MADAGASCAR

THE COVID-19 PANDEMIC CONTRIBUTES TO THE FURTHER DETERIORATION OF ACUTE MALNUTRITION IN SOUTHERN MADAGASCAR
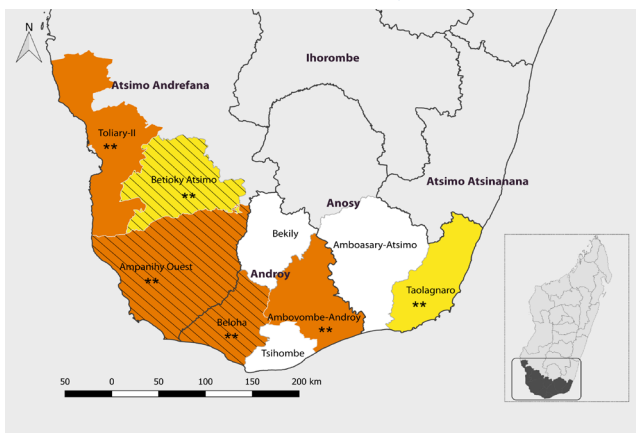
IPC ACUTE MALNUTRITION ANALYSIS
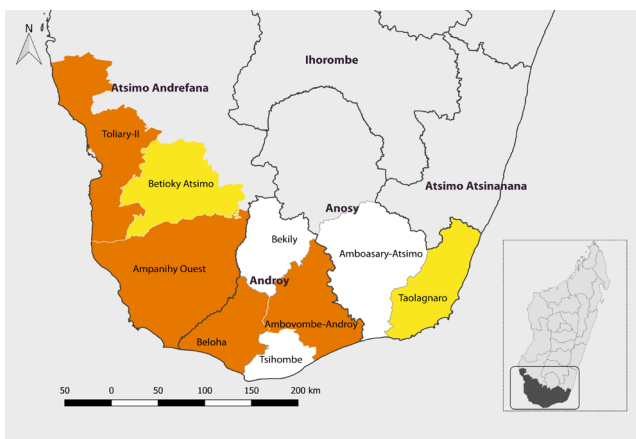**FEBRUARY - DECEMBER 2020**

Issued In May 2020

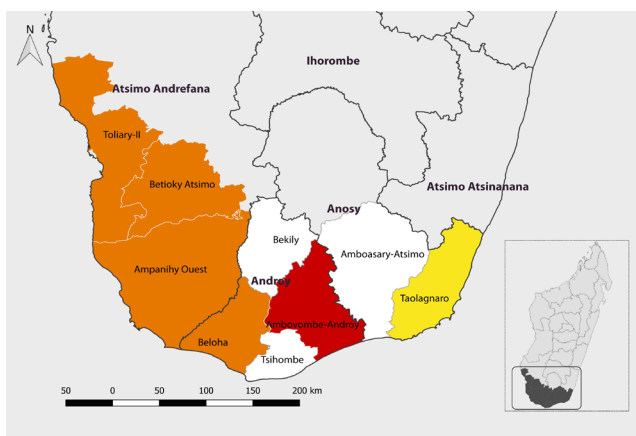| KEY FIGURES	FEBRUARY - DECEMBER 2020	
119,674 the number of 6-59 months children acutely malnourished IN NEED OF TREATMENT	Severe Acute Malnutrition (SAM)	**19,554**
	Moderate Acute Malnutrition (MAM)	**100,120**
	Global Acute Malnutrition (GAM)	**119,674**

Acute Malnutrition February - April 2020

Acute Malnutrition May - August 2020

Acute Malnutrition September - December 2020

Overview

From February to April 2020, corresponding to the hunger gap period (peak of malnutrition), 4 districts were classified in the Serious phase (IPC Phase 3) and 2 districts in the Alert phase (IPC Phase 2). In total, more than 100,000 children are expected to suffer from acute malnutrition during the year 2020, including more than 19,000 severe cases in the 6 districts analysed, based on the combined prevalence of the 3 forms of acute malnutrition from the nutrition surveys conducted between February and March 2020. Between May and August 2020, the nutritional situation will not experience a marked change in all 6 districts analysed, which will therefore remain in the same phase as that of February – April 2020. From September 2020, if useful measures are not taken, a rather significant deterioration of the nutritional situation will be observed leading to a change of phase for 2 districts. Thus, 1 district will switch to a Critical phase (IPC Phase 4) and the other to a Serious phase (IPC Phase 3), along with the 3 districts already in a Serious phase (IPC Phase 3). 1 district will remain in the Alert phase (IPC Phase 2).

