



FOOD SECURITY CLUSTER
Strengthening Humanitarian Response

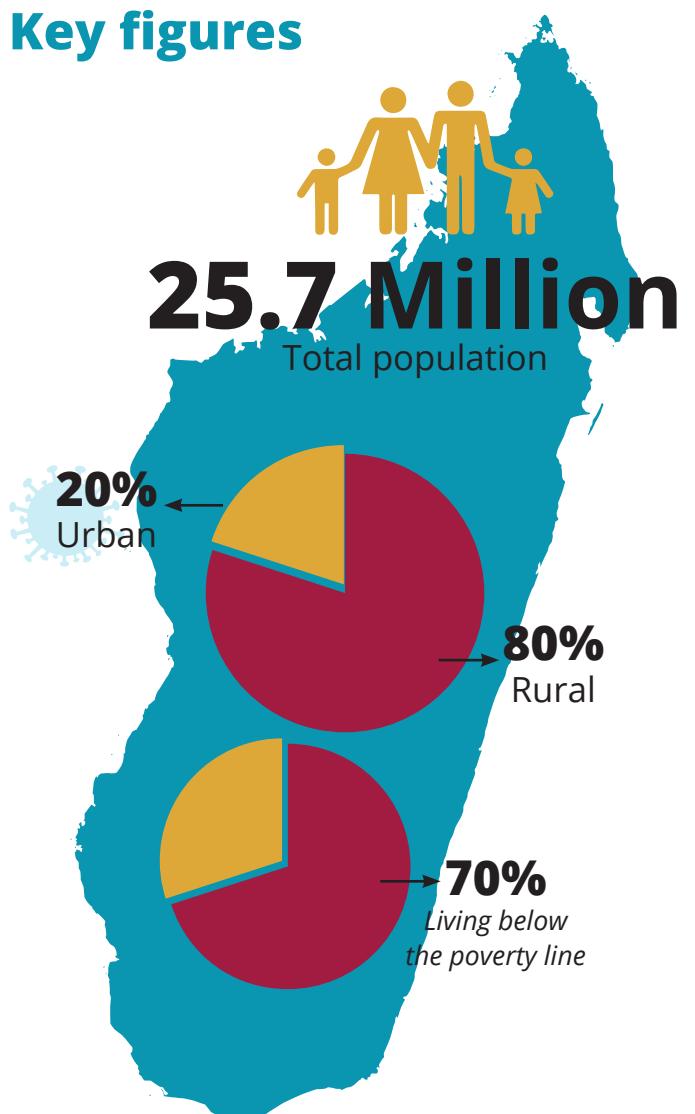
How COVID-19 is threatening food security and nutrition in Madagascar

A call for collective action and increased funding

Key messages

- The direct and indirect effects of COVID-19 on livelihoods and food systems risk compromising the recovery of already food insecure populations as well as creating new food insecurity and malnutrition hotspots in both urban and rural areas by reducing access to affordable nutritious food.
- Vulnerable urban populations in the areas where containment measures are adopted are of immediate concern – measures need to be taken to ensure continuous access to essential food and nutrition needs.
- The effects of the COVID-19 outbreak and containment measures are spreading to rural and suburban areas through the disruption of food systems - action should be taken to preserve food systems and people's access to sufficient and nutritious food.

Key figures



July 2020

Context

The first cases of COVID-19 were confirmed in Madagascar in mid-March 2020. The number of cases continued rising in April and May and surpassed 4,000 cases by mid July, mainly concentrated in the biggest urban centers of Antananarivo, Toamasina, Renivohitra, Fianarantsoa and (updates available here).

The susceptibility of Madagascar to the spread of the virus is extreme. With an urban population of about 5 million people of which approximately 77% are living in informal settlements (UN Habitat 2014) and more than 60% who do not have access to basic hygiene facilities (MICS 2018), the risk of community transmission of COVID-19 is very high. Moreover, the low access to and utilization of health care services, particularly in rural areas due to the remoteness of basic health centers (CSBs) and financial barriers, might hamper the capacity of the public health system to rapidly identify, isolate and treat COVID-19 cases, which is key for reducing community transmission.

