	SM220252	54,348
HAC-MADAGASCAR	Japan Committee for UNICEF	
HAC-MADAGASCAR	KM210019	22,300
HAC-MADAGASCAR	The Global Fund to Fight AIDS	
HAC-MADAGASCAR	SM220116	
HAC-MADAGASCAR Total		11,056,972
Grand Total		12,737,143

<b>c) Pooled Funding</b>		
<b>(i) CERF Grants</b> (Put one figure representing total CERF contributions received in 2021 through OCHA and list the grants below)		
<b>(ii) Other Pooled funds</b> - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc. (Put the figure representing total contributions received in 2021 through these various pooled funding mechanisms.)		
UNOCHA	SM220190	1,098,298
UNOCHA	SM220227	1,303,437
UNOCHA	SM220639	
<b>d) Other types of humanitarian funds</b>		
German National Committee	KM220072	881,260
<b>e) Other resources – development funding towards HAC (SH grant)</b>		
NA		
<b>f) Other resources – development funding towards HAC (SC grant)</b>		
NA		
<b>Total humanitarian funds received in 2021<sup>3</sup></b>		<b>17,271,643</b>
<b>II. Carry-over of humanitarian funds available in 2022<sup>4</sup></b>		
<b>g) Carry over Thematic Humanitarian Funds</b>		
Thematic Humanitarian Fund	SM189910	<b>1,191,480</b>
Thematic Humanitarian Funds	SM209910	
<b>h) Carry-over of non-Thematic Humanitarian Funds<sup>5</sup></b>		
ECHO	SM210203	41,460
German National Committee	SM210208	737,469
USAID OFDA	SM210331	1,082,482
FCDO	SM210407	512,027
USAID Food for Peace	SM210491	791,909
UNOCHA	SM210571	161,459
German National Committee	SM210880	303,007
German National Committee	SM210881	4,816
German National Committee	SM210882	17,015
<b>Total carry-over non-Thematic Humanitarian Funds</b>		<b>3,651,644</b>
<b>Total carry-over humanitarian funds</b>		<b>4,182,146</b>
<b>III. Other sources</b>		
NA		
<b>Total other resources</b>		<b>NA</b>

*\*2022 loans have not been waived; COs are liable to reimburse in 2023 as donor funds become available.*

<sup>3</sup> This total equals Funds Available Against Appeal as of 31 December 2022 in the SitRep table

<sup>4</sup> Programmable amount, total equals to the carry-forward total in the SitRep table

<sup>5</sup> Same list as it was prepared for the Q1 FTS reporting

**Table 3: Thematic Humanitarian Contributions Received in 2022**

**Table 1: Thematic Humanitarian Contributions Received in 2022**

Donor Name/Type of funding	Grant Reference	Total Contribution Amount (in USD)
<i>Sub-total (received from EMOPS/HQ):</i>		
<i>Sub-total (received from RO):</i>		<i>0</i>
Country thematic contributions:		
Japan National Committee	SM2299300108	50,168
Japan National Committee	SM2299300059	191,011
Swedish National Committee	SM2299300161	152,968
French National Committee	SM2299300042	449,438
US Fund for UNCIEF	SM2299300060	162,921
<i>Sub-total (received directly at CO level):</i>		<i>1,006,506</i>
<b>Total:</b>		<b>1,006,506</b>

*\*Global Humanitarian Thematic Funding contributions are pooled and then allocated to country and regional offices by UNICEF's Office of Emergency Programmes. A detailed list of grants will be available in the 2022 Humanitarian Action Global Annual Results Report and you may also contact PPD Humanitarian team for the allocations to your office.*

## **Annex B: Two-Pagers for non-Thematic Funding contributions**

Uploaded separately.



## Annex C: Humanitarian Thematic Fund Case Study

### *Saving lives of children with provision of multiple form of water*

#### **Top Level Results:**

In 2022, UNICEF saved lives of children with provision of water. A total of 795,824 people including mothers and children (287,915 girls and 287,165 boys including SAM cases) in the south region affected by drought and in the southeast region were reached. We constructed new water boreholes, reconverted existing boreholes that could connect to increased number of water points, established multiple use of water services (MUS) and carried out water trucking. Thanks to thematic fund, we constructed 30 boreholes and constructed 10 MUS.

#### **Issue/background:**

In 2022, drought in southern Madagascar intensified, which already WASH system did not do any good. The rainfall was at much lower point than usual thus drying up already almost depleted water. This resulted in food security and nutrition crises. Against this backdrop, UNICEF focused on providing emergency water through water trucking, including Avotr'Aina campaign, constructing emergency boreholes and MUS, in addition to improving quality and availability of water in treatment centers for SAM children. UNICEF also ensured availability of water in schools.

#### **Resources required/allocated:**

**Cumulative expenditures: \$ 521,893.66**

#### **Progress and results:**

UNICEF ensured water supply by constructing 30 boreholes equipped with manual pump and 10 MUS in the zones where water trucking is not possible due to the inaccessibility. More than 15,000 people including mothers, SAM children at health and nutrition centres, and community members had access to drinking water in the drought affected regions.

#### **Criticality and value addition:**

In the zones where water-trucking operations are the only available immediate solutions, UNICEF also provided long-term solutions through construction of MUS, conducted table surveillance, and rehabilitated water points, and constructed local water supply pipelines.

#### **Challenges and lessons learned:**

Before the intervention of UNICEF, it has been challenging for the target population to reach water because they were located far away from their communes. UNICEF therefore adopted innovative approach and reconverted boreholes to connect with many water points.

#### **Moving forwards:**

More focus on emergency responses and Nexus by establishing partnerships with existing development actors, considering operation and maintenance aspects in water supply as much as possible and learning from development actors in terms of best practices for quality and sustainability of operations.