During the period from February to April 2020, six districts were classified in the Serious Phase (IPC Phase 3): Tulear 2, Ampanihy in the region of Atsimo-Andrefana, then Beloha and Ambovombe in the region of Androy. The districts of Betioky in the Atsimo-Andrefana region and Tolagnaro in the Anosy region were classified in the Alert phase (IPC Phase 2). However, there were no districts classified as Critical (IPC Phase 4) or Extremely Critical (IPC Phase 5). A slight improvement in the nutritional situation is expected in all districts following the post-harvest period, which would be negatively impacted by an increase in diseases and the negative impacts of COVID-19 on food systems and access to health services between May and August 2020. Furthermore, the nutritional situation is expected to deteriorate in all the six districts beyond August due to the agricultural lean season and the persistence of the effects of COVID-19, which will push Betioky district into IPC Phase 3 (Serious) and Ambovombe district into the Critical phase (IPC Phase 4), requiring special attention and an urgent and targeted response.

Major contributing factors to the deterioration of the nutritional situation include inadequate food intake, poor dietary diversity of children and women, high prevalence of diseases (diarrhoea, ARI, malaria) linked to restricted access to health services. The high level of acute food insecurity (IPC AFI Phase 3+) in most districts and the low access to safe drinking water also contribute to increased levels of acute malnutrition. Finally, the COVID-19 epidemic is an unusual and aggravating shock to acute malnutrition, with the serious disruption it causes to the food and health systems.

Key for the Map
IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

RECOMMENDATIONS FOR ACTION

Response Priorities

For districts classified as Serious (IPC Phase 3) and above of the IPC acute malnutrition, urgent action should be taken to improve the acute malnutrition situation:

- Ensure continuity of nutritional care while respecting the care protocol and the restrictive measures against COVID-19, and ensuring the availability of inputs;
- Strengthen measures for the prevention and integrated management of children's diseases;
- Identify new strategies for communication, awareness-raising and distribution of micronutrients, and immunization in order to limit the impact of COVID-19 on coverage rates;
- Strengthen the health system and ensure that the quality of primary care services is maintained (adaptation of IMCI protocols, PECMA with COVID-19 anti-transmission measures); and
- Strengthen the routine system, and the surveillance and management system of diarrhoea, fever, malaria and respiratory infections, and management of inputs.

Situation monitoring and update

- Carry out a response analysis involving all relevant sectors working in the field of nutrition to effectively address nutrition problems in areas where acute malnutrition persists;
- Strengthen the nutrition surveillance system and quarterly acute malnutrition screening campaigns; and
- Carry out a survey to assess the impact of drought and COVID-19 in the district.

Risk factors to monitor

The COVID-19 pandemic is an important risk factor to monitor because of its impact on:

- Surveillance for resurgence of malaria and acute respiratory infections during the malaria endemic period;
- Coverage of preventive and curative care (YCFP, acute malnutrition, measles, malaria and ARIs); and
- Attendance of health centres (due to fears of contamination) which could worsen the care and awareness of nutrition and associated morbidities. In addition, restrictions on movement could have an impact on supplies by causing price increases and a deterioration in household livelihoods.

NB: It is important to note that the IPC is not a response analysis tool. Proposed interventions should be further analysed to determine their technical and economic feasibility.

What is the IPC and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food insecurity and acute malnutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures).

The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

The IPC Acute Malnutrition Classification provides information on the severity of acute malnutrition, highlights the major contributing factors to acute malnutrition, and provides actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.

Contact for further Information

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Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC , FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

Acute Malnutrition Phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	**5–9.9%** of children are acutely malnourished.	**10–14.9%** of children are acutely malnourished.	**15–29.9%** of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	**30% or more** children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

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