In late March, the Government declared a public health state of emergency to address the COVID-19 pandemic. To prevent the spread of the virus it implemented mitigation measures, including health, hygiene, social distancing, and movement restrictions in the high-risk areas of Antananarivo, Renivohitra, Fianarantsoa and Toamasina. These districts showed the highest number of COVID-19 caseload, likely due to their international exposure, interconnectedness, and high population density. In early May some of the containment measures were eased but a further spread of the virus cannot be ruled out due to the limited adoption of personal protective systems (such as the use of masks and social distancing) and access to clean water and sanitation facilities. This might trigger new (and possibly broader) surveillance and containment measures.

Madagascar is very exposed to the economic consequences of COVID-19 through its integration into the global economy (with consequences on exchange rates, balance of trade and credit markets), and through the endogenous implications of the

national containment and lockdown measures, which risk disrupting food systems and livelihoods.

In the best-case scenario, which assumed that containment measures would be gradually lifted in May, UNDP foresaw a slowdown of Madagascar economic growth from 5.3 percent (expected in 2020 before the crisis) to 0.17 percent. An increase of 1.5% in the poverty rate was also anticipated, from 70.5% (estimated for 2020 in a scenario without COVID-19) to 72.1% (UNDP 2020). This equates to an estimated 18 million people living in poverty, of which more than 14 million in extreme poverty.

The vulnerable urban population is the most affected

The slow-down in economic activity and partial or full lockdowns will significantly affect the income and food security level particularly across the urban and peri urban areas of the high-risk districts, where containment measures are more stringent. The urban population, of which more than 80% is employed in the informal sector (ENEMPSI 2012) and where the poorest households spend more than 75% of their income on food, are likely to face resource constraints to provide for their essential food and non-food needs due to decreasing and unstable income. Those already living below the food poverty line, those working in the informal sector, families with members who have pre-existing health conditions and the elderly are the most vulnerable. The national cash working group estimates that, in a scenario where containment measures are extended to most big cities (Antananarivo, Toamasina, Fianarantsoa, Mahajanga, Toliara, Antsiranana et Antsirabe), about 500 000 vulnerable urban households (approximately 1.9 million people) would require assistance to meet their essential needs.



To avoid the pandemic from turning into a food crisis, measures need to be taken to ensure that the most vulnerable urban population is supported in meeting their essential food and nutrition needs.

The consequences of COVID-19 are affecting rural populations through the disruption of food systems

In Madagascar, the primary sector employs 83% of the rural population and is characterized by low rural connectivity, limited access to inputs, and a lack of organized value chains in the main staple and cash crops (WB, p. 4). The outbreak and containment measures risk further weakening this sector through the disruption of food systems, reduced urban-to-rural remittances, and restrictions to migration in search of new income opportunities.

As rural and urban areas are strongly linked by bidirectional flows of goods – including cash, food, and labour force, the containment measures in urban areas already had an impact on the productive capacity and livelihoods of peri-urban and rural populations.

According to FAO, the peri-urban population around the cities where containment measures were adopted were already affected by a decrease in the demand for food products and perturbations of the supply chain, linked to the partial closures of fairs and community markets as well as to the reduction of the purchasing power of urban households. This results in increased post-harvest losses and food waste particularly for highly perishable foods (such as fruits, vegetables, meat, and fish) and important losses in revenues for rural populations whose main income derive from the sale of these products. During a study conducted by MIHARI and MAEP on the effects of COVID-19 on fishing communities, 95% of the fishermen interviewed reported a decrease in revenue due to the slowdown of market transaction and demand.

A protraction of the pandemic could also impact the next production season if labour force supply and productivity capacity are further reduced due to movement restrictions or increasing COVID-19 infections and if access to productive inputs (such as fertilizers, seeds and pesticides) is hampered by increased international prices and supply chain bottlenecks.

Moreover, voluntary or mandated market closures, local and international health barriers and a reduction of food supply chain labour force and market transactions could cause food supply delays and temporary shortages, with subsequent price hikes particularly in food-deficit areas. The most affected would be urban areas, which rely on food supplies from rural agriculture, as well as the remote,



underserved rural areas of the Southern Regions where vulnerability has been further compounded by a lack of rainfall and infestation of Fall Armyworm for agriculture from November 2019 to February 2020 which lowered the harvest of cereals and pulses, and where the off-season crops are also being affected by poor rainfall e (ARC, WFP, FAO, UNICEF, CRS). In these regions, about 1.6 million people have been affected by food insecurity (in IPC Phase 2-stress, 3-crisis and 4-emergency); among them, about 554,000 are in phase 3+, in needs of immediate assistance (IPC April 2020).

In addition, decreased availability and price hikes of basic food items, including imported oil and rice, have already been observed in parallel with a decrease in prices for small livestock (CRS, MIRA data 2020; WFP's Bulletin d'informations sur les marchés, May 2020). As households often resort to the sale of small livestock to gain the necessary money to buy staple food, these fluctuations indicate that households are facing important challenges meeting their essential needs. Unfortunately, prices of small livestock have plummeted providing households little revenue to purchase expensive food items (CRS, MIRA data 2020).



Measures need to be taken to **preserve food systems and livelihoods** and avoid any **supply disruptions** between **food-surplus and food-deficit areas**

Finally, movement restrictions will strongly affect the poorest households who rely on seasonal migration to find labour opportunities. As they do not have access to sufficient land to produce enough food for themselves, they heavily depend on daily labour and the markets to acquire the necessary food. Madagascar is the fifth most vulnerable country to COVID-19 in Africa, based on an index of age, age, epidemiological factors; fragility; strength of health systems; population density; socioeconomic factors; and access to transportation and housing.

COVID-19 is likely to lead to an increase in food insecurity and malnutrition rates

In Madagascar, the population is already extremely vulnerable due to the recurrent droughts and natural disasters. This results every year in hundreds of thousands of households acutely food insecure and tens of thousands of children suffering from acute malnutrition and related increased mortality risks particularly in the southern part of the country. With a prevalence of chronic malnutrition estimated at 42% (MICS 2018), the country ranks tenth among the most affected countries globally and the second in the Eastern and Southern Africa Region. In terms of burden, an estimated 1.9 million children under five years old place Madagascar in seventeenth position among the countries most contributing to stunting in the world and the sixth in the Eastern and Southern Africa Region.

"The COVID-19 pandemic is a health and human crisis threatening the food and nutrition security of millions of people around the world."

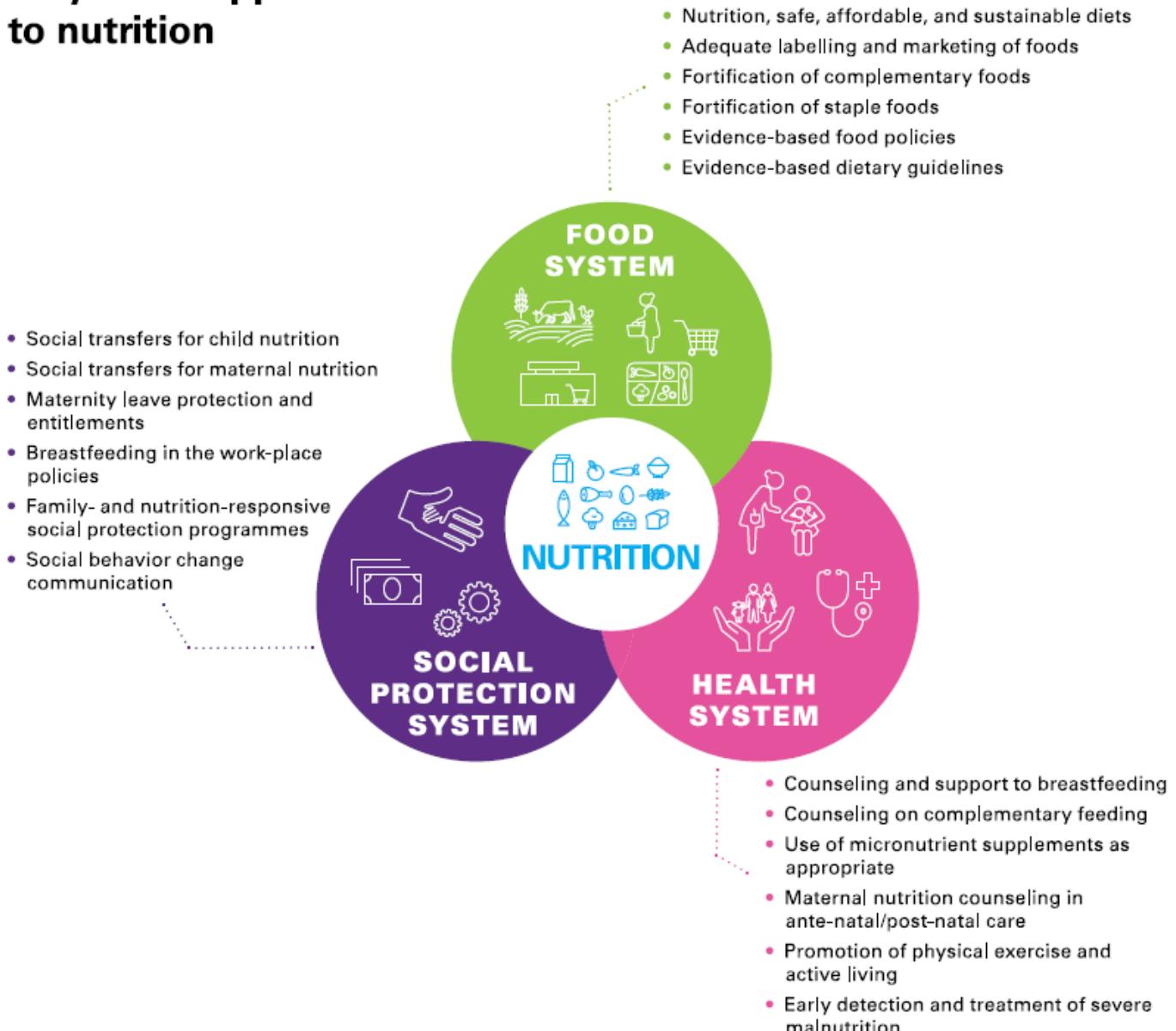
United-Nations Secretary General's Policy Brief
"The impact of Covid-19 on Food Security and Nutrition", June 2020

well as creating new food insecurity and malnutrition hotspots in both urban and rural areas. It is therefore urgent to put in place, as early as possible, appropriate protective measures to prevent further dramatic deterioration of food insecurity and the nutritional status and related excess mortality of the most vulnerable groups of the population. While additional assessments are being conducted in vulnerable and affected areas, the IPC Acute Food Insecurity Analysis (April 2020) already reviewed the number of people in crisis and emergency (IPC Phase 3+) in the southern regions to 554 000 (out of the 1.600 million affected) for the period April-July 2020, a 10% increase compared to the estimate made in October 2019 before the rainfall deficits and the start of the COVID-19 pandemic. A further increase in food insecurity is expected during the next lean season, which will likely start earlier than usual this year. For what concerns acute malnutrition, COVID-19 represents an aggravating shock not only due to the serious disruption it causes to the food systems, but also to the health systems. From February to December 2020, the number of 6-59 months children likely to be acutely malnourished and in need of treatment is 119,674 (IPC Acute Malnutrition Analysis, May 2020).



The direct and indirect effects of COVID-19 on livelihoods and food systems described earlier are likely to exacerbate this already serious situation by further reducing poor households' access to sufficient and nutritious food and therefore compromising the recovery of already food insecure populations as

A systems approach to nutrition



Source: UNICEF, 2020

Actions

In order to ensure a full integrated package of food and nutrition assistance as well as livelihood support that fit to the needs of targeted population, several actions are to be taken following the logic of the humanitarian programming cycle:

Actions 1:

Conduct needs assessment and data analysis to monitor the food security situation and conduct in depth assessments in the most affected and vulnerable rural, sub-urban and urban areas following the timeline presented in Figure 1. Data and Analytics aims to inform design and implementation of programmes and policies

Figure 1: Food security and livelihoods assessments and analyses - timeline

	May	June	July	Aug	Sept	Oct	Nov	Dec
CFSAM combined with market assessment in drought, floods, and COVID-19 affected Regions								
Multisectoral evaluation of needs in the southern and eastern regions affected by drought								
Household economic Analysis (outcome) in the southern regions, including FTU, Toliara and Menabe								
Household economic analysis (baseline and outcome) in the urban areas of Antananarivo, Toamasina and Moramanga								
Supply chain analysis								
Study on the minimum expenditure basket (MEB) in urban areas and update of the MEB in southern regions								
Urban Integrated Context Analysis								
Remote food security monitoring through phone calls								
Food price monitoring in key markets								
Integrated acute food security phase classification analysis (southern regions)								

Actions 2:

Support the Government and partners in establishing targeting criteria and process for people who would be in needs of assistance based on assessment and data analysis results

Actions 3:

Develop and share tools, guidance and SOP for food assistance, livelihood support and supply chain management in the context of covid-19 by putting in evidence the link between humanitarian - social protection – resilience and development programmes

Actions 4:

Provide short and mid-term food assistance and livelihoods support programmes to targeted population in a multisectoral and integrated approach to complement national systems. Short-term assistance aims to save life, protect livelihoods and prevent deterioration of the food security and nutrition situation while mid-term assistance aims to support household's recovery and build more resilience to future shocks by improving food security and nutrition status of targeted populations.

- Food and nutrition assistance could be delivered through in-kind or cash modality according to the market functionality. Cash transfers will be encouraged in areas where markets are functioning in order to support economic recovery.
- Livelihood support could be also in-kind or in cash and touches several areas such as agriculture, livestock, fishery, and other affected income generating activities – with a particular focus on the informal sector.

Food assistance and livelihood support programmes will be combined with nutritional support activities aiming at preventing acute malnutrition and improving access to nutritious food and family nutritional practices through nutritional education and Social Behavior and Communication Change activities.

Complementarities and synergies with other sectors (wash, health, shelter, social protection, education, protection) will be identified and exploited to ensure that the multisectoral needs of beneficiaries are met and to make food assistance and livelihood support more efficient. In particular, strong coordination with Social Protection will be conducted to ensure appropriate food security and nutrition coverage in the social transfer amount. The Shock responsive social protection approach will be used when feasible.

Actions 5:

National and decentralized capacity strengthening in emergency preparedness and response, information management and coordination via data collection and sharing including infographics, technical advices, capacity strengthening, dotation of tool kits for data management and transmission, activation and regular meeting of the National and Sub-National Food Security and Livelihood Clusters.

Actions 6:

Awareness raising at community level and capacity strengthening to monitor early warning indicators, to reduce risk and to better prepared to respond to emergency related to pandemic disease and natural disasters (drought, cyclone/floods)

Budget

The budget is calculated for three years assistance by assuming that at least, due to their socio-economic conditions and vulnerability, affected people need three years of support to fully recover from shocks and to shift from humanitarian assistance to resilience building.

Activités	Number of targeted people	Period of assistance										Budget (usd)			
		2020						2021		2022		Year 1	Year 2	Year 3	Total
		July	Aug	Sept	Oct	Nov	Dec	Seme ster 1	Seme ster 2	Seme ster 1	Seme ster 2				
Assessments and Capacity strengthening															
Needs assessments and data analysis	NA											650,000	650,000	650,000	1,950,000
Community awareness raising and early warning system in targeted areas in intervention areas via Local Committees for Disaster and Risk Management members, Community leaders and local authorities	1,600											64,000	56,000	48,000	168,000
National and sub-national capacity strengthening at Region, District and commune levels (15 CCOs)	15											150,000	150,000	75,000	375,000
Sub-total Capacity Strengthening												864,000	856,000	773,000	2,493,000
Total: Southern part of Madagascar (IPC 2+)	1,600,000														
Emergency assistance to save life and protect livelihood combined with malnutrition prevention	750,000											21,712,500	16,284,375	10,856,250	48,853,125
Support to households recovery and transition to resilience building (seasonal food assistance and livelihood support)	800,000											25,600,000	19,200,000	12,800,000	57,600,000
Sub-total Southern part IPC2+												47,312,500	35,484,375	23,656,250	106,453,125
Total: Urban and sub-urban covid-19 areas	1,900,000														
Social Protection assistance	1,000,000														0
Emergency support to households not covered by the Social Protection programme	900,000											21,600,000			
Support to households recovery and transition to resilience building (food assistance and livelihood support)	675,000											21,600,000	16,200,000	10,800,000	48,600,000
Sub-total Urban and sub-urban covid-19 areas												43,200,000	16,200,000	10,800,000	48,600,000
Elsewhere with a high vulnerability	500,000														
Support to households recovery and transition to resilience building (food assistance and livelihood support)	500,000											16,000,000	12,000,000	8,000,000	36,000,000
Sub-total Elsewhere with a high vulnerability												16,000,000	12,000,000	8,000,000	36,000,000
TOTAL												107,376,500	64,540,375	43,229,250	193,546,125





References and key documents

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